

Virginia Medicaid Updates: VACSB State of the State Panel Presentation

Cheryl Roberts, J.D., Department of Medical Assistance Services (DMAS) Director

May 2, 2024



Agenda

Medicaid Overview

Coverage and Services Update

Questions



DMAS Mission & Values

Our Mission & Values

To improve the health and well-being of Virginians through access to high-quality health care coverage and services











Service

Collaboration

Trust

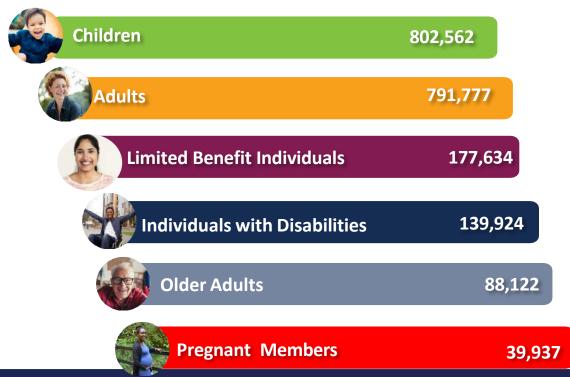
Adaptability

Problem Solving



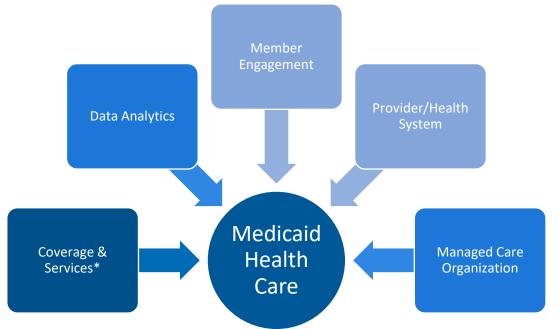
Who Do We Cover?

Medicaid is available to Virginians who meet specific income thresholds and other eligibility criteria



Virginia Medicaid – Health Care Levers

Five levers are involved in Virginia Medicaid health care





Potential Budget Items

Budget Item	Governor's Introduced/Conference
Permanently implements telehealth delivery for DD waivers	In Both
Adds 3,400 DD waiver slots each year	In Both
Modify Medicaid Behavioral Health Services as part of the Governor's Right Help Right Now Initiative	In Both
- Phasing out services like Mental Health Skill Building, Psychosocial Rehabilitation, Intensive In Home Services, and Therapeutic Day Treatment	
- Implementing new tiered community based services for children and their families who have or are at-risk for behavioral health disorders that are appropriate for delivery in homes and schools	
- A comprehensive array of psychiatric rehabilitative services for adults with Serious Mental Illness (SMI)	
- New tiered case management services.	





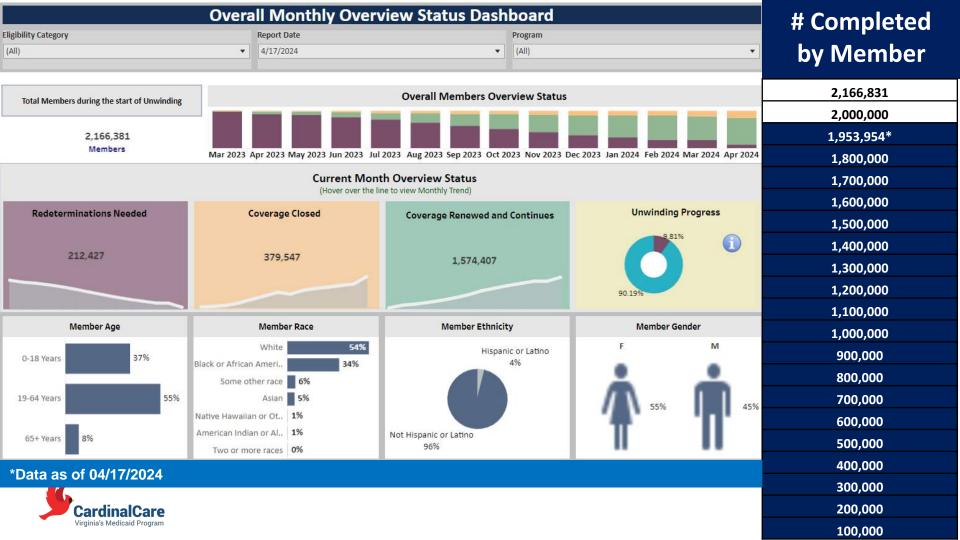
Coverage Updates



Coverage Updates

- As of April 24, 2024, 1.9 M (90%) renewals have been completed.
 - AID categories have been cleaned up
 - DSS locals are working on Backlog
 - Appeals have increased
 - Close monitoring of the process by CMS and the Administration
- 12 months continuous coverage for children January 2024
- April: CMS released new eligibility requirements and regulations







Right Help Right Now Medicaid Behavioral Health Services Redesign



The Commonwealth's Behavioral Health Plan is founded on six pillars



An aligned approach to BH that provides access to timely, effective, and community-based care to reduce the burden of mental health needs, developmental disabilities, and substance use disorders on Virginians and their families

1: We must strive to ensure same-day care for individuals experiencing behavioral health crises

2: We must relieve the law enforcement communities' burden while providing care and reduce the criminalization of behavioral health

3: We must develop more capacity throughout the system, going beyond hospitals, especially to enhance community-based services

4: We must provide targeted support for substance use disorder (SUD) and efforts to prevent overdose

5: We must make the behavioral health workforce a priority, particularly in underserved communities

Initiatives to redesign adult (Pillar 3) and youth (Pillar 6) Medicaid services arose in two Pillars 6: We must identify service innovations and **best practices** in pre-crisis prevention services, crisis care, post-crisis recovery and support and develop tangible and achievable means to close capacity gaps

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Medicaid Behavioral Health Services Redesign Priorities



Strengthen the evidencebased, trauma-informed service continuum for youth and adults



Promote earlier intervention and increase access through tiered service design



Design services to complement Virginia's complex behavioral health delivery system



Integrate workforce priorities and workforce supports into service design and implementation



Implement the program in both FFS and the managed care organization s



Project Overview

DMAS, in coordination with DBHDS and DHP, is employing an integrated and comprehensive approach to address rate, service, and workforce/provider roles for Medicaid over the next two years.

The project seeks to redesign DMAS' youth and adult legacy services: intensive in home, therapeutic day treatment, mental health skill building, psychosocial rehabilitation, and targeted case management.

The budget language authorizes DMAS to move forward with budget neutral changes to replace the legacy services with evidence based, trauma informed services.

The project will include stakeholder engagement, and policy and rate development for youth and adult services redesign as well as QMHP/BH Technician planning and integration.

This project will work with Managed Care Organizations and providers on all aspects of the program and implementation.





Developmental Disabilities (DD)and Other Updates



Developmental Disability Waivers (DDW) Operations and Policy Updates

- DMAS has submitted a request to CMS for the renewal of the Community Living Waiver effective July 1, 2024. The FIS and BI waiver renewal was approved on July 1, 2023.
- DMAS will submit additional waiver amendments to request approximately 3400 DD Waivers over the biennium for CL waiver and FIS waiver.
- Telehealth supplement out for public comment this addresses telehealth options across all services including the Waivers.
 - Virginia Regulatory Town Hall List Comments
- Waiver amendments will be submitted later this year to CMS to implement the 10k combined budget for AT/EHBS and the requested changes to the LRI paid attendant program.
- By September 2024, SPAs will be submitted to CMS to add HCBS DD waiver income disregards for SSDI which will need to be a waiver amendment and to remove the requirement that consumer direction Service Facilitators have an associate or bachelor's degree. Requirements for SFs are contingent on the budget and will also require a waiver amendment in addition to the SPA.



Home and Community Based Services Final Rule Updates

HCBS reviews of nonresidential settings will be completed by June 2024 with only a small number remaining currently. HCBS residential reviews have an anticipated completion date of August 31, 2025.

In June of 2024, CMS, ACL and New Editions staff will conduct site visits of HCBS settings located throughout the state and evaluate the person-centered planning process. The providers selected for site visits have already been notified.

DBHDS in partnership with DMAS will be conducting on going virtual trainings quarterly throughout 2024 on the Home and Community Based Settings Regulation Final Rule. These trainings will be offered for support coordinators, individuals, and families, and to providers.



DMAS and DBHDS review teams are on track to meet CMS milestones for compliance.

Legally Responsible Individuals (LRI)

- Legislation introduced in the House and the Senate to change specific provisions of DMAS's approved plans to continue paying Legally Responsible Individuals who provide personal care to their children who receive waiver services.
 - Allows 40 hours per member if there are two members in the household
 - LRI to provide services without proof of no other provider
 - Another parent can be employer of record
 - LRI is eligible for respite services
- HB909 and SB488, which passed the General Assembly requires DMAS to allow the above services except for respite, but study and submit a report on allowing respite.



Waiver and Behavioral Health

- Disregard Social Security Disability Insurance when determining financial eligibility for DD waivers.
- Increase the time a DD waiver slot can be retained from 150 days to up to 365 days.
- Bill creating a new provider type behavioral health technicians and behavioral health technician assistants would enable DMAS to potentially include these provider types in redesigned behavioral health services.



Brain Injury Case Management

- Brain Injury Case Management Services became available to individuals with severe traumatic brain injury on January 2, 2024.
- Individuals must be a Medicaid member, have a diagnosis of traumatic brain injury and have severe functional deficits as determined by the MPAI-4.
- Provider Agencies must be CARF accredited. There is anticipated change to the State Plan related to provider qualifications that will now include provider licensed by DBHDS for case management services in addition to those that have CARF accreditation. This will hopefully provide for more provider capacity throughout the state.
- Individual case managers must have a bachelor's degree and have CBIS or QBIS endorsements.





Cardinal Care Managed Care – Procurement Updates



DMAS Commitment

Committed to exploring, investing and implementing best practices that fit our Virginia Medicaid members

Services for Members

Operations & Opportunities

Accountability

K Results



Cardinal Care Managed Care Background

- The Cardinal Care Managed Care (CCMC) program provides comprehensive health care services for 1.8 million Virginians receiving Medicaid and CHIP through five contracted health plans.
- DMAS is taking a bold approach to improve the program with three steps:
 - Creation of Cardinal Care Managed Care A consolidation of the two programs formerly known as Commonwealth Coordinated Care Plus and Medallion 4.0
 - Defining the transformation goals for the program
 - Re-procurement of the Cardinal Care Managed Care delivery system



Notice of Intent to Award -Implementation begins Fall 2024

- The Department of Medical Assistance Services (DMAS or Department) has completed its evaluation and negotiations of the proposals received in response to RFP 13330.
- The Department intends to award statewide contract(s) for the Cardinal Care Managed Care (CCMC) program to Aetna Better Health of Virginia, Anthem HealthKeepers Inc., Humana Healthy Horizons of Virginia, Sentara Health Plans, and United Healthcare of the Mid-Atlantic, Inc.
- In addition, Anthem HealthKeepers Inc., has been selected to administer the Foster Care Specialty Plan (FCSP) statewide program under same contract and the addendum for this scope of work will be incorporated into their contract.



Cardinal Care Brings ...

- More focus on behavioral health
- Focus on innovations
- Training with CSBs on streamlining billing
- Change in member information and member journey
- Website changes
- Change in monitoring and compliance
- CMS provided New access and care regulations





Maternal Health and Early Intervention Updates



Virginia Medicaid Early Intervention (EI)

56 percent of the 11,000 children enrolled in Virginia Early Intervention have Medicaid

12.5% rate increase for El services in January 2024

provide technical assistance to El providers enrolling with DMAS and its MCOs

DMAS to present billing and claims information the VARO meeting in late May



Virginia Medicaid Maternal Health & Outcomes

Births With Early and Adequate Prenatal Care

Virginia is working to improve its national benchmarks

Preterm Births and Newborns with Low Birth Weight

- Overall, Virginia performs comparably to national benchmarks
- Except for Black women and women residing in the Tidewater region

Clinical Focus Areas

- Increase Prenatal and Postpartum visits
- Cardiac health for Pregnant Women
- Reduce ER Utilization Postpartum (current rate 15%)
- Promote the use of certified community doulas to support during pregnancy, at delivery and postpartum

Actions:

- Maternal health Roundtable hosted by HHR Secretary
- National Governor's Association (NGA) Rural Maternal Health Collaborative
- Cardiovascular disease focus
- DMAS maternal health internal workgroup





THANK YOU CSBs!

For all that You do for Medicaid Members.





Thank you for your partnership, support and participation.

Additional Questions?

Please contact us at:

Mental Health: enhancedbh@dmas.virginia.gov

ARTS: SUD@dmas.virginia.gov

Provider Enrollment:

VAMedicaidProviderEnrollment@gainwelltechnologies.com

