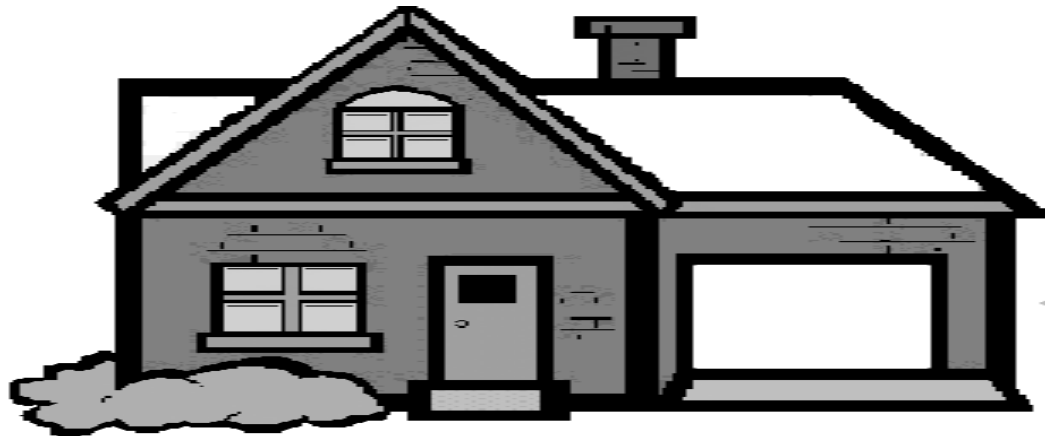


Virginia Medicaid Waivers



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Medicaid

PURPOSE

- Health care for certain groups of people who have low income

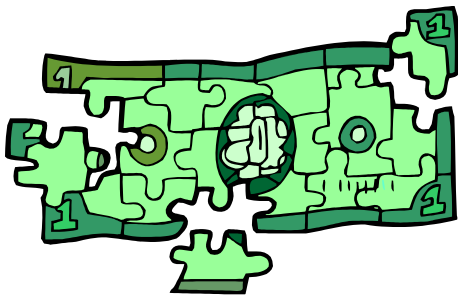
FLEXIBILITY

- States design programs within federal standards

Virginia Medicaid

- ◆ General Assembly determines State funding

\$ 11.8 Billion in Fiscal Year 2019
(includes Federal and State funding)



50% from state funds

50% from federal funds

Federal & State Roles

- ◆ Centers for Medicare & Medicaid Services
 - Federal agency
 - CMS
 - cms.hhs.gov
- ◆ Department of Medical Assistance Services
 - State agency
 - DMAS
 - www.dmas.virginia.gov

Medicaid Mandated Services

All States

- ◆ EPSDT
- ◆ Family Planning
- ◆ Health Clinics
- ◆ Home Health (if eligible for nursing facility)
- ◆ Hospital Services
- ◆ Lab and X-Ray Services
- ◆ Medicare Premiums
- ◆ Nurse-Midwife Services
- ◆ Nurse Practitioner
- ◆ Nursing Facilities
- ◆ Physician Services
- ◆ Transportation

Medicaid Optional Services

Selected by Virginia

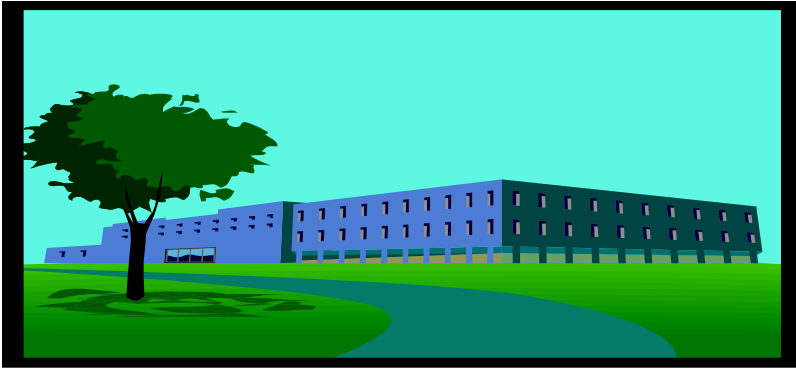
- ◆ Case Management
- ◆ Home and Community Based Waivers
- ◆ Home Health (everyone)
- ◆ Hospice
- ◆ ICF-DD
- ◆ Mental Health Services
- ◆ Optometry
- ◆ PT, OT, Speech Therapy
- ◆ Podiatry
- ◆ Prescribed Drugs
- ◆ Prosthetics
- ◆ Psychology

Early and Periodic Screening, Diagnosis and Treatment (EPSDT)

Medicaid benefits for children under the age of 21

- *Must be eligible for Medicaid*
- *Monitor to prevent health and disability conditions from occurring or worsening*
- *Treatment to “correct or ameliorate conditions,” including maintenance services*

Institutional Placements



- ◆ Hospitals
- ◆ Nursing facilities

■ ICFs/IDD - Intermediate Care Facility for people with intellectual/developmental disabilities

- institutions of 4 or more beds
- active treatment and rehabilitation
- regulated by the federal and state governments

- 63 ICFs/DD in Virginia
 - 2 large Training Centers (Chesapeake and Lynchburg)
 - 61 smaller ICFs/DD, ranging from 4 to 100 beds

Home & Community Based Care Waivers

Waivers give States the flexibility to develop and implement **alternatives to institutionalization.**



Why Home & Community Based Care Waivers?

Initially -

- ◆ Slow the growth of Medicaid spending
- ◆ People with disabilities and advocates wanted alternatives to institutions
- ◆ Permit federal Medicaid funds to be used for community services by people who would otherwise be institutionalized

AMERICANS WITH DISABILITIES ACT



“A public entity shall administer services, programs, and activities in the **MOST INTEGRATED SETTING** appropriate to the needs of qualified individuals with disabilities.”

28CFR Section 35.130(d)

SUPREME COURT RULING



- ◆ “administer services with an even hand”
- ◆ “comprehensive, effectively working plan for placing qualified persons with disabilities in less restrictive settings”
- ◆ “waiting list that moved at a reasonable pace”
- ◆ www.olmsteadVA.com

Virginia

Home & Community Based Care Waivers

- *Commonwealth Coordinated Care (CCC) Plus Waiver*
 - *Previously the Elderly or Disabled with Consumer-Direction (EDCD) Waiver and the Technology Assisted Waiver*

- *Developmental Disabilities (DD) Waivers*
 - *Building Independence (BI) Waiver*
 - *Previously the Day Support Waiver*
 - *Community Living (CL) Waiver*
 - *Previously the Intellectual Disability (ID) Waiver*
 - *Family and Individual Support (FIS) Waiver*
 - *Previously the Individual and Family Developmental Disabilities Support (DD) Waiver*

Long-Term Care Eligibility Process (institutions and waivers)

- ◆ First – Screening
- ◆ Second - Financial Eligibility
- ◆ *Screening for all Waivers must be provided without any cost to the individual*

Medicaid Benefits

Once enrolled in a Medicaid Waiver –

- Medicaid card(s)
- All Waiver and State Plan (Mandatory and Optional) services
- Likely enrolled in Medicaid managed care
Commonwealth Coordinate Care (CCC) Plus managed care

CCC Plus Managed Care

- > Six Medicaid managed care organizations (MCO): Aetna, Anthem HealthKeepers, Magellan, Optima, United, Virginia Premier
- > Care Coordination
- > Small number of people are exempt from managed care, (i.e. Health Insurance Premium Payment)

Commonwealth Coordinated Care Plus

- ◆ Two separate things that share the name of “CCC Plus”
- ◆ Can be confusing due to the same name
- ◆ Two different things
 - CCC Plus managed care
 - CCC Plus Waiver

Long-Term Care Medicaid HCBC Waivers, PACE & Institutions

Must Need Long-Term Care

- Assessment / screening

Financial Thresholds

- ◆ Monthly income limit \$2,349 (in 2020)
- ◆ Resource limit \$2,000 adults
- ◆ Parent income & resources do NOT count regardless of child's age
- ◆ Disability determination at age 18

Patient-Pay

- \$ People may have to pay for some Waiver services if monthly income is over \$1,292 (in 2020)
- \$ If required, patient pay is paid each month
- \$ Some exceptions for persons who are working



Commonwealth Coordinated Care (CCC) Plus Waiver

- Combined Elderly or Disabled with Consumer-Directed (EDCD) and Technology Assisted Waivers
- Effective August 1, 2017
- Services from both Waivers combined
- Eligibility did not change

CCC Plus Waiver

- For people disabled of any age or people 65 years or older
- Must meet nursing facility criteria
- Screening is conducted by the Preadmission Screening Team using the UAI (may just be the Dept of Health for children). If in a hospital, the hospital should conduct the screening.

CCC Plus Waiver

- ◆ Most people enrolled in the CCC Plus Waiver are enrolled in CCC Plus managed care
- ◆ CCC Plus Waiver and acute care services will be managed by your CCC Plus managed care organization
- ◆ If you are exempt from CCC Plus managed care, your CCC Plus Waiver will be provided through fee for service

Criteria for CCC Plus Waiver and Nursing Facilities

- ◆ Functional Needs Category
 - Combination of -
 - Activities of daily living
 - Behavior and orientation
 - Mobility
 - Joint motion
 - Medication administration
- ◆ Nursing or Medical Needs Category
- ◆ Risk of Placement in a Nursing Facility

Uniform Assessment Instrument *(UAI)*

- ◆ Assessment tool used for nursing facility placement and the CCC Plus Waiver
- ◆ Assesses social, physical health and functional abilities
- ◆ Completed by the screening team or hospital
- ◆ Additional tool available for children

Alternative Institutional Placement

- ◆ Medicaid alternative institutional placement
- ◆ Same criteria used for admission to institution
 - Nursing facilities – CCC Plus Waiver
 - ICF/IDD – DD Waivers
- ◆ Do not have to apply for or be placed in an institution

CCC Plus Waiver Services

- Adult Day Health Care
- Assistive Technology (\$5,000 a year)
- Environmental Modifications (\$5,000 a year)
- Personal Care Services (CD or Agency)
- Personal Emergency Response System (PERS)
- Private Duty Nursing
- Respite (CD, Agency, or Skilled) (480 hours a year)
- Transition Services for people transitioning from a nursing facility (\$5,000 lifetime max)

Consumer Directed Services

- ◆ Staff hired by the person with a disability, or someone acting on their behalf (employer of record)
- ◆ Staff not employed by an agency
- ◆ Choice and control remains with the individual, and sometimes their family

Consumer Directed Services

- Electronic Visit Verification (EVV)
- Hourly pay rate
 - * \$12.78 northern Virginia
 - * \$9.87 rest of the state
- Commonwealth Coordinated Care (CCC) Plus Waiver
 - * Personal Care
 - * Respite

Who does what?

- ◆ MCO Health Care Coordinator
 - Medicaid health care
 - CCC Plus Waiver coordination

- ◆ Services Facilitator
 - Training
 - Troubleshooting
 - Monitor & Assess: 30, 60, 90 days – then every 90
 - Not required, individual performs duties

PACE

Program of All-Inclusive Care for the Elderly

- ◆ Alternative to nursing facility and CCC Plus Waiver
- ◆ For people enrolled in both Medicare and Medicaid
- ◆ 55 years or older
- ◆ 11 sites
- ◆ Managed care of services

Accessing Providers

- ◆ List of qualified providers given to you
- ◆ Right to choose providers
- ◆ Right to visit, interview and research providers
- ◆ You decide when, where and how you want approved services provided (with some limitations)
- ◆ Switch providers if you choose to
- ◆ Shortage of some providers
- ◆ If you have a case manager –
 - ◆ They will assist you in locating and choosing providers
 - ◆ They will contact providers to initiate services

Medicaid Appeals



- ◆ Right to challenge decisions and actions regarding Medicaid
- ◆ Appeal must be requested within 30 days of the decision or action
- ◆ Decision should be issued by the Hearing Officer within 90 days
- ◆ If enrolled in CCC Plus Waiver with a managed care organization (MCO), must appeal first through the MCO

Medicaid Fraud

1-866-486-1971

recipientfraud@dmas.virginia.gov

- ◆ Billing for services not provided
- ◆ Inappropriate services rendered
- ◆ Failing to comply with DMAS documentation requirements
- ◆ Misrepresentation or withholding of information
- ◆ Inaccurate reporting of household circumstances