

**ADDENDUM to
Commonwealth of Virginia Proposal to the Center for Medicare and Medicaid Innovation
Financial Models to Support State Efforts to Integrate Care for Medicare-Medicaid Enrollees**

As discussed in the July 8, 2011, State Medicaid Director (SMD) letter, CMS is evaluating State demonstration proposals against a list of standards and conditions that CMS is requiring all States meet to participate in the demonstration. After reviewing Virginia's demonstration proposal, CMS had a few clarifying questions to help us determine whether the proposal adequately meets the standards and conditions.

- 1. Given Virginia's proposed strategy for carving out many, but not all, individuals with intellectual or development disabilities by carving out enrollees in HCBS waivers designed for individuals with ID/DD, CMS would like additional information on how the proposed demonstration would ensure the provision and coordination of all necessary Medicare and Medicaid covered services, including primary, acute, prescription drug, behavioral health, and long-term services and supports for individuals with intellectual disabilities who are participating in the demonstration:**

Please describe in more detail the rationale for enrolling in the demonstration those individuals in the EDCD waiver who are also on the ID waiver wait list. In your response, please provide an estimate for the number of individuals with ID who will be enrolled in the demonstration and address how Participating Plans will be required to coordinate ID services for these individuals. Also, please discuss the approximate length of the ID waiver waitlist and how the demonstration will impact the length of the ID waiver waitlist. To what extent would the demonstration result in people being enrolled in the demonstration and shortly thereafter being disenrolled because they obtain a spot in the ID waiver?

Response:

The Department of Medical Assistance Services (DMAS) and its stakeholders determined the EDCD Waiver participants with intellectual and developmental disabilities would be well served in the demonstration for the following reasons:

Background Information on Individuals with ID/DD

As of December 2012, there were 114 dually eligible individuals with intellectual disabilities on the ID Waiver waiting list who receive services through the EDCD Waiver. Fifty percent of these individuals receive Targeted Case Management (TCM) services. Individuals who are on the waiting list for the ID Waiver who receive TCM do not currently receive a comprehensive care management approach as proposed through the demonstration.

ID Waiver slots are allocated based on urgent need and can involve health and safety issues of the individual with ID. DD Waiver slots are based on a first come, first served system. Individuals with ID and complex medical issues on the EDCD Waiver who live in stable living situations are not typically considered in urgent need. The average waiting time for the ID and

DD Waivers can be longer than six years, depending upon funding decisions made by the Commonwealth. It is unlikely that a large number of demonstration participants who are on the waiting list and in the EDCD Waiver will receive an ID Waiver slot during the period of the demonstration.

Expected Benefits for Individuals on the ID Waiver waitlist who are in the EDCD Waiver

The ID Waiver and EDCD Waiver use different Level of Care eligibility criteria. Individuals with ID who meet criteria for the EDCD Waiver have extensive medical needs beyond what is required to be eligible for the ID Waiver. Therefore, a more comprehensive care management approach that includes management of medical services will benefit these individuals.

Further, individuals with ID enrolled in the EDCD Waiver who do not receive TCM support will benefit immensely from the enhanced care management included in the demonstration. There is currently no case management function built into the EDCD Waiver.

Medical providers are typically not comfortable working with individuals with ID/DD without support from others who are knowledgeable about the conditions and are able to assist with communication. Participating Plans can assist in the location of providers who are willing to work with individuals with intellectual/developmental disabilities.

Because of the individuals' medical and sometimes behavioral issues, their care givers may experience stress and burn-out. The demonstration care management approach will assist providers with their care giving responsibilities.

The inclusion of individuals on the ID Waiver wait list in the demonstration is supported by the Virginia Association of Community Services Boards and other stakeholders, as the goal is to enhance the quality of care provided to these individuals. The demonstration will provide an excellent opportunity to demonstrate how this comprehensive approach could benefit individuals with intellectual/developmental disabilities.

Assessment and Plan of Care

The care management processes, as described within the Model of Care, will ensure the provision and coordination of all necessary Medicare and Medicaid covered services. The following language is from the Virginia Model of Care and includes provisions for Vulnerable Subpopulations.

Health Risk Assessments

As a part of the Model of Care, Participating Plans will conduct health risk assessments (HRAs) in a location that meets the needs of the individual. Assessments will encompass social, functional, medical, behavioral, wellness and prevention domains, as well as the individuals' strengths and goals, need for specialists and the plan for care management and coordination. Each element of the assessment, including a description of the Long Term Services and Supports (LTSS) and other covered services to be provided, will be reflected in the Individualized Plan of Care (POC), and the Individualized Care Team (ICT) will ensure that all

relevant aspects of the individual’s care are addressed in a fully integrated manner on an ongoing basis.

During the first year of the demonstration, Participating Plans will be required to conduct a HRA within sixty (60) days of enrollment for individuals included in the Model of Care as a “**Vulnerable Subpopulation**”:

- a. Individuals enrolled in the Elderly or Disabled with Consumer Direction (EDCD) waiver;
- b. Individuals with intellectual/developmental disabilities;
- c. Individuals with cognitive or memory problems (e.g., dementia and traumatic brain injury);
- d. Individuals with physical or sensory disabilities;
- e. Individuals residing in nursing facilities;
- f. Individuals with serious and persistent mental illnesses;
- g. Individuals with end stage renal disease; and
- h. Individuals with complex or multiple chronic conditions.

During the first year of the demonstration, HRAs must be completed within ninety (90) days of enrollment for all other individuals. During subsequent years of the demonstration, individuals enrolled in the EDCD Waiver must receive a health risk assessment within 30 days of enrollment and all other Enrollees must receive a health risk assessment within 60 days of enrollment.

Plan of Care (POC)

In addition to the elements described in **Element # 8** of the Model of Care, additional state expectations include the following.

Participating Plans shall develop a POC for each individual enrolled in the Plan. The POC will be tailored to individual needs, based on the Participating Plans’ method of stratification.

1. Describe the method of stratification, the person-centered and culturally competent POC development process, and how its POC development process will incorporate and not duplicate Targeted Case Management.
2. Describe how information from the Uniform Assessment Instrument and LOC will be incorporated into the plan of care for individuals in the EDCD waiver.¹
3. Describe the organization’s process for obtaining nursing facility MDS data and how it will be incorporated into the POC.

¹ The UAI may be found at http://www.dss.virginia.gov/files/division/dfs/as/as_intro_page/forms/032-02-0168-01-eng.pdf and the UAI User’s Manual may be found at http://www.dss.virginia.gov/files/division/dfs/as/as_intro_page/manuals/uai/manual.pdf. Pre-admission screening criteria is available in the Preadmission Screening manual at <https://www.virginiamedicaid.dmas.virginia.gov/wps/portal>.

4. Describe how the organization will ensure that individuals in nursing facilities who wish to move to the community will be referred to the Money Follows the Person Program.
5. Describe how the POC will address health, safety (including minimizing risk), and welfare of the participant.

In addition to SNP Model of Care Element 8(b), describe the process the organization will use to include the following elements in the POC:

- a. Prioritized list of concerns, needs, and strengths;
- b. Attainable goals and outcome measures with target dates selected by the individual and/or caregiver;
- c. Strategies and actions, including interventions and services to be implemented and the person(s)/providers responsible for specific interventions/services and their frequency;
- d. Progress noting success, barriers or obstacles;
- e. Enrollee's informal support network and services;
- f. Back up plans as appropriate (for EDCD Waiver participants using personal care and respite services) in the event that the scheduled provider(s) is unable to provide services;
- g. Determined need and plan to access community resources and non-covered services;
- h. Enrollee choice of services (including consumer-direction) and service providers; and
- i. Elements included in the DMAS-97AB form, (which can be downloaded from <https://www.virginiamedicaid.dmas.virginia.gov/wps/portal>) for individuals enrolled in the EDCD Waiver.

2. **Please provide additional information on the proposed carve-out of targeted case management for individuals with intellectual disabilities and serious mental illness. Please describe any operational mechanisms, requirement, incentives, or accountability measures to ensure that the CSBs coordinate with the Participating Plan and/or interdisciplinary teams to promote a seamless beneficiary experience.**

Response:

DMAS worked with the Virginia Association of Community Services Boards (VACSB) to clarify the role of Targeted Case Management (TCM) within the demonstration. The Community Services Boards are the exclusive providers of TCM services for individuals with intellectual disabilities and mental health disorders. The scope of care management that will be provided by the Participating Plans in the demonstration will complement the TCM service that is currently provided by Medicaid TCM providers.

TCM providers coordinate services within an individual's treatment plan; with a focus on the LTSS or behavioral health needs of the individual. The Participating Plan will be responsible for coordinating ALL of the services the individual needs (i.e., medical as well as LTSS and

behavioral health), including coordinating with the targeted case managers and including them on the interdisciplinary care teams (ICT) (see item #1 in the above Plan of Care outline).

The DMAS Request for Proposals contained language that 1) strongly encourages Participating Plans to partner/sub-contract with CSBs; 2) requires responding Participating Plans to describe how they will incorporate these partnerships into their organizational structure, including the ICT; and, 3) how its POC development process will incorporate and not duplicate TCM planning processes. This will help ensure communication across the entire spectrum of care, reduce the compartmentalization of services, and ensure that individuals receive all the services that are identified by the entire ICT.

- 3. CMS also requests additional information on Virginia’s proposed strategy for hospice services: In today’s Medicare Advantage program, Medicare hospice services are provided through Original (i.e. Fee-For-Service) Medicare and not through the MCO. Do you intend to follow this policy in the demonstration?**

Response:

After careful consideration, Virginia decided that individuals receiving hospice services at the time of enrollment will be excluded from the Demonstration. If an individual enters a hospice program while enrolled in the Demonstration, he/she will be disenrolled from the Demonstration.

- 4. Page 15 of the proposal indicates that “DMAS is in communication with community behavioral health providers (Community Service Boards, or CSBs) regarding the development of a behavioral health home model that could be embedded into the demonstration.” Are there any updates on this dialogue that would impact the delivery of services for individuals enrolled in the demonstration?**

Response:

Currently, some CSBs sub-contract with MCOs and Federally Qualified Health Centers (FQHCs) to serve as health homes for persons with SMI (outside of Section 2703 of the Affordable Care Act). This includes the co-location of medical and behavioral health staff in order to reduce barriers to care and improve health outcomes. In addition, the CSBs may have access to non-Medicare/Medicaid resources to assist individuals with housing and other community supports.

DMAS is a member of a CSB Services Development Committee (SDC), which is working toward developing one or more frameworks for medical (health) home model(s) for individuals with SMI. The SDC has met four times since fall 2012 and will continue to meet until one or more health home frameworks are established for all CSBs to use when developing health homes in their localities. The model(s) will be designed to interface within fee for service or integrated health system models of care.

The SDC is reviewing the core elements of Section 2703 of the Affordable Care Act and the SAMHSA health home guidance documentation to ensure the development of comprehensive behavioral health home model(s). DMAS does not anticipate that these health homes will be eligible for Section 2703 enhanced federal match.

This committee is highly supportive of the demonstration and recognizes the benefit for dual eligibles (those with SMI and the ID/DD population) to participate in a behavioral health home model. The SDC is closely following the activities of the demonstration and is already reviewing the outcome measures CMS designated for this demonstration to ensure CSB system infrastructures will be able to incorporate them and communicate/integrate with other health systems as needed. In addition, a key member of the CSB SDC is also the CSB representative on the Legislatively-mandated DMAS Duals Advisory Committee.

5. CMS also asks Virginia to please confirm that its proposed demonstration would meet the following elements of the data standards and conditions:

- **Please provide written confirmation that the State would provide to CMS any required beneficiary-level expenditure data and covered benefits for the most recently available three years, including available encounter data in capitated models.**

Response:

DMAS will provide any required beneficiary-level expenditure data and covered benefits for the most recently available three years, including available encounter data in capitated models.

- **Please provide written confirmation that the State would provide to CMS a description of any changes to the State Plan that would affect Medicare-Medicaid enrollees during this three year period (e.g., payment rate changes, benefit design, addition or expiration of waivers, etc.).**

Response:

DMAS will provide to CMS a description of any changes to the State Plan that would affect Medicare-Medicaid enrollees during this three year period (e.g., payment rate changes, benefit design, addition or expiration of waivers, etc.).

- **Please provide written confirmation that the State would provide to CMS data on State supplemental payments to providers (e.g., DSH, UPL) during the demonstration period.**

Response:

DMAS will provide to CMS data on State supplemental payments to providers (e.g., DSH, UPL) during the demonstration period.

Service Area Update

DMAS provided the following update on the capitated financial alignment demonstration:

After further discussion with CMS, DMAS does not expect a Year 2 expansion of the geographic areas. Instead, DMAS plans to phase in enrollment by region over Year 1 and will include Roanoke as part of that phase in:

Phase I: Central Virginia and Tidewater

Phase II: Western Virginia/Charlottesville, Northern Virginia and Roanoke