

# VCOPPA

Virginia Coalition of Private Provider Associations

## 16<sup>th</sup> ANNUAL CRITICAL ISSUES SYMPOSIUM

NOVEMBER 8-9, 2017

SunTrust Center  
Richmond, Virginia



# VCOPPA

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## VIRGINIA COALITION OF PRIVATE PROVIDER ASSOCIATIONS

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919 East Main Street, Suite 1150 ♦ Richmond, Virginia 23219 ♦ (804) 643-2776

November 8, 2017

Dear Symposium Attendees,

Welcome to the Virginia Coalition of Private Provider Associations (VCOPPA) 16<sup>th</sup> Annual Critical Issues Symposium and Conference. Your attendance and participation is appreciated and considered vital to our success.

VCOPPA continues to respond to the challenges facing human services in Virginia in line with our mission *"to serve as a unified voice for private providers to advocate for a quality system of services for children and families with special needs and challenges."*

As you know, we are in very uncertain political climate. It is more critical now than ever that we have a voice. Decisions that affect our future and that of the children and families we serve are being made quickly.

VCOPPA is recognized by Virginia governmental leaders as the link to recommend providers for membership on the SEC, SLAT, key committees and work groups. Therefore, VCOPPA is positioned as the primary private provider group to address child and family services particularly those influenced by the Children Services Act. Most recently, VCOPPA has had the opportunity to present public positions to the SEC on current policy issues such as Private Day Educational Placements.

Within the last couple years, VCOPPA has formed four (4) Special Interest Groups (SIG's) in the areas of Child Placement (Foster Care and Adoption), Special Education, Residential Services, and Community Behavioral Health Services. These groups are a great forum to not only dive deeper into our individual areas of expertise but also allow for professional development by allowing participation in an interest area that someone wishes to learn more about. Please know that membership in these groups is open and they meet every other month preceding the Board meeting. Please contact VCOPPA if you are interested in joining a SIG.

As the issues expand and challenges grow, the need for commitment and cooperation increases. VCOPPA's successful history lies in the involvement of many individuals from various associations and private agencies across the state. Our successful future will require continued commitment and support. If your agency is not already a sustaining member of VCOPPA, we urge you to consider membership in this effective coalition and help us in our advocacy for Virginia's at-risk children and families.

Sincerely,

Debbie Pell, M.Ed.  
President, VCOPPA



THE VIRGINIA COALITION OF PRIVATE PROVIDER ASSOCIATIONS  
*Presents the*

**16<sup>th</sup> ANNUAL CRITICAL ISSUES SYMPOSIUM**

NOVEMBER 8-9, 2017

***Schedule***

*Wednesday, November 8, 2017*

- 1:00 p.m.     *Registration – 4<sup>th</sup> Floor Auditorium Lobby*
- 1:45 p.m.     *Welcome and Introductions – **Debbie Pell, VCOPPA President***
- 2:00 p.m.     **MODULE A**  
*The Day After: A Quick Analysis of the 2017 Statewide and General Assembly Elections*
  - **Bill Elwood, VCOPPA Executive Director**
- 2:15 p.m.     **MODULE B**  
*An Update on the Children's Services Act*
  - **Scott Reiner, Executive Director, Office of Children's Services**
- 3:00 p.m.     **MODULE C**  
*Critical State Budget Issues Facing Virginia, Now and in the Future*
  - **James J. Regimbal, Jr., Fiscal Analytics, Ltd.**
- 4:00 p.m.     **MODULE D**  
*Special Education Funding: An Update on Public Regional Tuition Programs*
  - **John Eisenberg, Assistant Superintendent of Special Education and Student Services, Virginia Department of Education**
- 5:00 p.m.     *Reception at SunTrust Center, 4<sup>th</sup> Floor Mezzanine*

*Thursday, November 9, 2017*

- 8:00 a.m.     *Registration and Breakfast – 4<sup>th</sup> Floor Auditorium Lobby*
- 8:45 a.m.     **MODULE E**  
**The Transition to Managed Care for Virginia's Behavioral Health Services**
- Part I – An Overview of the Roll Out of Commonwealth Community Care Plus (CCC+)**
  - **Brian Campbell, Senior Program Advisor, DMAS Division of Integrated Care and Behavioral Services**



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## NOVEMBER 8-9, 2017

### *Schedule*

Thursday, November 9, 2017 (cont.)

**Part II – What to Expect When You Are Expecting Managed Care**

- **Stephanie Lynch, MSW, Virginia Association of Health Plans**

**Part III – Meet the MCO's!**

- **Representatives from all MCO's participating in CCC Plus**

11:00 a.m. **MODULE F**

*An Update on the IACCT Referral and Admissions Process*

- **Danette Brady, M.A, LPC, Director of Clinical Care Services, Magellan of Virginia**

12:00 p.m. Lunch – 4<sup>th</sup> Floor Mezzanine

*MCO Representatives will be available to meet providers individually*

1:00 p.m. **MODULE G – PANEL**

*Special Education Funding: A View from Local Government*

**Moderated by Bill Elwood, VCOPPA Executive Director**

- **Michael Asip, Ed.D., Past President, Virginia Council of Administrators of Special Education**
- **Katie Boyle, Government Affairs Director, Virginia Association of Counties (VACo)**
- **Karen Reilly-Jones, LCSW, CSA Administrator, Chesterfield County and City of Colonial Heights**

2:00 p.m. **MODULE H**

*Developing an Advocacy Agenda for the 2018 Virginia General Assembly*

2:30 p.m. **CONCLUSIONS**

*Where Do We Go From Here?*

**Moderated by Bill Elwood, VCOPPA Executive Director**

3:00 p.m. *Adjournment – Debbie Pell, VCOPPA President*



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## *Presenter Biographies*

### **Michael Asip, Ed.D., Past President, Virginia Council of Administrators of Special Education**

Michael Asip is a career public educator with extensive background and experience in special education, school administration, and instructional leadership. He is currently Director of Exceptional Education in Chesterfield County Public Schools and serves as Past President of the Virginia Council of Administrators of Special Education (VCASE). Asip's experiences as a special education teacher and middle school administrator in Fairfax County and as a middle school principal and special education administrator in Williamsburg James City County have provided him with a wealth of experience and knowledge in implementing general and special education in public school settings.

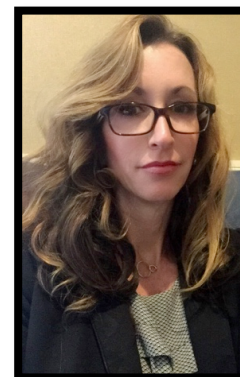


### **Katie Boyle, Director of Government Affairs, VaCO**

Katie Boyle is the Director of Government Affairs for the Virginia Association of Counties, where she staffs the Finance and Health and Human Resources Steering Committees. Prior to her tenure at VACo, she worked in the Office of the Fairfax County Executive as part of the County's legislative team. She is a graduate of the University of Virginia.

### **Danette Brady, M.A., CDVC, LPC, Magellan of Virginia**

Danette Brady has served as the Director of Clinical Care Services for Magellan of Virginia's Behavioral Health Services Administrator since November of 2016. She is directly responsible for the direction and management of clinical operations. Since joining Magellan in 2015, Danette has worked in many roles and served on numerous provider workgroups and in various program initiatives. In her previous role as the Manager of Clinical Care Services for the Residential Team, she was responsible for the clinical program development and implementation of the new residential model. She has also been involved in the corporate development of strategic and operational goals and plans.



Prior to joining Magellan in 2015, Danette has worked in the mental health profession for 25 years in a variety of settings, including residential, community based services, the school system, and private practice. Her practice has focused on individualized and strengths based practices for children, adolescents and families with a focus on trauma and recovery. In addition, she has led new programming initiatives for special populations in residential treatment. Danette has played a pivotal role in the ongoing implementation of the new residential program and partnership with stakeholders across the Commonwealth.

Danette holds a B.A. in Psychology from Randolph Macon's College, a Masters Degree in Counseling Psychology from Radford University, and a Masters in Education from Mary Baldwin. She has been licensed as a Professional Counselor for 20 years and is a member of the Virginia Counselors Association and the Richmond Area Counselors Association. She is a certified domestic violence counselor, certified in trauma informed care, and is certified through the National Association of Forensic Counselors. She resides in Goochland, Virginia and enjoys traveling, reading, equestrian sports, and spending time with her two teenage children.



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### *Presenter Biographies (cont.)*

#### **Brian Campbell, Department of Medical Assistance Services**



Brian Campbell has been working with different parts of the Virginia Medicaid program for 15 years. From 2005-2013 he supervised the Medicaid children's benefit known as the EPSDT program. From January, 2014-April, 2016 he served as the Behavioral Health Policy Analyst for the Department of Medical Assistance Services (DMAS). As the Integrated Care and Behavioral Services Senior Program Advisor he assumes a lead role in the teams responsible for implementing significant program policy and regulatory changes in the DMAS Integrated Care and Behavioral Health Services.

#### **John Eisenberg, Assistant Superintendent for Special Education and Student Services, Virginia Department of Education**

On July 1, 2012, John Eisenberg became the Assistant Superintendent of Special Education and Student Services at the Virginia Department of Education. Mr. Eisenberg has been working in the field of special education in various roles for the last 23 years. Since 2009, he served as the director of Instructional Support and Related Services at the Virginia Department of Education. Mr. Eisenberg's staff provided statewide leadership in the areas of Autism Spectrum Disorders, Severe Disabilities, Traumatic Brain Injury, Intellectual Disabilities, Assistive Technology, Related Services, Comprehensive Services Act, Neighborhood Assistance Act, Family Engagement, and Students with Sensory Impairments.



Mr. Eisenberg joined the VDOE as an education specialist for Severe Disabilities and Assistive Technology in 2005. Before coming to the Department of Education, Mr. Eisenberg was the Director of the Virginia Deaf-Blind Project at Virginia Commonwealth University. He previously worked with the National Technical Assistance Consortium for Deaf-Blindness and was a classroom teacher for students with developmental disabilities. He serves on numerous national and state advisory committees representing Assistive Technology and students with high support needs. Mr. Eisenberg also served as President of the National State Directors of Special Education Board of Directors.

Mr. Eisenberg earned his M.Ed in severe disabilities from Hunter College at the City University of New York and his B.A. from New York University. He comes from a family of teachers and special educators and is very passionate about improving the educational outcomes of children and families in Virginia.

#### **William P. Elwood, VCOPPA Executive Director**

Bill Elwood is President and CEO of Elwood Consulting, LLC, a Richmond-based lobbying, association management and business to government consulting firm and has extensive association management and government relations experience, with 37 years working in Virginia government, the last 34 as a registered lobbyist. In particular, he has developed an expertise in the Virginia state budget. He has also enjoyed close bipartisan relationships in the executive and legislative branches, along the way earning a reputation for professionalism, integrity and expertise in the government relations community.





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### *Presenter Biographies (cont.)*

Elwood has been deeply involved in the association management community, where he is a past President of the Virginia Society of Association Executives (VSAE) and a member of the American Society of Association Executives (ASAE) for the last twenty-two years. In 2002, Elwood was presented by his peers the VSAE Award of Excellence in honor of his accomplishments in the association management profession. As an independent contractor, Elwood currently serves as Executive Director of two associations, the Virginia Coalition of Private Provider Associations and the Virginia Association of Independent Specialized Education Facilities.



### **Stephanie Lynch, MSW, Virginia Association of Health Plans**

Stephanie represents Virginia's Medicaid Managed Care Plans at the Virginia Association of Health Plans (VAHP), the Trade Association for the Commonwealth's health insurance industry. She was a key advocate for the new ARTS benefit and continues to champion additional legislative efforts and policy changes to improve behavioral health for our Commonwealth's most vulnerable citizens.

Prior to her arrival at VAHP, Stephanie worked for the Office of the Secretary of Health and Human Resources for the Secretary's Appointee on Integration, where she supported Affordable Care Act implementation efforts and eligibility modernization. Previous to that role, Stephanie was assigned to Paul McWhinney, former Deputy Commissioner of Benefit Programs at the Virginia Department of Social Services where she led projects impacting Foster Youth & Family Services, the Medicaid program and the Child Welfare Stipend Program.

Before receiving her Masters in Social Work Administration and Policy Practice at Virginia Commonwealth University, Stephanie worked in Direct Practice in a variety of settings with both youth and adults, to include a two-year stint at Virginia College as Director of Student Services where she established supportive programming for students experiencing homelessness, domestic violence and other socioeconomic challenges. She received a dual degree from Virginia Commonwealth University in Biopsychology, Women's and African American Studies. She remains extremely passionate about African American health disparities, the impact of social determinants on health and the biopsychosocial impacts of trauma. In her spare time, Stephanie enjoys spending time with her Godson, Isaiah, going to the river with her four-legged son, Charles Murphy Brown and cooking for family and friends.

### **James J. Regimbal, Jr., Fiscal Analytics, Ltd.**

Jim Regimbal has 35 years of experience in state and local budget and tax policy analysis. He served for 13 years on the staff of the Virginia Senate Finance Committee from 1987-1999, where he provided the Committee with expertise in tax policy, economic and revenue forecasting and transportation and finance agency budgets.

In 1999, he co-founded Fiscal Analytics Ltd. where his expertise in state and local budget and tax policy issues have been provided to local governments, business groups, trade associations, and nonprofit organizations. His local government clients currently include the Virginia Association of Counties, the Virginia Municipal League, and the Virginia First Cities Coalition. Past clients have included the Virginia Hospital & Healthcare Association





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### *Presenter Biographies (cont.)*

(VHHA) and the Virginia Health Care Association (VHCA). Mr. Regimbal holds a B.S. in Economics from the University of Pacific, and an MBA from Virginia Commonwealth University. Jim has been married for 32 years and has three sons.

#### **Karen Reilly-Jones, LCSW, Chesterfield / Colonial Heights CSA**

Karen Reilly-Jones has worked in the field of children and families services for over twenty years in a variety of settings. She is a Licensed Clinical Social Worker with clinical, program administration, and community organizing experience. Her roles in direct service provision include work in both the private and public sector such as outpatient counseling, therapeutic foster care, intensive in home counseling, acute and residential treatment, and public child welfare. She also brings in years of experience in program policy and administration. Karen stays active in state and local government public policy committees to help influence positive impacts on children and families in need of services at the local level.



Karen has worked in the Chesterfield County and City of Colonial Heights community for fifteen years. The past fourteen years, she has had the position of the Children's Services Act Administrator to lead a "systems of care" approach in coordinating effective and quality services for "at- risk" children and families in the community.



#### **Scott Reiner, Office of Children's Services**

Scott Reiner is the Executive Director at the Office of Children's Services where he is been responsible for all activities of the Office in implementing and administering the statewide Children's Services Act program. He has been at OCS for four years and was been Director since June of 2015. He came to OCS after 26 years at the Virginia Department of Juvenile Justice.

Scott has a master's degree in clinical psychology and been closely involved in improving practices for children and adolescents with behavioral health issues across child serving agencies. As the father of three young adults, he has a special appreciation for the challenges of guiding young people successfully to adulthood.



**VCOPPA would like to thank our Sustaining Members  
for their ongoing support of the Coalition.**

*For details on membership, please visit the Coalition website.*

[www.VCOPPA.ORG](http://www.VCOPPA.ORG)

## **2017 SUSTAINING MEMBERS**

Braley & Thompson  
Childhelp  
Children's Services of Virginia, Inc.  
Civitas Health  
Commonwealth Catholic Charities  
Elk Hill  
Extra Special Parents  
Grafton Integrated Health Network  
Hallmark Youthcare  
Improving Outcomes, LLC  
Inova Kellar Center  
Intercept Youth Services  
Kids In Focus  
Phillips Programs  
UMFS  
Universal Health Services  
Virginia Home for Boys & Girls  
Youth For Tomorrow



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## *Attendees*

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## **2018 VCOPPA BOARD OF DIRECTORS MEETING SCHEDULE**

The VCOPPA Board of Directors meets regularly in odd-numbered months.  
The 2018 meeting schedule is below and is subject to change.

**January 9**  
**March 13**  
**May 15**  
**July 10**  
**September 18**

**Board meetings commence at 1:00 PM.**  
**They are preceded by SIG meetings at 11:30 AM.**

Unless otherwise noted, meetings are held at UMFS in Richmond (3900 West Broad Street).  
Meetings are open to all providers and the public unless a closed session of the Board is called.  
Meeting changes and reminders are communicated by email to the VCOPPA mailing list.

### **SHARED INTEREST GROUPS**

VCOPPA offers four (4) Shared Interest Groups (SIGs) to our members and interested providers  
as a venue to identify and discuss relevant service-specific policy issues.

The four SIGs are:

**Residential Services**  
**Child Placement (Foster Care and Adoption)**  
**Community Based Behavioral Health**  
**Special Education**

The SIGs generally meet before VCOPPA Board of Directors meetings (*see schedule above*),  
to which SIG participants are also invited.

*If you are interested in attending and/or joining a SIG*, please contact Matthew Stanley  
([mstanley@elwood-consulting.com](mailto:mstanley@elwood-consulting.com)) to add you to the email distribution list.



VIRGINIA COALITION OF PRIVATE PROVIDER ASSOCIATIONS

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# AETNA BETTER HEALTH<sup>®</sup> OF VIRGINIA

Commonwealth Coordinated Care Plus (CCC Plus)

**aetna<sup>®</sup>**



# Join Our Provider Network

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We take great pride in our network of physicians and related professionals who serve our members with the highest level of quality care and service.

**For all MLTSS providers, we are currently accepting applications**

To join our network, contact us and we will send you a contracting packet

Email: [AetnaBetterHealth-VAProviderRelations@aetna.com](mailto:AetnaBetterHealth-VAProviderRelations@aetna.com)

Phone: 1-800-279-1878, option 6

**For CMHRS prior authorizations please fax to:**

Fax: 1-866-669-2454 (Residential services continue to be managed by Magellan)

**If you are an ARTS provider**

- First, review the DMAS website and ensure you have obtained the necessary ARTS documentation and qualification
- Then, contact us at [NetworkDevelopment-VAContact@aetna.com](mailto:NetworkDevelopment-VAContact@aetna.com) to request a network participation packet



## Care Coordinator

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- Conducts Health Risk Assessments
- Work together with the member's physician, and Care Plan team to execute physician recommended care
- Encourage members to be involved in their care plan

## Community Health Worker

---

- Deployed through the community in each region
- Link members to safe housing, local food markets, access to health care services, transportation, and other service
- Provide members with valuable resources

## Peer Support Specialist

---

- Support mental health and substance use issues
- Work with Care Coordinator and Member to access the Addiction and Recovery Treatment Services (ARTS)



# Long Term Support Services

## Prior Authorization Process

### LTSS service authorizations

- Contact the member's clinical care coordinator to initiate an authorization
- The care coordinator is your single point of contact

### Non-LTSS authorizations

Please call Member services at 1-855-652-8249, option 7

### LTSS Authorization Submission

You may submit prior authorization requests to us 24-hours-a-day, 7-days-a week  
By using one of the steps below:

- Secure Web Portal (Only for In-Network Providers)
- Fax: **1-855-661-1828**
- Phone: **1-855-652-8249**

### For Specific CCC Plus LTSS Care Management Questions

#### Please contact

Stephanie Hargan  
Manager, Clinical Health Services  
Phone 959-299-6312  
Email: [HarganS@aetna.com](mailto:HarganS@aetna.com)





# How To Submit & Check Status of Claims

---

**Payer ID**  
**128VA**



**Electronically**  
**[changehealthcare.com/login](https://changehealthcare.com/login)**



**By mail**  
**Aetna Better Health of Virginia**  
**P.O. Box 63518**  
**Phoenix, AZ 85082-3518**

## **Check status of a claim**

1. Visit [www.aetnabetterhealth.com/virginia](https://www.aetnabetterhealth.com/virginia)
2. Select “For Providers”
3. Login to our provider portal
4. Under “Tasks,” choose “Claims search”

**Questions?**

**1-855-652-8249**



# **VIRGINIA COALITION OF PRIVATE PROVIDER ASSOCIATIONS**

Commonwealth  
Coordinated Care Plus  
(Anthem CCC Plus)



**Anthem** HealthKeepers Plus  
Offered by HealthKeepers, Inc.



# Our Team

- Keven Schock, Manager, Behavioral Health
- Kimberly White, Manager, Behavioral Health
- Taylor Rhodes, Director – Provider Solutions
- Annette Powell, Behavioral Health Provider Relations Representative





# Our experience

Together, HealthKeepers, Inc. and its Anthem, Inc. health plan affiliates serve more than **6.5 million** people in state-sponsored health plans.

- **Operating in 20 states**
  - A leading provider of health care solutions for public programs
- **Over 25 years in service**
  - Access to high-quality, coordinated care for low-income families, seniors and people with disabilities
- **Serving members with complex needs in eight states**
  - 292,000 members enrolled in long-term services and supports programs





# Your support system

Call Anthem CCC Plus Provider Services at **1-855-323-4687** for assistance with claim issues, member enrollment and general inquiries. Hours of operation are Monday to Friday from 8 a.m. to 8 p.m. ET.

Our Regional Provider Relations team:

John Bachand (Central) [John.Bachand@anthem.com](mailto:John.Bachand@anthem.com)

Beth Condyles (North) [Elizabeth.Condyles@anthem.com](mailto:Elizabeth.Condyles@anthem.com)

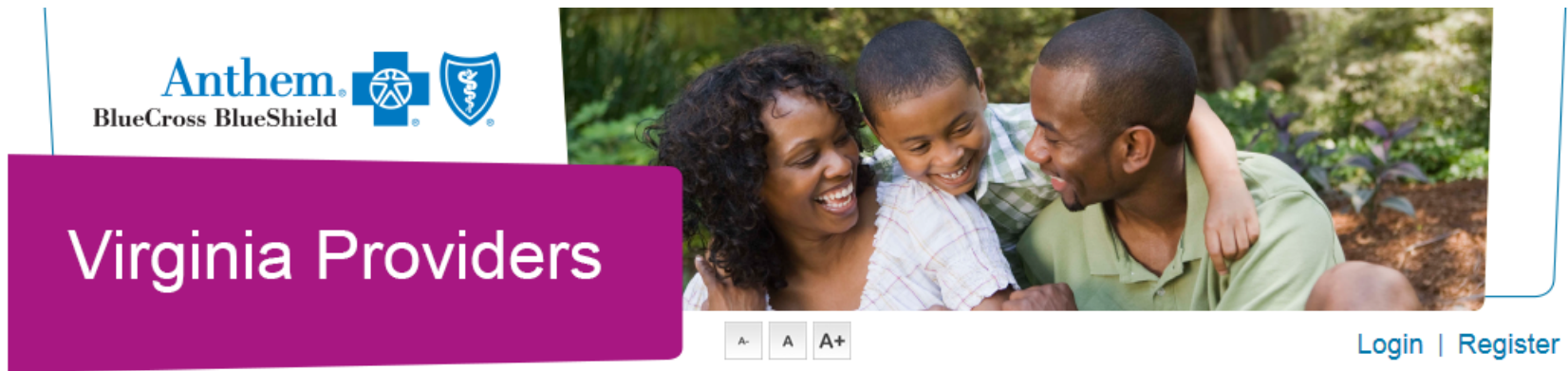
Annette Powell (Tidewater) [Annette.Powell@anthem.com](mailto:Annette.Powell@anthem.com)

Deborah Tankersley (Roanoke/SW) [Deborah.Tankersley@anthem.com](mailto:Deborah.Tankersley@anthem.com)





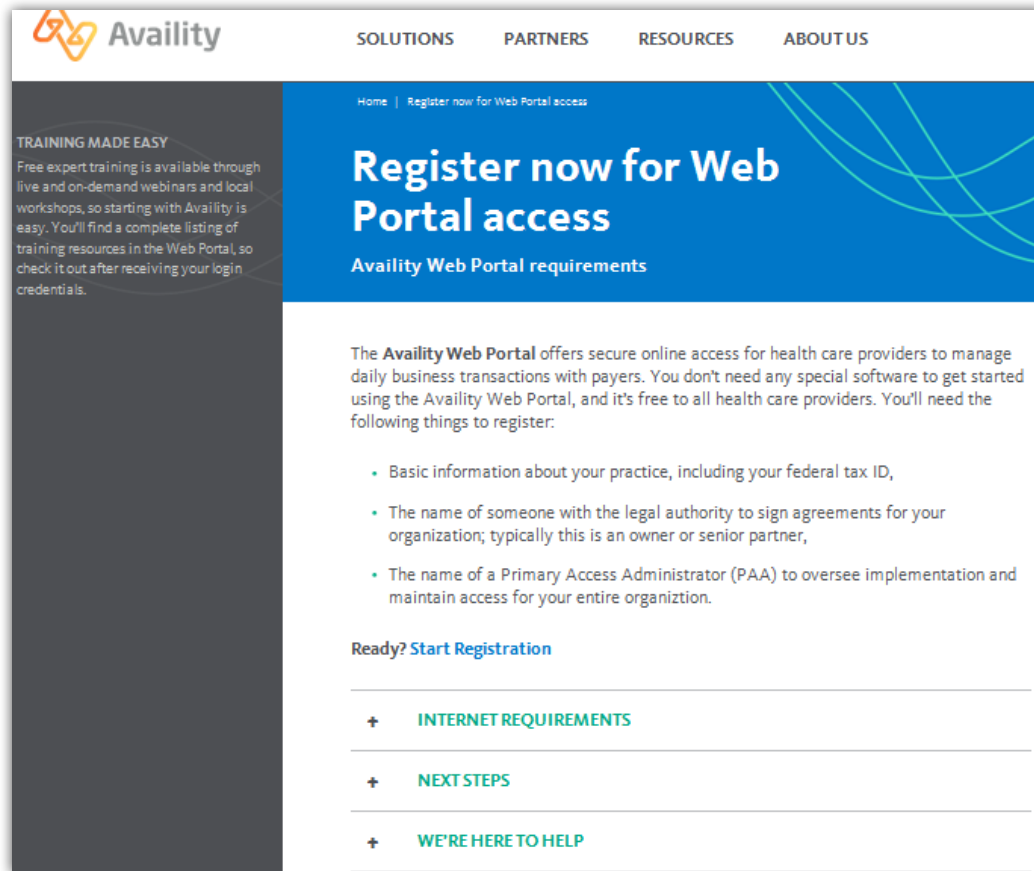
# Our provider website



- Our provider website is available 24/7 to all providers, regardless of participation status, at **<https://mediproviders.anthem.com/va>**.
- Registration is required to perform many key transactions.
- You'll need a Medicaid ID for HealthKeepers, Inc. to register.



# Availability (cont.)



The screenshot shows the Availity website's registration page. The header includes the Availity logo and navigation links for SOLUTIONS, PARTNERS, RESOURCES, and ABOUT US. A sidebar on the left titled "TRAINING MADE EASY" describes training resources. The main content area has a blue header with the text "Register now for Web Portal access" and "Availity Web Portal requirements". Below this, a paragraph explains the portal's purpose for health care providers. A bulleted list outlines the requirements for registration: basic practice information, legal authority, and a Primary Access Administrator. At the bottom, there are three expandable sections: "INTERNET REQUIREMENTS", "NEXT STEPS", and "WE'RE HERE TO HELP".

**Availity**

SOLUTIONS PARTNERS RESOURCES ABOUT US

Home | Register now for Web Portal access

## Register now for Web Portal access

Availity Web Portal requirements

The **Availity Web Portal** offers secure online access for health care providers to manage daily business transactions with payers. You don't need any special software to get started using the Availity Web Portal, and it's free to all health care providers. You'll need the following things to register:

- Basic information about your practice, including your federal tax ID,
- The name of someone with the legal authority to sign agreements for your organization; typically this is an owner or senior partner,
- The name of a Primary Access Administrator (PAA) to oversee implementation and maintain access for your entire organization.

Ready? [Start Registration](#)

+ [INTERNET REQUIREMENTS](#)

+ [NEXT STEPS](#)

+ [WE'RE HERE TO HELP](#)

- The registration process is easy.
- Multiple resources and trainings about site navigation are available.




# Contracting/Credentialing

- Contact your regional provider relations representative to initiate the contracting process and/or to inquire about the status of an application.
- HealthKeepers, Inc. credentials health care practitioners, behavioral health practitioners and health delivery organizations (HDOs).
- We notify applicants of their right to review the information submitted supporting their credentialing applications. If credentialing information can't be verified or if there is a discrepancy in the credentialing information obtained, our staff will contact the practitioner or HDO within 30 calendar days of identifying the issue.






# Member ID cards



**Anthem. HealthKeepers Plus**  
Offered by HealthKeepers, Inc.



**Plus**  
Commonwealth  
Coordinated Care Plus  
*Your Health. Your Care.*

---


[Member Name]  
Identification Number

PCP Name  
PCP Phone  
Medicaid ID

---

Group Number HKP00200  
BC/BS Plan 923  
Rx Bin Number 003858  
Rx PCN Number A4  
Rx Group Number WQWA

PCP/Specialist \$0/\$0  
Outpatient \$0  
Inpatient \$0  
Emergency \$0  
Rx \$0/\$0



**Anthem. HealthKeepers Plus**  
Offered by HealthKeepers, Inc.

[www.anthem.com/vamedicaid](http://www.anthem.com/vamedicaid)

Member Services: 1-855-323-4687  
Provider Services: 1-855-323-4687  
Care Coordinator: 1-855-323-4687  
TTY: 711  
24/7 NurseLine: 1-855-323-4687  
Mental Health Services: 1-855-323-4687  
Authorization: 1-855-323-4687  
Smiles for Children\*: 1-888-912-3456  
Transportation Service: 1-855-253-6861  
Rx Services: 1-800-824-0898

Members: When submitting inquiries, always include your identification number from the face of this card. Possession or use of this card does not guarantee payment. In an emergency, go to the nearest facility or call 911.

Providers: Please submit claims to your local BCBS plan. To ensure proper claims processing, please include the 3-digit alpha prefix that precedes the patient's identification number listed on the front of this card.

Claims Filing Address: Post Office Box 27401  
Richmond, VA 23279

Contractor ID: 0047003253

HealthKeepers, Inc. is an independent licensee of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.

[VA28]



# Submitting claims

We accept paper claims, but we encourage you to submit claims on our website or using electronic data interchange (EDI):

- Submit both *CMS-1500* and *UB-04* claims on our website.
- Submit 837 batch files and receive reports through the website at no charge. You must register for this service first.
- Use a clearinghouse via EDI.

For paper claims, submit a properly completed claim for all services performed or items/devices provided to:

HealthKeepers, Inc. for Anthem CCC Plus  
Claims  
P.O. Box 27401  
Richmond, VA 23279



**Anthem** HealthKeepers Plus  
Offered by HealthKeepers, Inc.



# Electronic payment services

Want to enroll, update or change your electronic payment services?

For...	Go to...
ERAs only	<a href="http://www.anthem.com/edi">www.anthem.com/edi</a>
EFTs and ERAs (both) or EFTs only	<a href="https://solutions.caqh.org/bpas/Default.aspx">https://solutions.caqh.org/bpas/Default.aspx</a> 

EDI Hotline: **1-800-590-5745**



# Preauthorization and notification

We have a Precertification Lookup Tool on our provider website at **<https://mediproviders.anthem.com/va/pages/pluto.aspx>**. Use our Precertification Lookup Tool to:

- Determine if a service requires preauthorization.
- Find additional information regarding preauthorization for durable medical equipment, vision, transportation and other ancillary services.
- Search by your market, the program in which the member participates or the CPT code. If you don't know the exact code, you can also search by description.





# Preauthorization requests

You can fax preauthorization requests to **1-800-964-3627** for initial, inpatient admissions and outpatient services. However, please note these exceptions:

- **1-844-864-7858** - Home Health, Skilled Nursing, Therapies, Hospice, DME, EPSDT, and Outpatient Services
- **1-866-920-4095** for concurrent review clinical documentation (inpatient),
- **1-844-864-7853** for LTSS services including Nursing Home Custodial Care, PERS, PCA, Respite Care, and Adult Day Care
- **1-866-920-4095** for Long Term Acute Care, Acute Inpatient Rehabilitation and SNF
- **1-877-434-7578** for BH Inpatient
- **1-800-505-1193** for BH Outpatient (including CMHRS)

You may also call Anthem CCC Plus Provider Services at **1-855-323-4687**. Or if the authorization request is for radiology services being offered by AIM Specialty Health, submit a request at **[www.providerportal.com](http://www.providerportal.com)** or call **1-800-714-0040**.





# Care coordination and the interdisciplinary care team (ICT)

Each Anthem CCC Plus member has a care manager and an ICT that provides person-centered coordination and care coordination for members. The ICT consists of the following:

- Member and/or his or her designee
- Designated care manager
- Primary care physician
- Behavioral health professional
- Member's home care aide or LTSS provider
- Other providers, either as requested by the member or his or her designee, or as recommended by the care manager or primary care physician and approved by the member and/or his or her designee





# Key contact information

- Anthem CCC Plus Provider and Member Services: **1-855-323-4687**
- 24/7 NurseLine: **1-855-323-4687 (TTY 711)**
- Preauthorization phone: **1-855-323-4687**
- Preauthorization fax:
  - **1-800-964-3627** for Inpatient admissions/ Outpatient services
  - **1-888-280-3725** for therapies, home health, DME and discharge planning.
  - **1-888-280-3726** for concurrent review clinical documentation (inpatient).
  - **1-844-864-7853** for Long Term Services and Supports
  - **1-877-434-7578** for BH Inpatient
  - **1-800-505-1193** for BH Outpatient (including CMHRS)
- Pharmacy preauthorization phone: **1-855-577-6317**
- Website: **<https://mediproviders.anthem.com/va>**
- Paper claims submission:

HealthKeepers, Inc. for Anthem CCC Plus  
Claims

P.O. Box 27401  
Richmond, VA 23279





# Questions?



Questions can also be emailed to **[valtssproviders@anthem.com](mailto:valtssproviders@anthem.com)** and a Provider Relations representative will respond directly.



# IACCT IMPLEMENTATION UPDATES

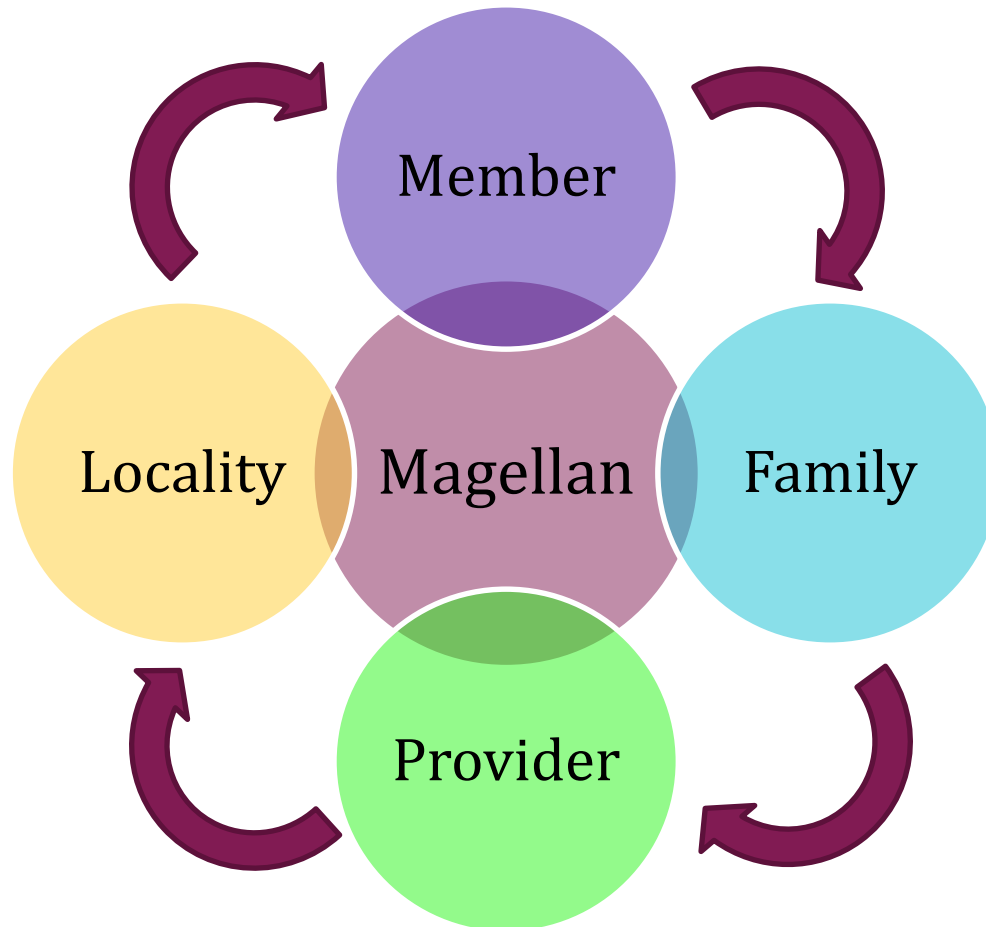
## October 2017





# New Residential Service Program Implemented 7/1/2017

## System of Care Engagement





# PROVIDER LEVEL

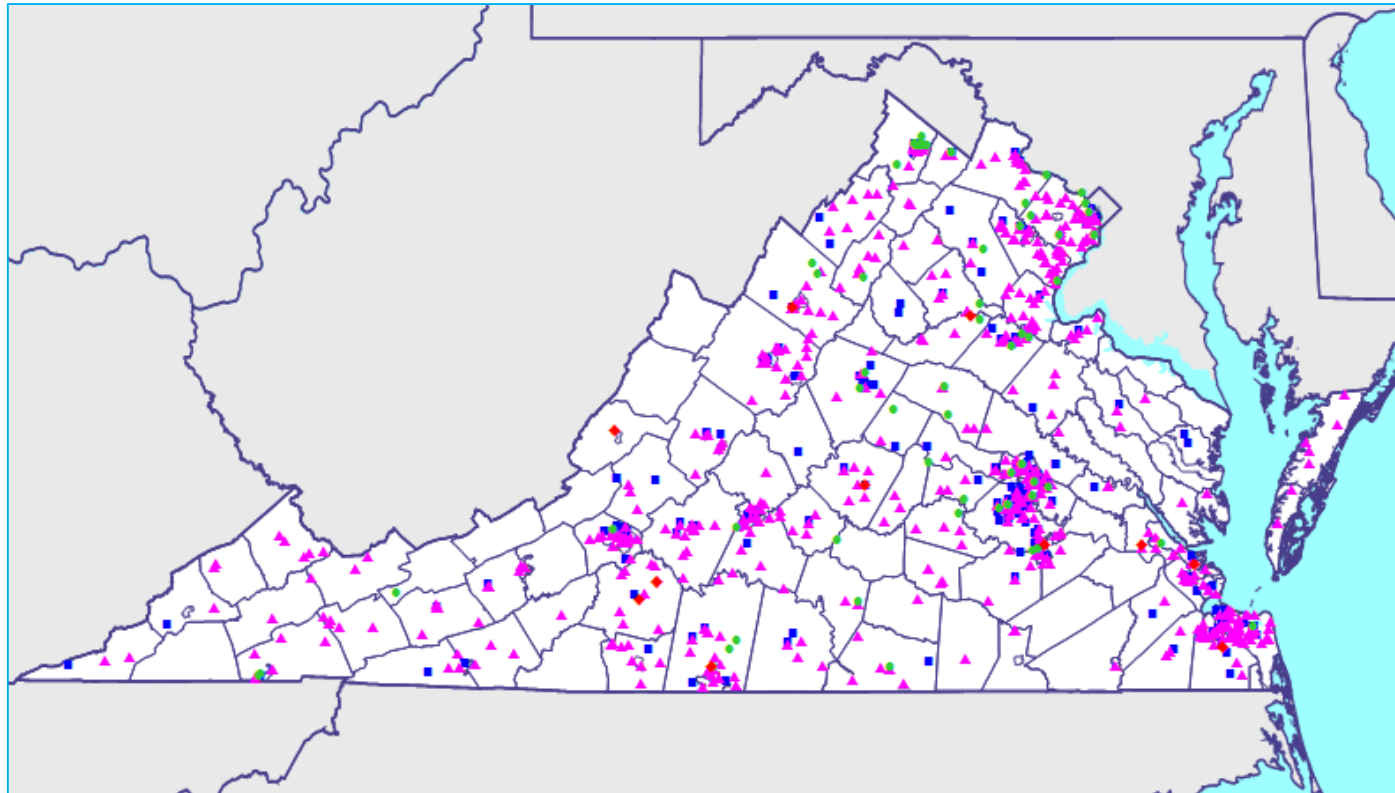
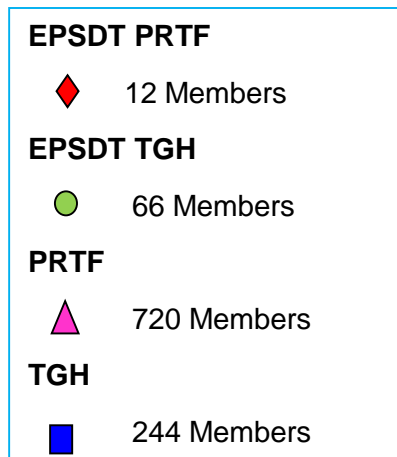
## Network Activity

- Credentialing/Contracting Activity:
  - 100% Network Coverage. There is at least one IACCT in every locality.
  - There are a total of 24 credentialed/contracted IACCT provider organizations.
  - Currently conducting outreach to crisis stabilization providers statewide for IACCT.
    - Four crisis providers have agreed to contract. Follow-up outreach is being conducted to secure contracting documents.
- Recruitment Targets:
  - Alleghany (based on limited capacity for current IACCTs)
  - Central region (based on limited capacity for current IACCTs)
  - 13 Localities with a single contracted IACCT (based on need for additional coverage)
  - One IACCT has expanded coverage adding secondary and tertiary support to 18 localities
  - Revisiting contracting with non-IACCT CSBs
- Provider Meetings:
  - Conducted new and follow-up outreach for interested providers.
  - Meeting held with VACSB to discuss contracting with CSBs not currently contracted for IACCT
- Residential Provider Communications and Trainings:
  - Updated Residential Billing ORP Claims - Email Blast 10/1
  - Updated IACCT Provider List 10/3
  - Special Consideration Process and CON Certification - Email blast 10/6



# Residential MEMBER MAP

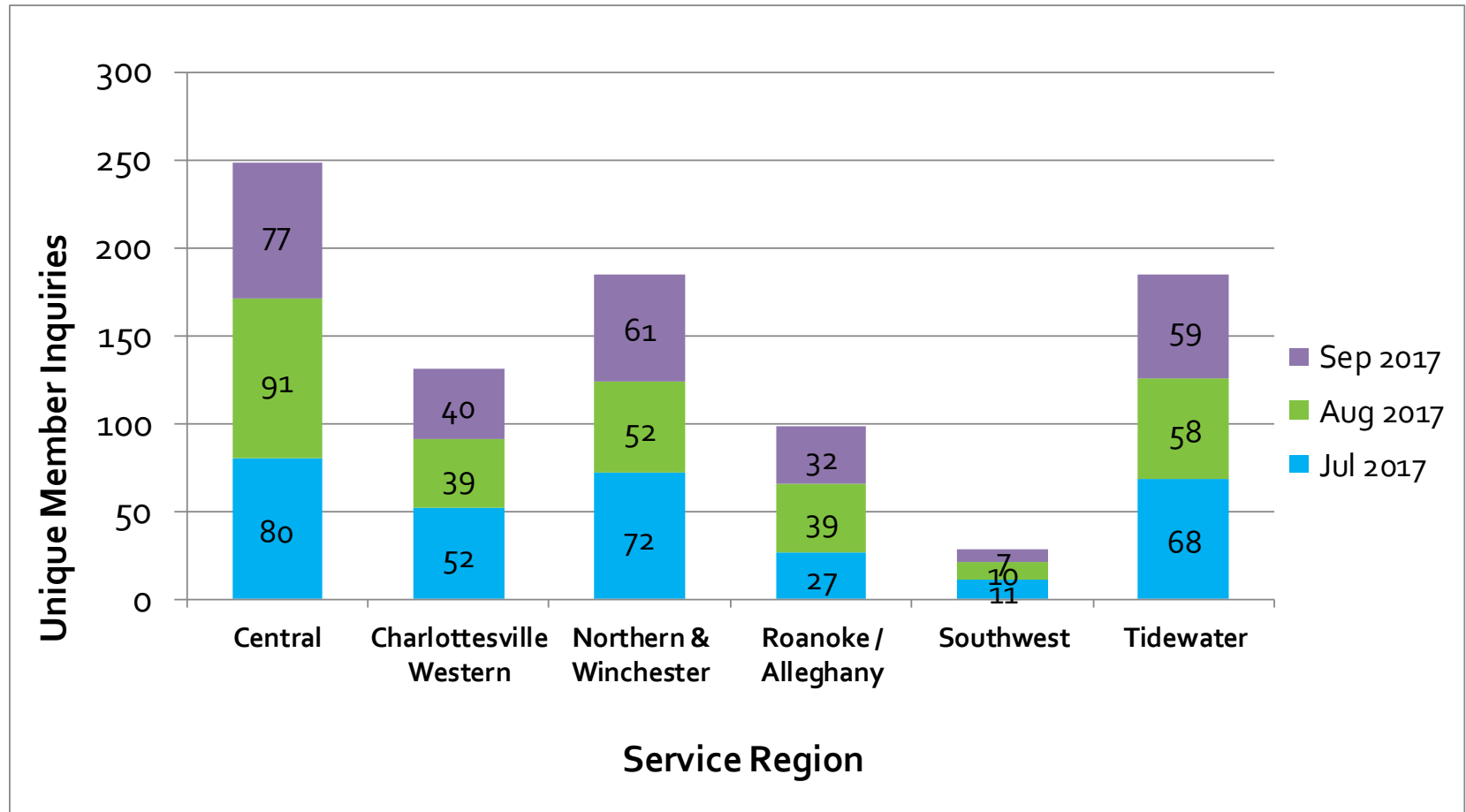
Who are our Residential members?



Data as of 10/10/2017: This map is updated by the 10th of each month.



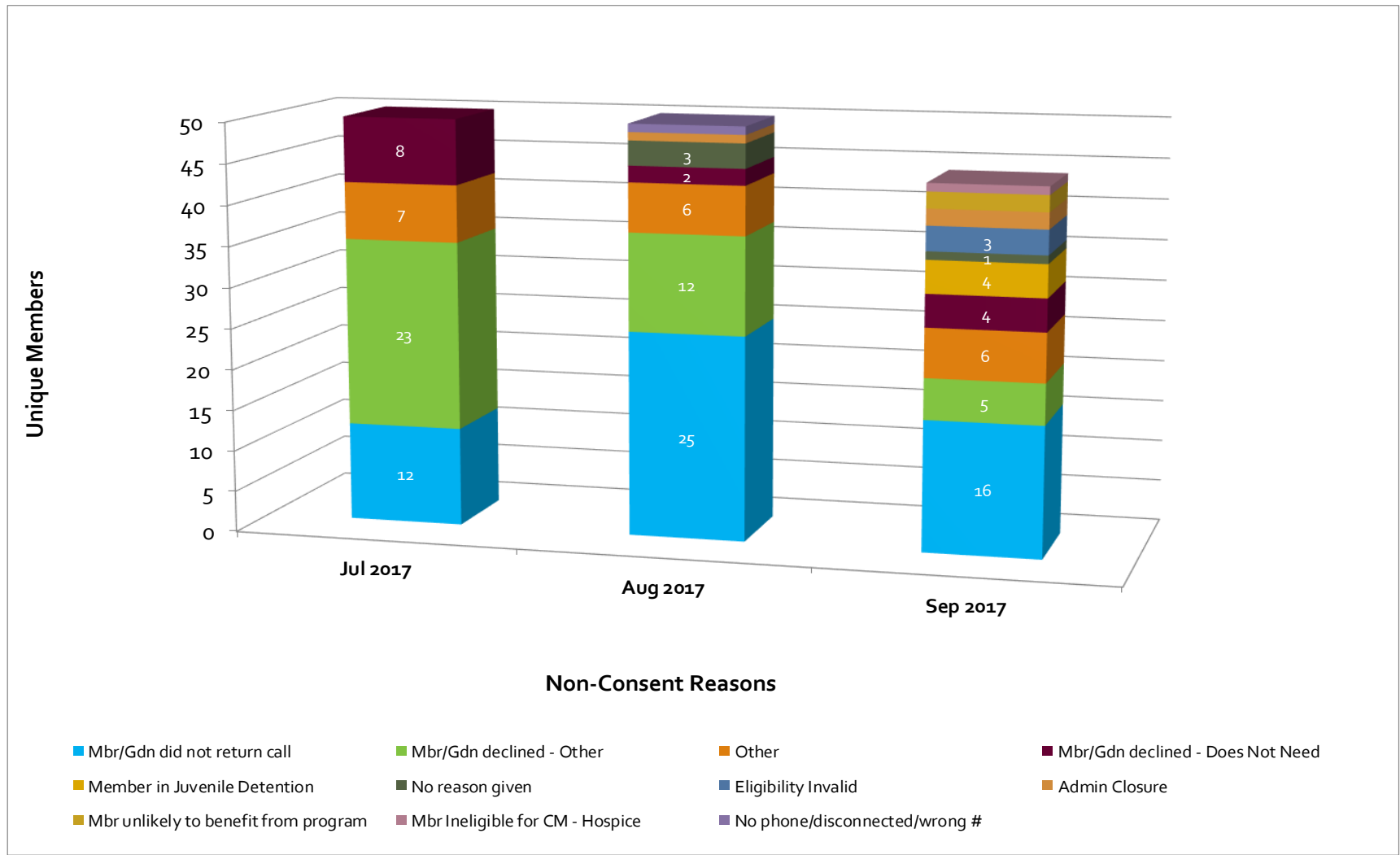
# NUMBER OF INQUIRIES RECEIVED BY LOCALITY



Data as of 10/06/2017. This report is updated by the 10th of each month.  
To access drill-down data, right-click on the chart and select Worksheet Object > Open.



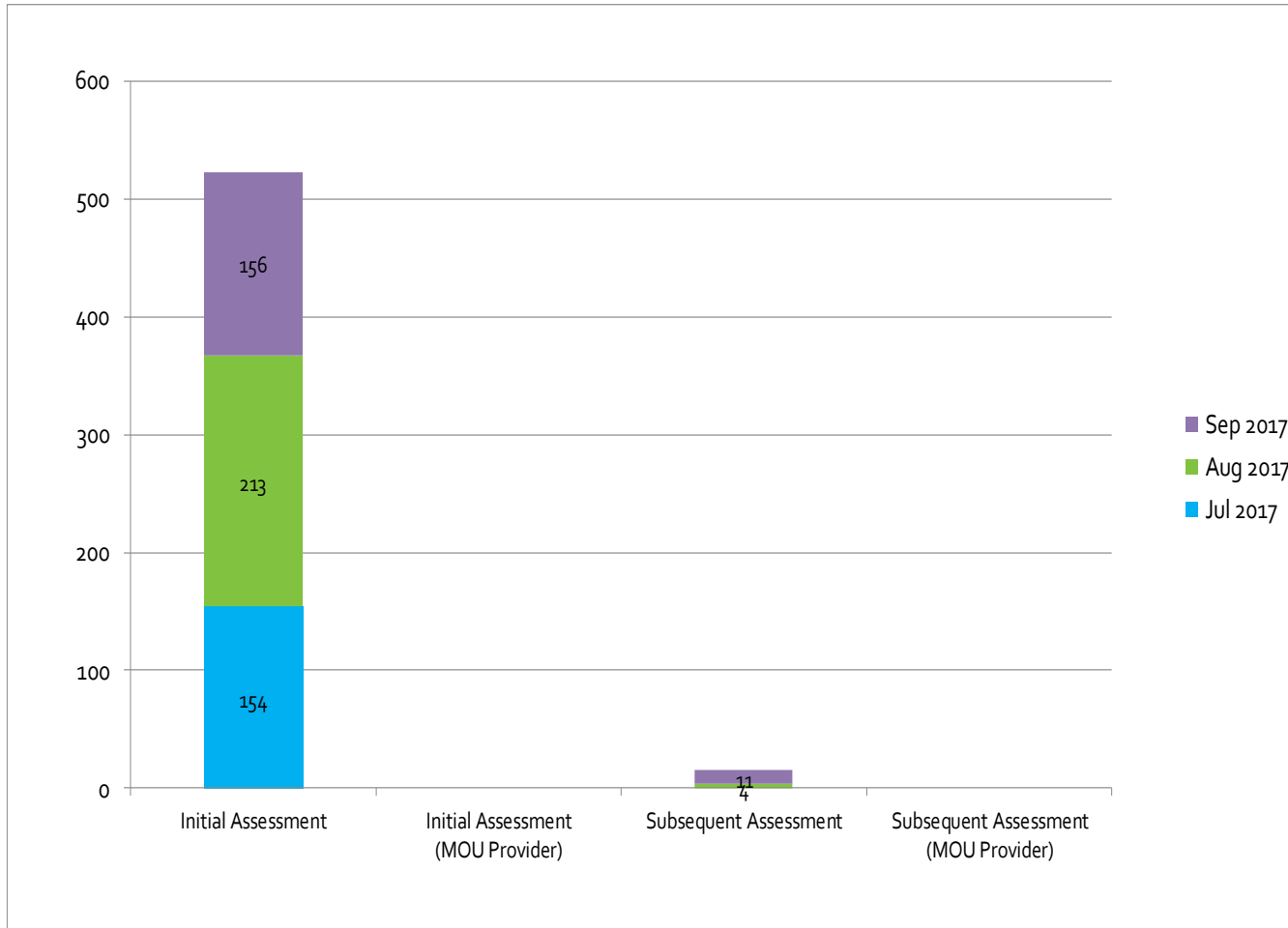
# INQUIRY CLOSURES BY REASON



Data as of 10/06/2017. This report is updated by the 10<sup>th</sup> of each month.  
To access drill-down data, right-click on the chart and select Worksheet Object > Open.



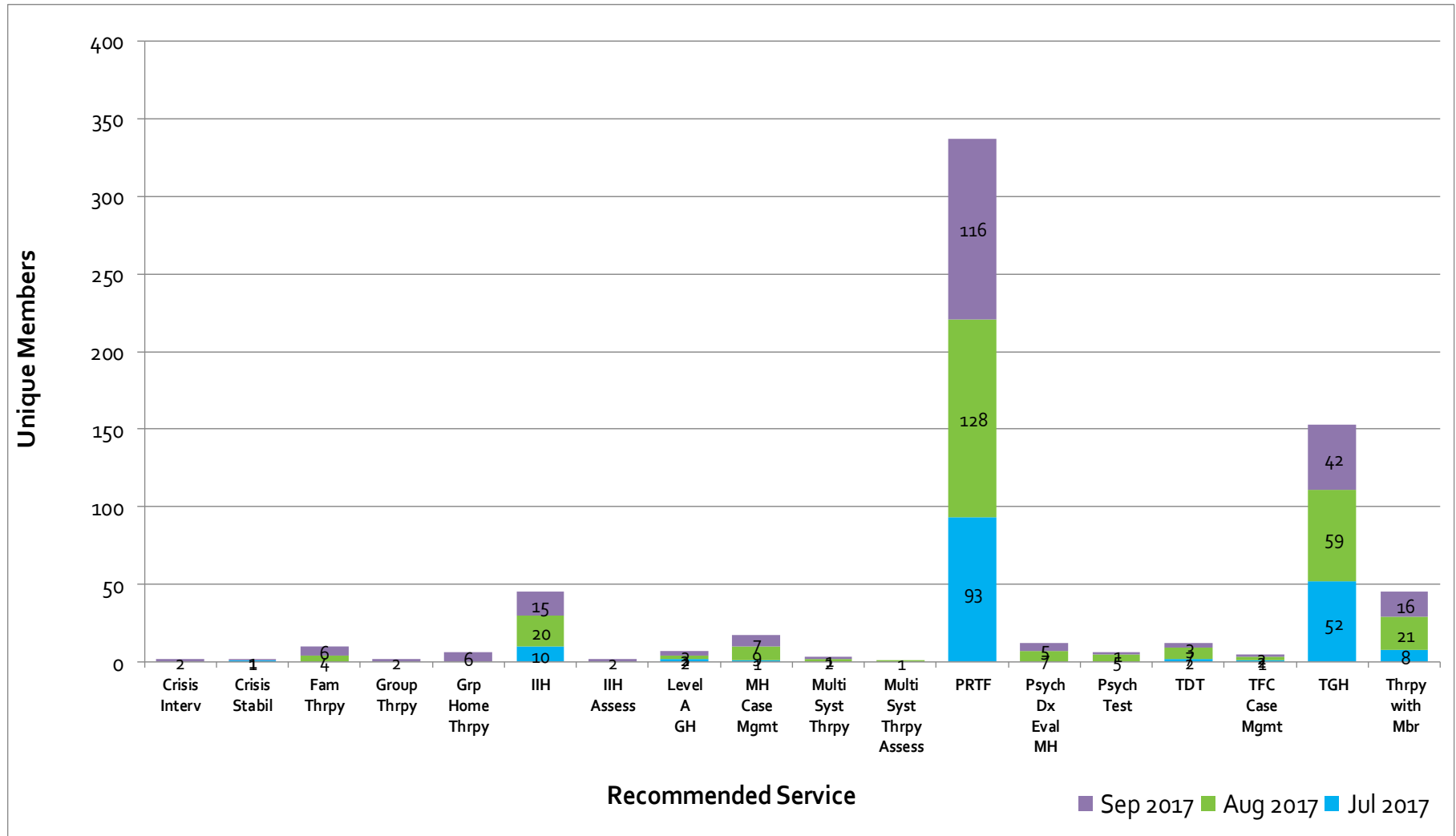
# NUMBER OF ASSESSMENTS



Data as of 10/11/2017. This report is updated by the 10th of each month.  
To access drill-down data, right-click on the chart and select Worksheet Object > Open.



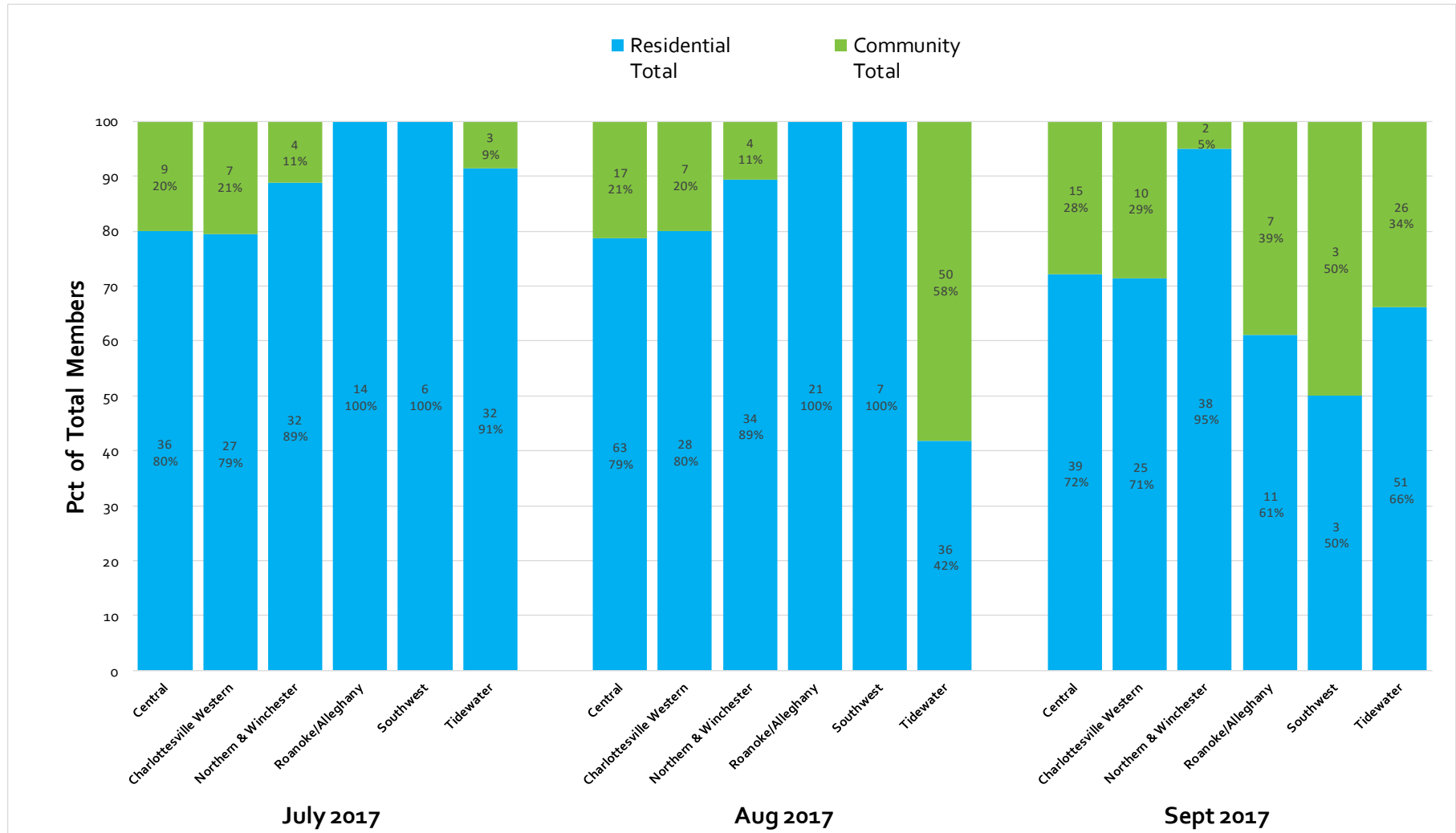
# RECOMMENDED SERVICES



Data as of 10/17/2017. This report is updated by the 10th of each month.  
To access drill-down data, right-click on the chart and select Worksheet Object > Open.



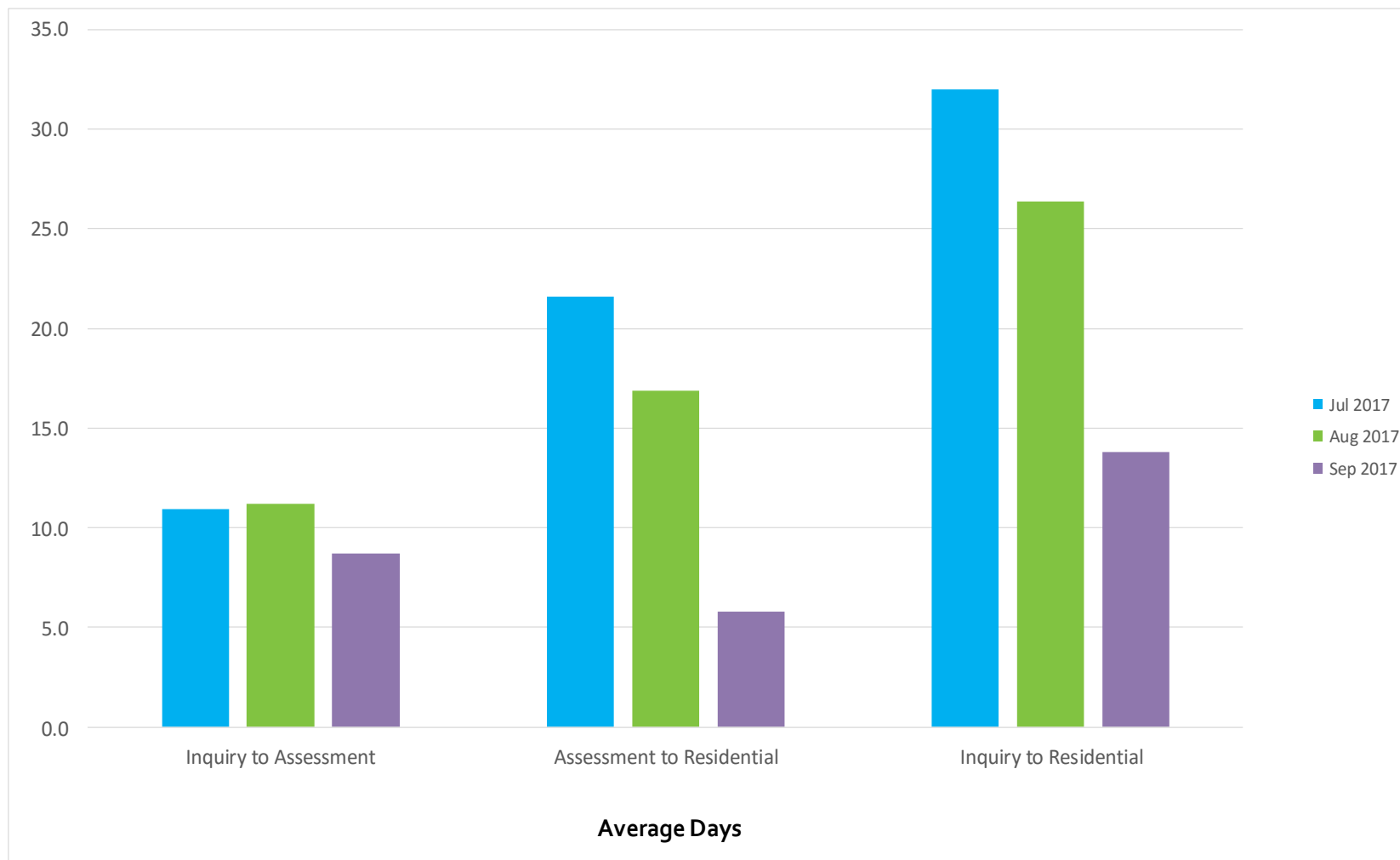
# RECOMMENDED SERVICES BY LOCALITY



Data as of 10/17/2017. This report is updated by the 10th of each month.  
 To access drill-down data, right-click on the chart and select Worksheet Object > Open.



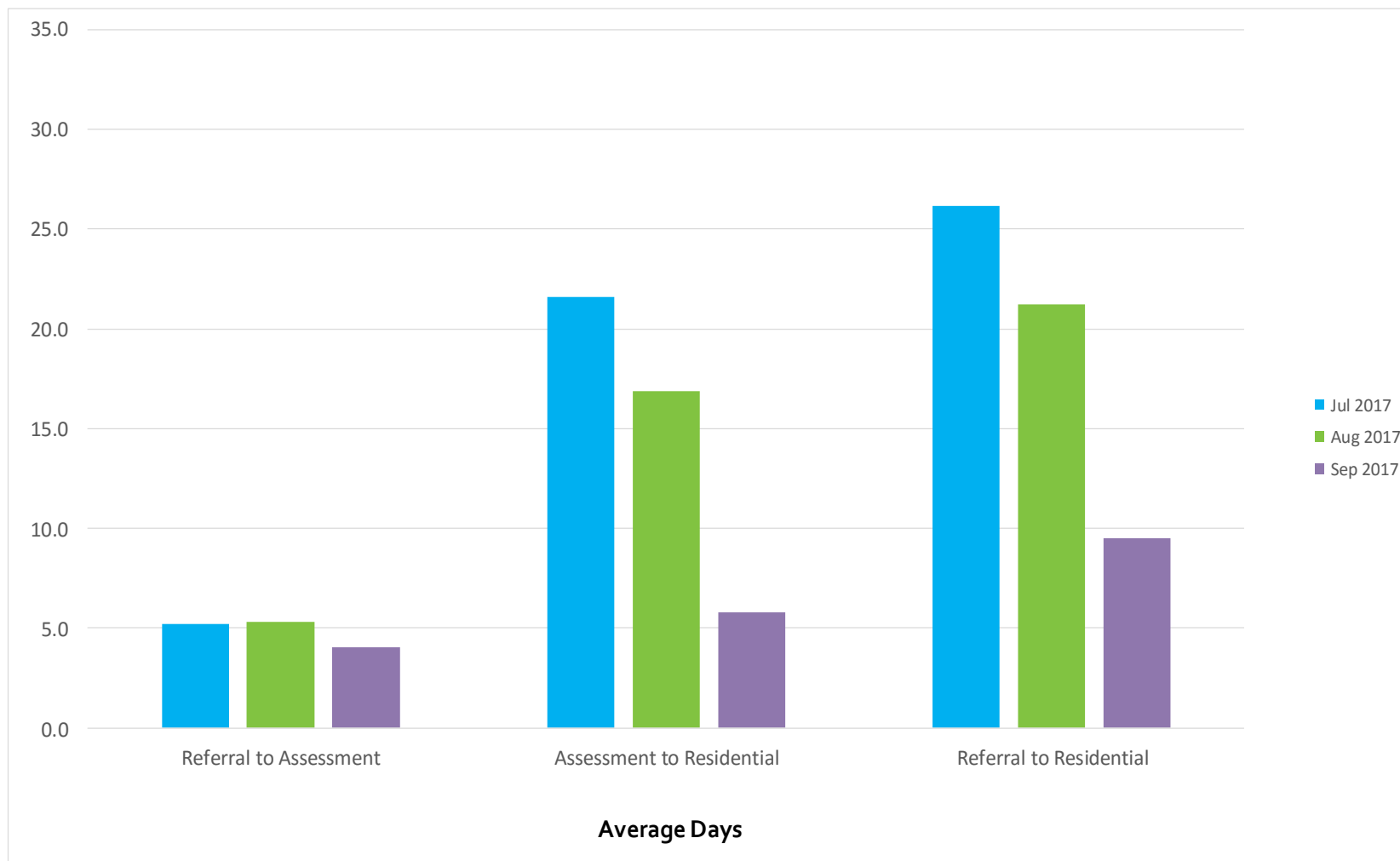
# Inquiry to Residential Auth Time Frames



Data as of 10/10/2017. This report is updated by the 10th of each month.  
To access drill-down data, right-click on the chart and select Worksheet Object > Open.



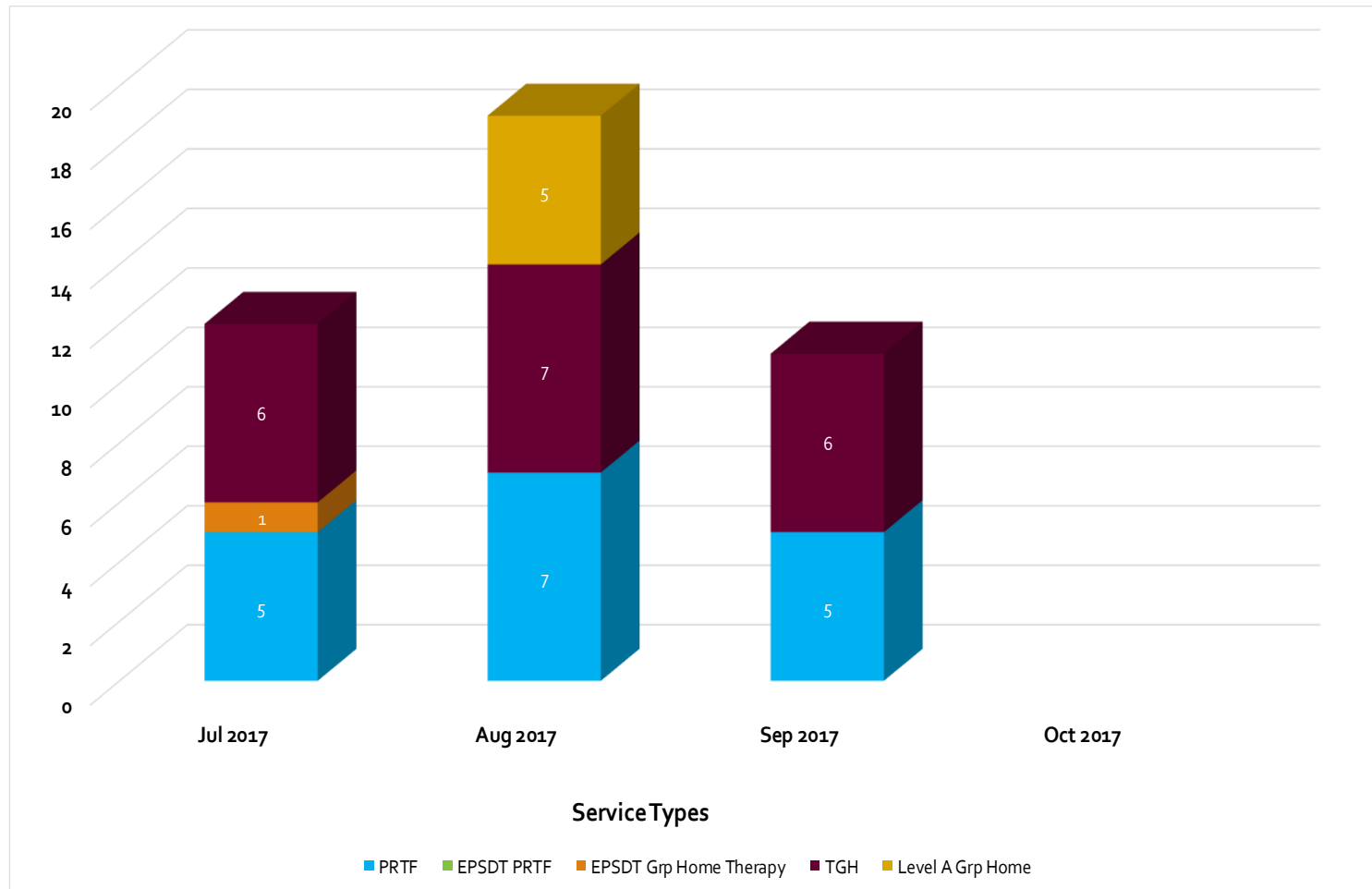
# Referral to Residential Auth Time Frames



Data as of 10/10/2017. This report is updated by the 10th of each month.  
To access drill-down data, right-click on the chart and select Worksheet Object > Open.



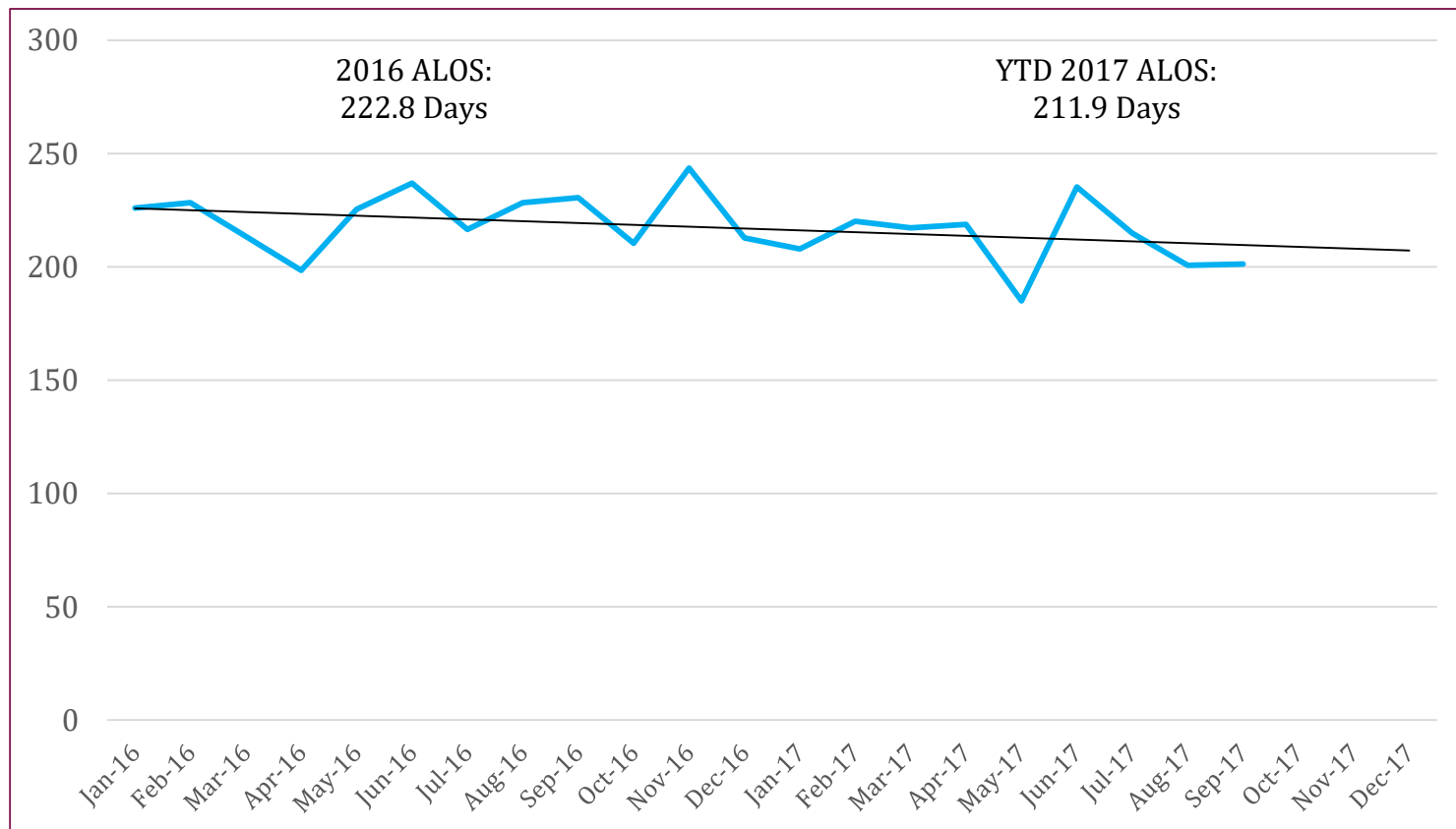
# Foster Care Emergency Placements



Data as of 10/12/2017. This report is updated by the 10th of each month.  
To access drill-down data, right-click on the chart and select Worksheet Object > Open.

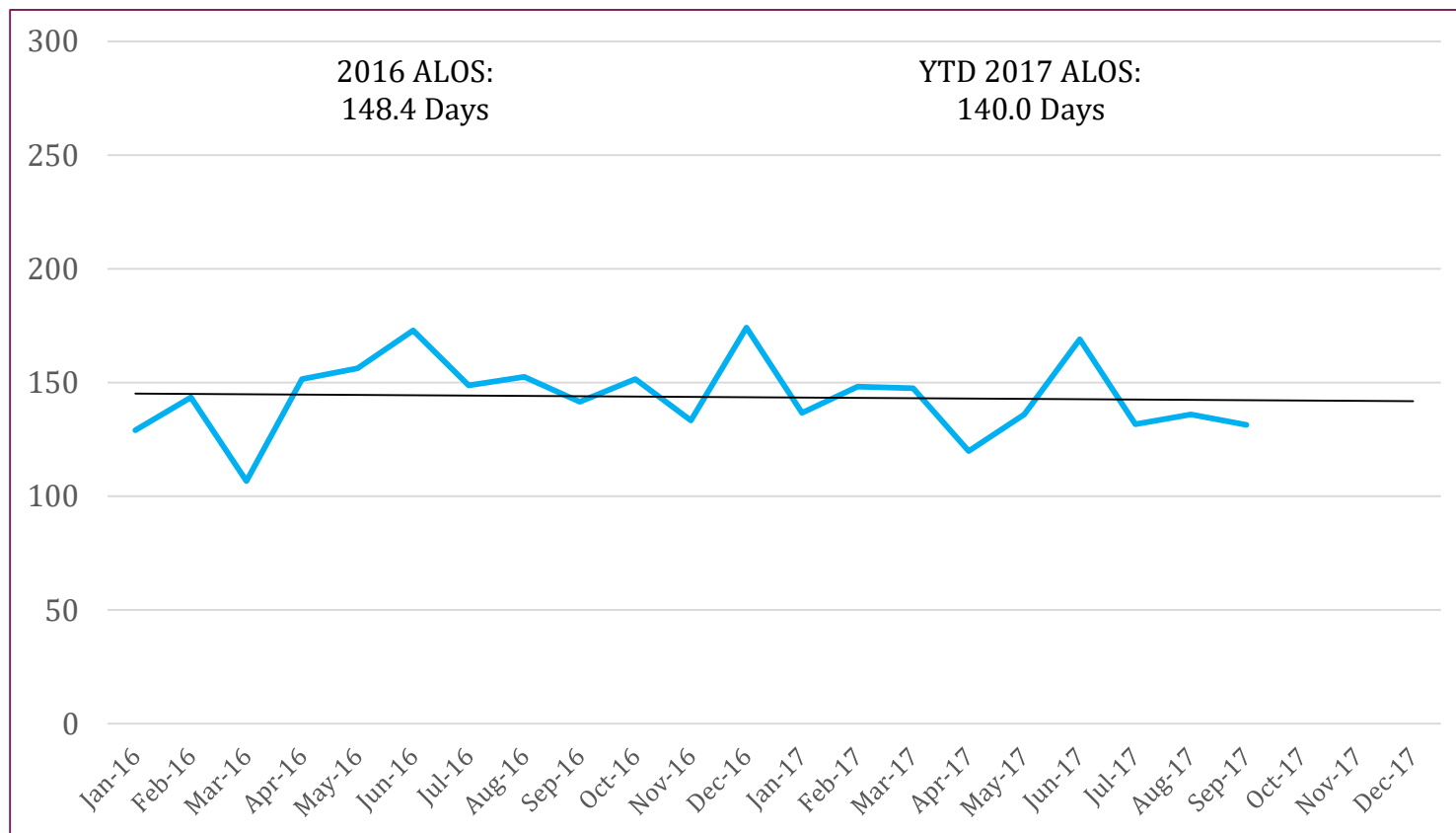


# Average Length of Stay Psychiatric Residential Treatment Facility



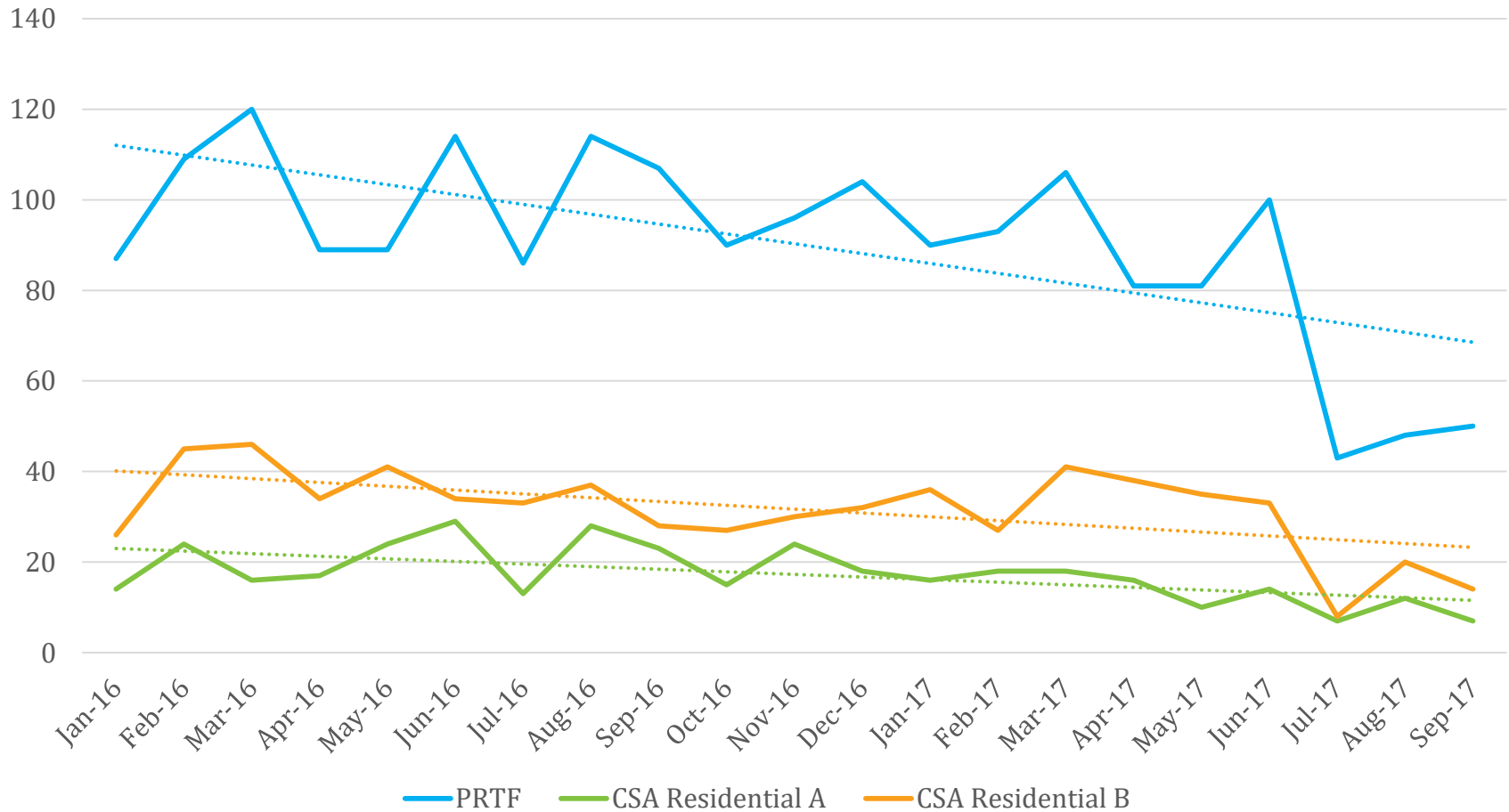


# Average Length of Stay Therapeutic Group Home





# Residential Admissions





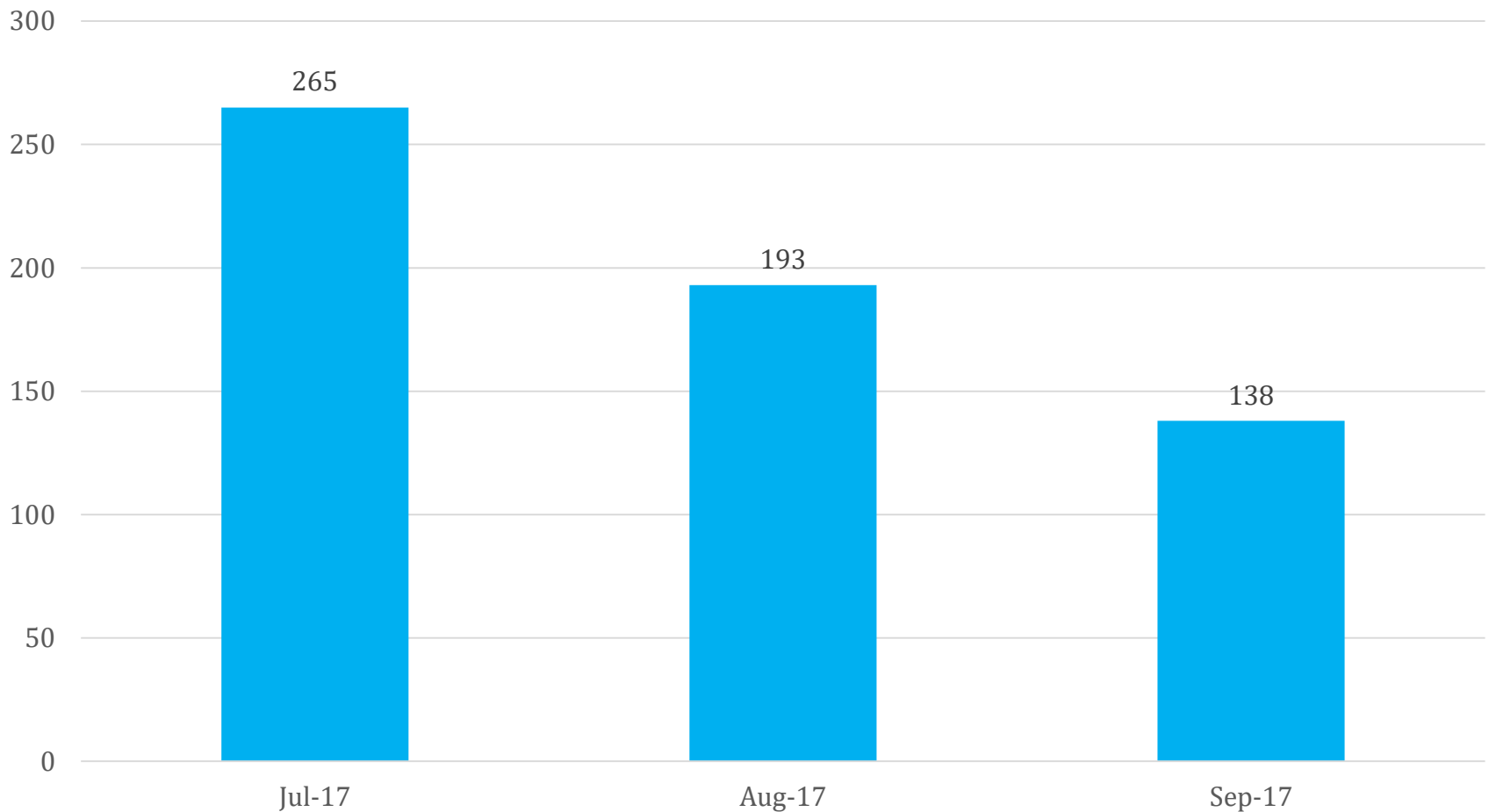
# 30/90 Day PRTF Readmissions



PRTF	2016	2017 YTD
30-day	8.1%	10.1%
90-day	13.0%	16.6%



# Missed Family Engagement Notification Submissions by Month





# IACCT Care Coordination Case Highlight

## Member History

- 13 year old male member raised by his grandparents
- Member is currently receiving IHH services. Previous treatment services includes TDT, IHH, medication management and case management

## Triggering Event

- Grandparents are reporting that member is defiant, aggressive, throws things and reports hearing and seeing things that others do not hear or see. Grandparents reported an increase in defiance and aggression. Member was recently aggressive towards an animal.

## Family Engagement

- Members grandparents are actively involved and are reporting feeling overwhelmed by members increasing behaviors. It appeared that the family would benefit from interventions that could offer support to the family and help improve family relations.

## IACCT Recommendation Meeting and Care Coordination

- The recommendation meeting included the RCM, FSC, IACCT LMHP, CSA & FAPT, CSB case manager, IHH worker, physician recommendation, and grandparents and member. The member acknowledged his behaviors but reported that he did not want to go to an out of home placement. The grandparents verbalized feeling overwhelmed and wanted an out of home placement. All other attendees recommended community based services. RCM reported that MNC was not met for a TGH or PRTF and community based services was the recommendation.

## Community Based Plan

- During the recommendation meeting a safety plan was developed. Member will continue with IHH and consider trying a different IHH counselor. Other services: TDT, case management, medication management, updated psychological, intensive family work, explore respite homes, and mentoring services. Grandparents will discuss additional services during upcoming FAPT meeting.

## Positive Outcome for Member

- Grandmother reported that she still felt overwhelmed but verbalized her agreement with the community based plan. She report that additional support from the FSC would be beneficial and stated “yes, I’d like to talk to her, she is so helpful. She really understands me”. The FSC will support the grandmother by attending the upcoming FAPT meeting.





# COMMONWEALTH COORDINATED CARE PLUS

A Managed Long Term Services and  
Supports Program



# Agenda

- Background and Key Facts
- Populations
- Services
- Regional Launch
- CCC Plus Enrollment



# Overview of Commonwealth Coordinated Care Plus (CCC Plus)

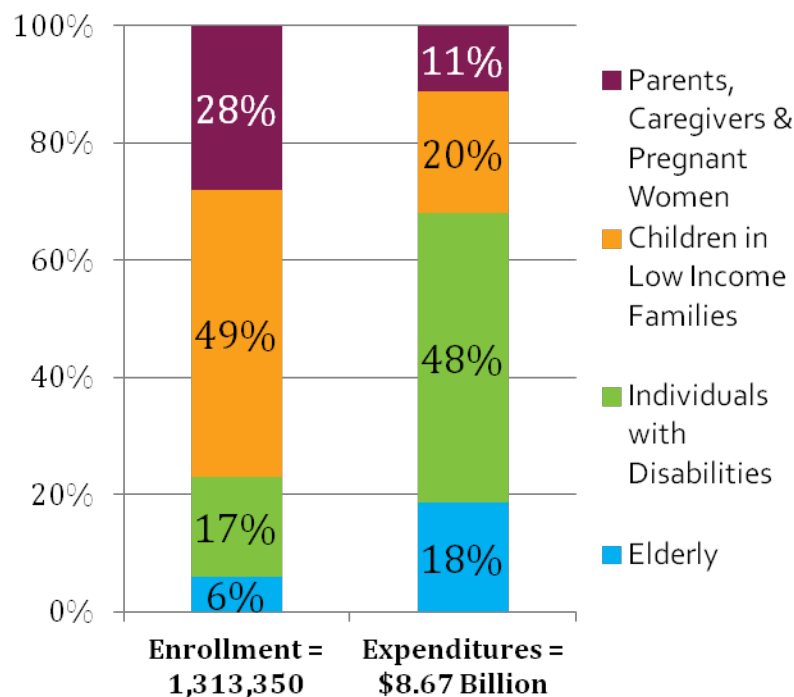
Primary goal is to improve health outcomes

- New statewide Medicaid managed care program beginning Aug 2017 for over 216,000 individuals
- Participation is required for qualifying populations
- Integrated delivery model that includes medical services, behavioral health services and long term services and supports (LTSS)
- Care coordination and person centered care with an interdisciplinary team approach



# Medicaid Expenditures

## Enrollment vs. Expenditures

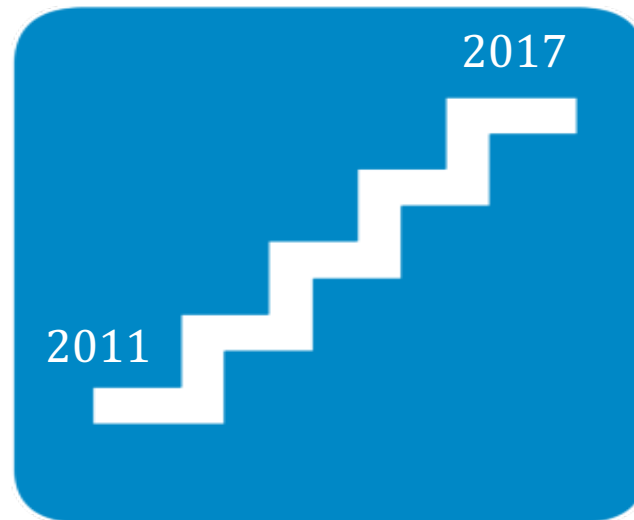


**Older adults and individuals with disabilities  
23% of the Medicaid population = 66% of expenditures**



# Virginia Legislative Mandates

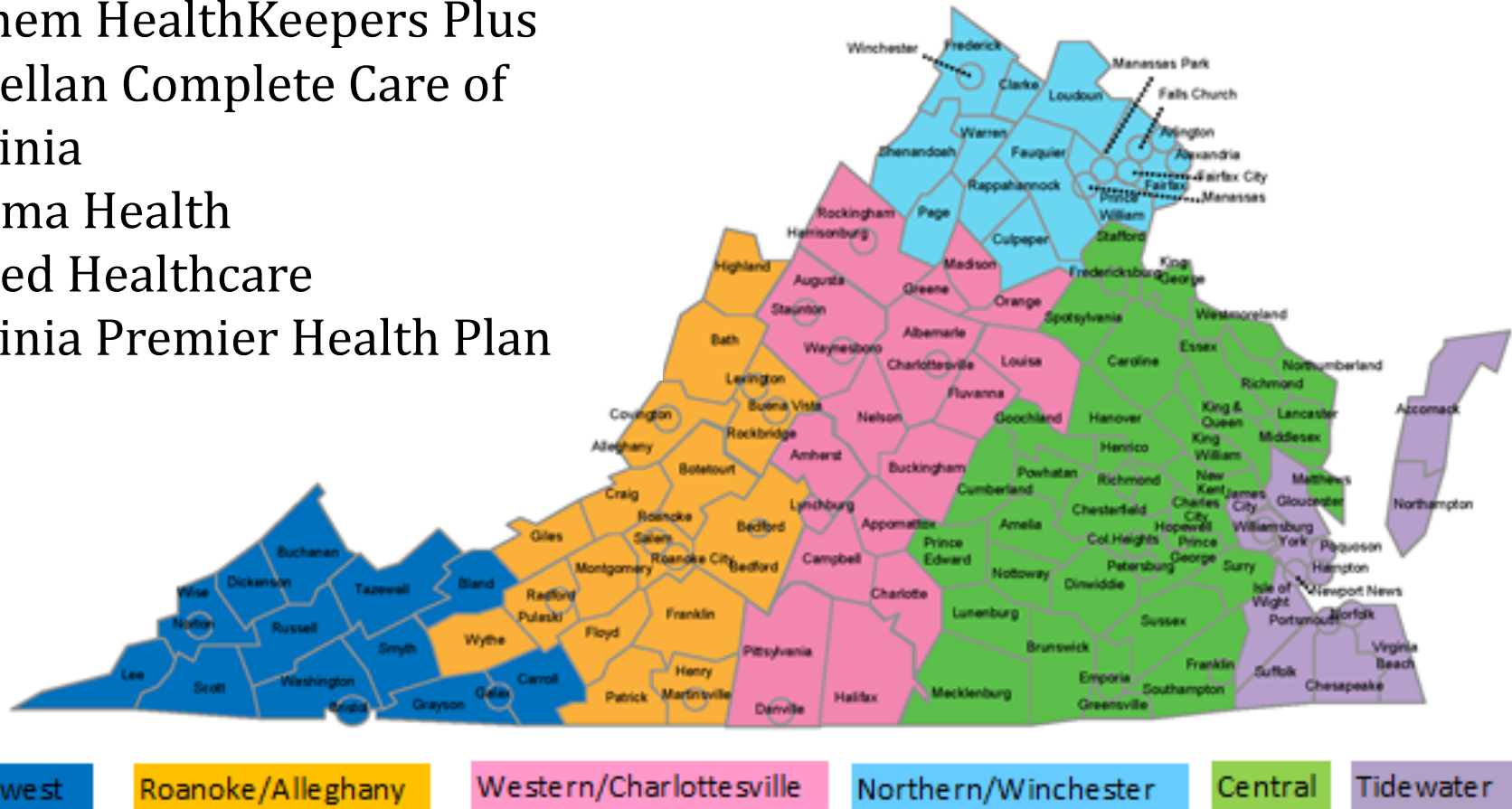
General Assembly directed DMAS to transition individuals from the Fee-For-Service delivery model into the Managed Care Model to achieve high quality care and budget predictability.





# 6 Health Plans Contracted Statewide

- Aetna Better Health of Virginia
- Anthem HealthKeepers Plus
- Magellan Complete Care of Virginia
- Optima Health
- United Healthcare
- Virginia Premier Health Plan



A list of CCC Plus regions by locality is available at: [http://www.dmas.virginia.gov/Content\\_pgs/mltss-proinfo.aspx](http://www.dmas.virginia.gov/Content_pgs/mltss-proinfo.aspx)



# CCC Plus Enrollment by Region & Launch Date

Date	Regions	Regional Launch	All Populations
Aug 1, 2017	Tidewater	20,846	46,811
September 1, 2017	Central	23,368	52,698
October 1, 2017	Charlottesville/Western	17,266	30,114
November 1, 2017	Roanoke/Alleghany	11,169	26,014
November 1, 2017	Southwest	12,769	21,767
December 1, 2017	Northern/Winchester	26,450	39,447
January 2018	CCC Demonstration (Transition plan determined with CMS)	28,205	
January 2018	Persons who are Aged, Blind, Disabled (ABD) (Transitioning from Medallion 3.0)	76,778	
<b>Total</b>	<b>All Regions</b>	<b>216,851</b>	<b>216,851</b>

Source: VAMMIS Data; totals are based on CCC Plus target population data as of May 31, 2017



# CCC Plus Program

## Regional Launch

Aug 1, 2017 – Jan 1, 2018

Assignment  
Begins



Tidewater Assign 6/18/17	Central Assign 7/18/17	Charlottesville Assign 8/18/17	Roanoke, Alleghany & Southwest Assign 9/18/17	Northern & Winchester Assign 10/18/17	CCC & M3.0 ABD Assign 11/18/17
--------------------------------	------------------------------	--------------------------------------	---	---	--------------------------------------

June

July

Aug

Sept

Oct

Nov

Dec

Go Live

Tidewater  
Effective  
8/1/17

Central  
Effective  
9/1/17

Charlottesville  
Effective  
10/1/17

Roanoke  
Alleghany &  
Southwest  
Effective  
11/1/17

Northern &  
Winchester  
Effective  
12/1/17

Assignment happens on the 18th of each month;  
CCC Plus enrollment is effective first of the next  
month following assignment; around 45 days  
after initial assignment

CCC and ABD effective 1/1/18



# CCC Plus Member Benefits

- Person centered, individualized support plan
- Same standard Medicaid services provided
- Choice between health plans
- Care coordinator for each individual
- Team of health care professionals working together
- Assistance connecting to housing, food and community resources
- Possible additional benefits offered by health plans





# CCC Plus Populations



- 65 and older
- Adults and children living with disabilities
- Individuals living in Nursing Facilities (NFs)
- Individuals in the CCC Plus Waiver (formerly the Tech Assisted Waiver and EDCD Waiver)
- Individuals in the 3 waivers serving the DD populations for their acute and primary services
- \*CCC and Medallion 3 ABD populations transition to CCC Plus



# Excluded Populations

## Limited Coverage Groups

- Governor's Access Plan (GAP)
- Family Planning
- Qualified Medicare Beneficiaries only
- Special Low-Income Medicare Beneficiaries
- Qualified Disabled Working Individuals

## Other Programs

- Members of Medicaid Medallion and FAMIS managed care
- PACE (Program of All –Inclusive Care for the Elderly)
- Money Follows the Person (MFP)
- Alzheimer's Assisted Living Waiver (AAL)
- Health Insurance Premium Payment (HIPP)



# Excluded Populations

## Specialized Settings

- Intermediate Care Facilities for Individuals with Intellectual Disability
- Veterans Nursing Facilities
- VA Home
- Psychiatric Residential Treatment Facilities
- State facilities: Piedmont, Catawba and Hancock

## CCC Plus Local Government-Owned Nursing Facilities

- Bedford County Nursing Home
- Birmingham Green
- Dogwood Village of Orange County Health and Rehabilitation
- Lake Taylor Transitional Care Hospital
- Lucy Corr Nursing Home

## Special Conditions

Hospice – if a hospice provider has submitted paperwork to indicate hospice election prior to enrollment, the member will be excluded.

CCC Plus enrolled individuals who elect hospice will remain CCC Plus enrolled



# Carved Out Services

Services for CCC Plus enrolled individuals that are paid for through fee-for-service.

- Dental Services (*Smiles for Children*)
- School Health Services
- Preadmission Screening
- Therapeutic Group Home (formerly Level A and B Group Home)
- Treatment Foster Care
- Developmental Disabilities (DD) Waivers – Carve out includes waiver services, related transportation, case management and support coordination. Also includes waiver-like EPSDT services for DD Waiver enrolled individuals.

(DD Waiver services covered through EPSDT includes: Private duty nursing, Personal care, and Assistive Technology.)



# Carved Out Services

**Community Mental Health Rehabilitation Services will be carved out until Jan 1, 2018. These services will be covered by Magellan, the behavioral health services contractor for DMAS.**

Services include:

- Mental Health Case Management
- Therapeutic Day Treatment (TDT) for Children
- Day Treatment/ Partial Hospitalization for Adults
- Crisis Intervention and Stabilization
- Intensive Community Treatment
- Mental Health Skill-building Services (MHSS)
- Intensive In-Home
- Psychosocial Rehab
- Behavioral Therapy
- Mental Health Peer Supports





# Transportation

CCC Plus Reservations	Phone Number	Type of Transportation
Aetna Better Health of Virginia	(800) 734-0430 Option 1	All ages and all levels of service
Anthem HealthKeepers	(855) 325-7581	All ages and all levels of service
Magellan Complete Care of Virginia	(877)790-9472	All ages and all levels of service
Optima Health	(855) 325-7558	All ages and all levels of service
United Healthcare Regions 2,4,5	(855) 855-9080	All ages and all levels of service
United Healthcare Regions 1,3,6	(888) 258-0521	All ages and all levels of service
Virginia Premier	(877) 719-7358	All ages and all levels of service

Additional information, including phone numbers for ride assistance, is available at:

[http://www.dmas.virginia.gov/Content\\_atchs/mc/CCCPlus%20and%20FFS%20Transportation%20Contact%20List%2007-12-17%20FINAL.docx](http://www.dmas.virginia.gov/Content_atchs/mc/CCCPlus%20and%20FFS%20Transportation%20Contact%20List%2007-12-17%20FINAL.docx)



# Member Materials Provided by Health Plans

## Care Coordinator Contact Information

- CCC Plus Members are assigned a Care Coordinator to personally assist members and their treating providers
- For assistance identifying a member's Care Coordinator, please contact the assigned health plan directly at:

Magellan	UnitedHealthCare	Anthem	Aetna	VA Premier	Optima
800-424-4524	877-843-4366	1-855-323-4687 Press #4	1-855-652-8249 press #1 and ask for CC.	1-877-719-7358 select option for Care Management	757-552-8398 OR Toll Free 866-546-7924



# Enrollee Protections

- During the **continuity of care** period of up to 90 days, MCOs have to pay existing providers
- MCO must go **out of network** to provide a service that they don't have in network
- Individuals in Nursing Facility (NF) at the time of enrollment **will not be moved** even if the NF does not choose to participate. NF will be paid as an out of network provider.





# Thank You!

For More Information . . .

Additional CCC Plus information is available at:

[http://www.dmas.virginia.gov/Content\\_pgs/mltss-home.aspx](http://www.dmas.virginia.gov/Content_pgs/mltss-home.aspx)

Provider call schedule is on the CCC Plus Meetings webpage  
*(look for the Behavioral Health Call)*

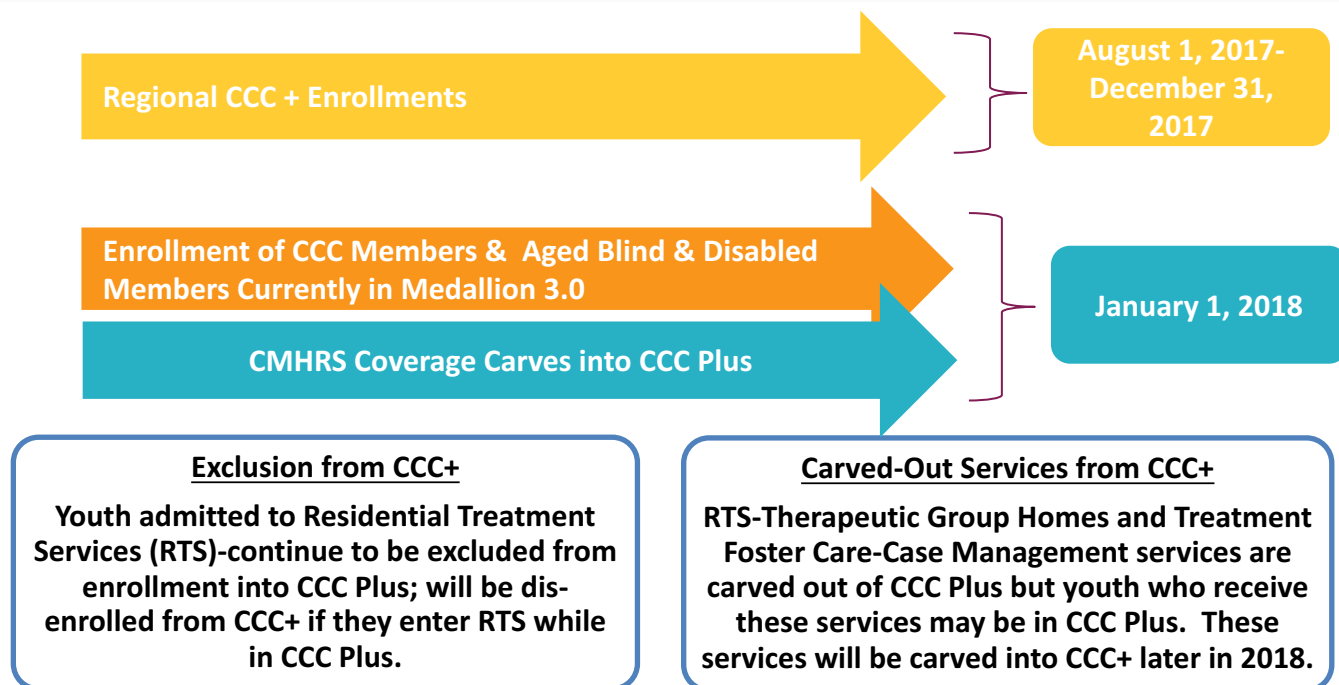
CCC Plus Provider Q and A Conference Call Schedule – NEW

Send CCC Plus questions, comments, and suggestions to:

[CCCPlusCMHRS@dmas.virginia.gov](mailto:CCCPlusCMHRS@dmas.virginia.gov)



# COMMUNITY MENTAL HEALTH & REHABILITATION SERVICES (CMHRS) TRANSITION TO CCC PLUS FACT SHEET



**CMHRS coverage for Medallion 3.0 members remains covered through Magellan of Virginia until the implementation of Medallion 4.0**

## CMHRS Services

Intensive In Home (IIH)  
Therapeutic Day Treatment (TDT)  
MH Case Management  
MH Family Support Partners  
MH Peer Support Partners  
EPSDT Behavioral Therapy  
Day Treatment/Partial Hosp.  
Psychosocial Rehabilitation  
Intensive Community Treatment  
Mental Health Skill Building  
Crisis Intervention  
Crisis Stabilization

No changes made to program regulations, medical necessity, criteria, procedure codes, unit values, etc.

Core Service Authorization processes will be standardized across health plans.



**Providers must be credentialed with the member's benefit plan in order to bill for CMHRS services rendered to CCC+ member beyond the continuity of care period**

## Continuity of Care Provision







Until April 1, 2018

- Maintain member's current CMHRS providers for up to 90 days;
- Service authorizations (SAs) issued prior to CCC Plus enrollment, including those with out of network providers, remain for up to 90 days or until the authorization expires, whichever comes first; and
- Authorizations extended as necessary to ensure safe and effective transition to a qualified provider within the MCO's provider network or as authorized by the MCO out-of-network.

After April 1, 2018

- Maintain member's current CMHRS providers for up to 30 days;
- Service authorizations (SAs) issued prior to CCC Plus enrollment, including those with out of network providers, remain for up to 30 days or until the authorization expires, whichever comes first; and
- Authorizations extended as necessary to ensure safe and effective transition to a qualified provider within the MCO's provider network or as authorized by the MCO out-of-network.

### CCC Plus Health Plan Credentialing Contact Information

Plan	Credentialing Contact
 <b>AETNA BETTER HEALTH<sup>®</sup> OF VIRGINIA</b>	Contacts: Leslie Weatherless-Kerr & Donnesha Lewis Patricia Thomas, Provider Relations Manager Phone: 1-855-652-8249 Email: <a href="mailto:VAc credentialing-aetna@aetna.com">VAc credentialing-aetna@aetna.com</a> (credential status) & <a href="mailto:Aetnabetterhealth-VAProviderRelations@aetna.com">Aetnabetterhealth-VAProviderRelations@aetna.com</a> (applications submissions)
 <b>Anthem HealthKeepers Plus</b> Offered by HealthKeepers, Inc.	Contacts: Annette Powell, Tidewater _ Phone: 804-393-6763 John Bachand, Central/Western _ Phone: 804-354-4063 Beth Condyles, Northern _ Phone: 804-516-2499 Deborah Tankersly, Southwest _ Phone: TBA
 <b>Magellan COMPLETE CARE.</b>	Contact: Kenya Onley Email: <a href="mailto:VAMLTSSProvider@MagellanHealth.com">VAMLTSSProvider@MagellanHealth.com</a> Phone: 1-800-424-4524
 <b>Optima Health</b>	Contracting Contacts: Kresha Garland, Tidewater Phone (757)252-3141 Email: <a href="mailto:KRGARLAN@sentara.com">KRGARLAN@sentara.com</a>  Deborah Abbey-Bada, Central, Northern & Winchester Phone: (757) 983-9671 Email: <a href="mailto:MDABBEYB@sentara.com">MDABBEYB@sentara.com</a>  Didi France, Charlottesville, Western, Roanoke, Alleghany & Southwest Phone: (540) 562-8236 Email: <a href="mailto:DAFRANCI@sentara.com">DAFRANCI@sentara.com</a>  Credentialing Contact: Contact: Linda Winebrenner Phone: 757-687-6333 Email: <a href="mailto:OrgProviderApp@sentara.com">OrgProviderApp@sentara.com</a>
 <b>UnitedHealthcare<sup>®</sup></b> Community Plan	Contact: Taylor Fink Phone: 763-361-6233 Email: <a href="mailto:vaccbhb@optum.com">vaccbhb@optum.com</a>
 <b>VA Premier</b> Virginia Premier Health Plan, Inc.	Contracting Contact: John Strube Phone: 804-819-5151, ext.56051 Email: <a href="mailto:John.Strube@VaPremier.com">John.Strube@VaPremier.com</a>  Credentialing Contact: Kim Paige Phone: 804-819-5151, ext. 55352 Fax: 804-819-5171 Email: <a href="mailto:kimberly.paige@vapremier.com">kimberly.paige@vapremier.com</a>



# BACKGROUND



# Background

- Virginia's Special Education Regional Reimbursement Programs
  - Authorized by Virginia's General Assembly in 1977
  - P.L. 94-142 (Federal Special Education Law)
- **Original Purpose:** to provide a mechanism for school divisions to cooperate and share resources to serve children with low incidence disabilities where there is not enough children in one division to create a classroom or program.



# Requirements 1 of 3

- The LEAs were authorized to form regional programs by meeting the requirements for operating a joint program consistent with:
  - *Board of Education Regulations Governing Jointly Owned and Operated Schools and Jointly Operated Programs* and related *Code of Virginia* provisions.
  - Required that each program be governed by a joint board constituted of a school board member from each participating LEA.
  - Required to have a director.
  - Further, one LEA was to serve as the fiscal agent for the program.



# Requirements 2 of 3

- The funding for each Regional Tuition Reimbursement Program (RTRP) was established based on an annual application to the Virginia Department of Education (VDOE) termed a rate package. (Source of Funding: State Lottery)
  - Rate package established fees for special education and related services.
  - Each rate package was to include:
    - A proposed budget based on projected revenues and expenses, and a description of the program(s) being offered including the disabilities served. Composite Index is applied during the reimbursement process.
  - The rate packages were reviewed by an independent financial management/consulting firm to determine appropriateness of rates submitted.



# Requirements 3 of 3

- Authorized reimbursable disability categories under RTRPs:
  - Emotional Disabilities
  - Autism
  - Multiple Disabilities
  - Hearing Impaired
  - Deaf/Blindness
  - Traumatic Brain Injury

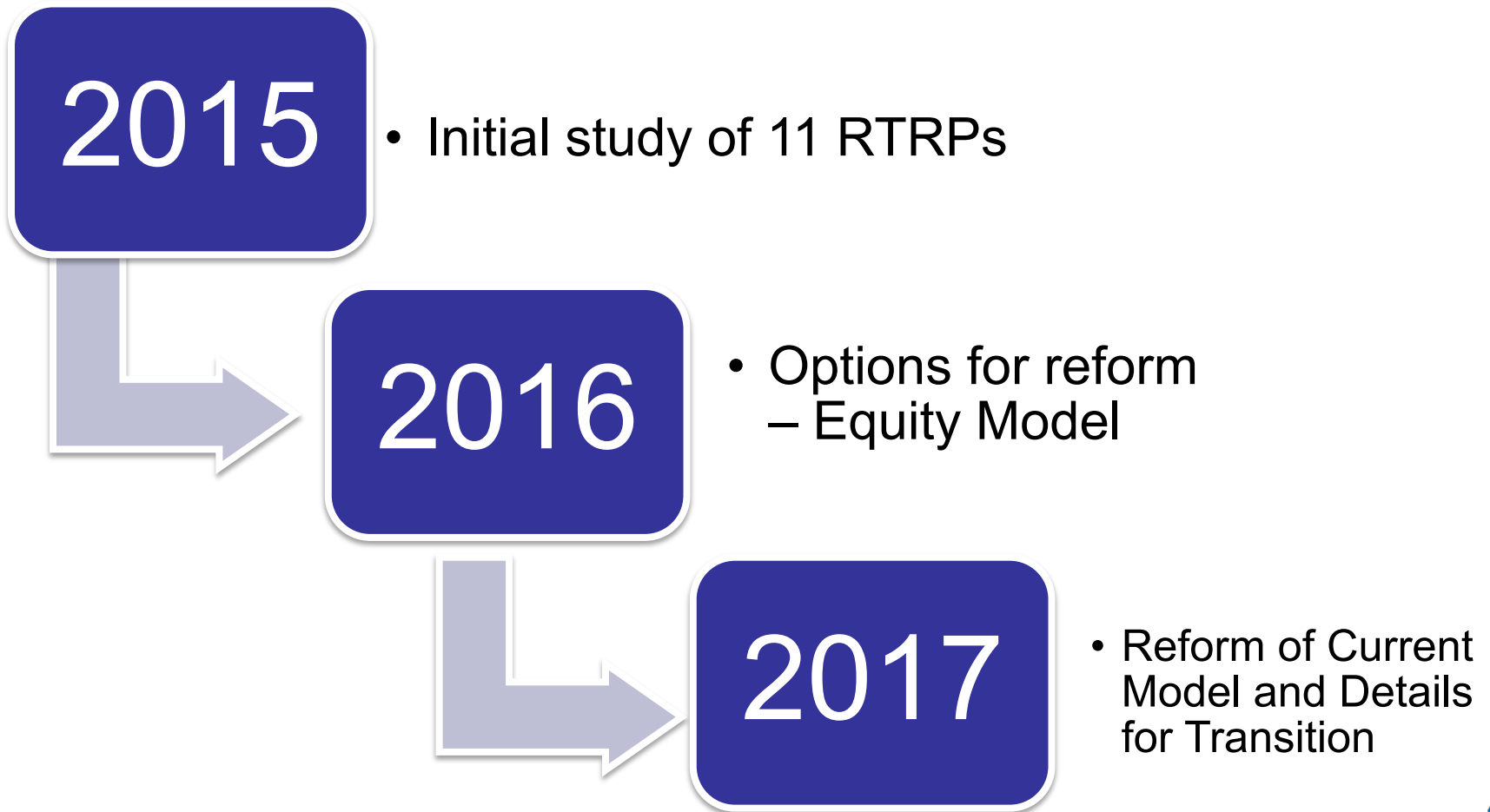


# SOQ Funding & RTRPs

- Students claimed in RTRPs receive reimbursement funds in lieu of the Standards of Quality (SOQ)
- Funding for the SOQ is provided through the following accounts, mostly on a per pupil basis: ADM
  - Basic Aid (incl. health care)
  - Special Education
  - Career and Technical Education
  - Prevention, Intervention, and Remediation
  - Gifted Education
  - English as a Second Language
  - Fringe Benefits for funded instructional positions (VRS, Soc. Sec., Group Life)
  - Sales Tax (1.125 percent for public education)
  - Textbooks

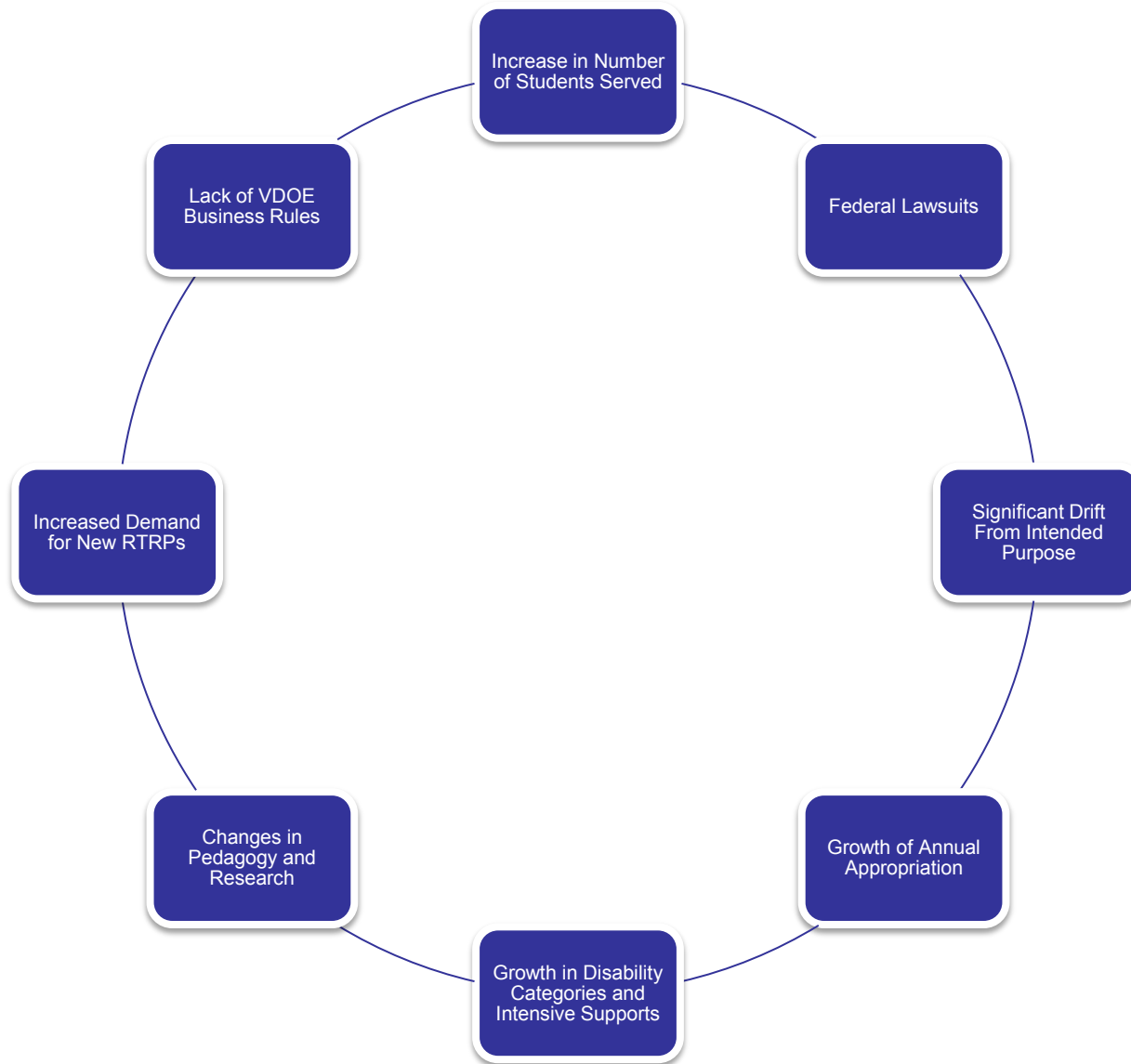


# Actions to Date





# Issues Identified During Study





# Disparity in Current Model

**The VDOE has identified additional issues with current recipients of funds:**

- There is a disparity of distribution of funds across current recipients:
  - 1 division received 30 percent of the \$84 million;
  - 5 of 59 recipients receive 55 percent of the total;
  - 15 of 59 recipients receive 76 percent of the total;



# Disparity in Current Model continued...

- Wide variability in the 59 current recipients by the percentage of SWD on Special Education Child Count claimed under RTRP
  - Statewide average is 6 percent
  - Range is from <1 percent to 20 percent
- Range is skewed by Northern Virginia Regional Program
  - Prince William: 18 percent
  - Manassas Park: 20 percent
  - Manassas City: 12 percent
  - Spotsylvania: 2 percent
  - Statewide average would be 4 percent without NOVA



# Disparity

The following are the four most common categories for use of funds by current recipients, as reported on the Annual School Report (ASR):

- **Instruction:**
  - State RTRP average: 86 percent
  - Range of 70 percent to 97 percent
- **Administration/Attendance/Health Services:**
  - State RTRP average: 11 percent
  - Range of 1 percent to 23 percent
  - For comparison – VDOE is restricted to using 2 percent with IDEA
- **Operation and Maintenance Services:**
  - State RTRP average: 2 percent
  - Range of <1 percent to 14 percent
- **Technology:**
  - State RTRP average: 1 percent
  - with a range of <1 percent to 3 percent

*\*These expenditures are not consistently reported across all 11 Programs*

**Note:**

*8 of the 11 Regional Programs either start the fiscal year or end the fiscal year with a Fund Balance*



# Additional Issues

- The VDOE has further identified additional issues with increasing number of claims submitted and increased dollar amounts for those claims
  - The increase in First Semester 2016 claims exceeded the Appropriation
    - Increased claims were generated by 38 current recipients for a total of \$1.4 million overage
    - Two recipients accounted for 70 percent of the total increase
  - The VDOE was faced with the possibility of prorating all claims submitted
  - Department of Planning and Budget was able to fund the gap
  - Highlights the need for stronger policies and procedures



# **SHORT-TERM PRIORITY: CHANGES TO EXISTING SYSTEM**



# Changes to Existing Model

- Short-term (3 years): The VDOE will focus on needed policy and procedural changes
  - Eligibility Checklist (Intensity Support Needs)
  - The VDOE developed policies and procedures
  - Reimbursement Process
  - Budget Application/Justification
  - Application Procedures (28 new requests)
  - Data Procedures
  - Code/regulatory adjustments



# Transition Process

1. Shift from a Regional Program Model to providing funds for students with intensive support needs
2. Potentially, all 132 school divisions could be eligible in the future
3. Eligibility for funds
  - Based on a Intensive Support Needs Criteria
  - Remove disability category requirements
  - Cap the eligibility at five percent of each divisions special education population
4. Eliminate the rate package requirements
  - Traditional budget application and review
  - Restrict the allowable use of funds
5. Eliminate regional board requirements
6. Change reimbursement cycle
7. *Code of Virginia* or regulatory changes
8. Add back in ADM – or supplement with other state funding: Long-Term (2021)



# Changes to Existing Model

- Authority:
  - (8VAC20-81-250c) State Special Education Regulations
    - Subject to availability, reimbursement may be made available for a portion of the costs associated with placement of children with disabilities in public regional special education programs pursuant to policies and procedures established by the Superintendent of Public Instruction or designee
    - Such reimbursement shall be in lieu of other state education funding available for each child



# Changes to Existing Model continued...

## *Proposed Timeframe for Short-Term Changes:*

- **2017-2018:**
  - Pilot use of new Application/Budget
  - Pilot use of new eligibility criteria
  - Implement new policies and procedures for distribution and use of funds
  - Begin transition discussion about funding and develop individualized division financial transition plans
- **2018-2019:**
  - Full implementation, new Application/Budget, and new Policies and Procedures
  - Implement individualized division financial transition plans
  - Phase in new divisions
- **2019-2020:**
  - Implement individualized division financial transition plans
  - Phase in new divisions
- **2020-2021:**
  - Finalize individualized division financial transition plans
  - Propose new Equity Model



# Application/Budget Process

- New Application with Criteria/Checklist will be a shorter, more streamlined document with specific information on:
  - Programs/Services to be provided are aligned to costs;
  - Number of students and disability type;
  - Staffing needs;
  - Location of services provided;
  - Partnership/Collaboration;
  - Costs related to the above;
  - Audit Controls; and
  - Assurance the funds received will be used for services to students who meet the criteria developed by VDOE



# New School Divisions

- The VDOE has received 28 requests from new LEAs to be considered eligible to receive funds
- Two new Regional Programs have been approved by VDOE (Northern Neck and Richmond area Region One Consortium)
  - 18 Divisions
- The VDOE will work with these two programs and existing programs to include them in receipt of funds for the 2017-2018 school year



# Transition Draft Example

2016-2017 Current	2017-2018 Goal	2018-2019 Goal	2019-2020 Goal	Final GOAL
17.8% of Sped Population claimed	11% of Sped population claimed	8%	5%	Goal:
1,911 claims	1,200 claims	900 claims goal	538 claims goal	5%
\$24,626,771	-711 student claims reduction	-300 student claims reduction	-362 student claims reduction	538 Claims
	-\$6,400,000 reduction in RTRP funds	-\$6,400,000 reduction in RTRP funds	-\$6,400,000 reduction in RTRP funds	\$5,360,947 total amount able to claim
	+\$4,167,171 SOQ funds	+1,758,300 SOQ funds	+2,121,682 SOQ Funds	Total SOQ Gain: \$8,047,153
	Net Loss: \$2,232,829	Net Loss: \$4,641,700	Net Loss: \$4,278,318	Total Net RTRP Loss: \$11,152,847

- Students exiting the RTRP funding system will go back into the general state SOQ/ADM funding system.



# Intensity Support Needs Checklist

- See handout
- Developed in collaboration with staff from the Virginia Commonwealth University and VDOE subject matter experts
  - Autism Center of Excellence
  - Center for Transition Innovations
- Presented to stakeholder groups for feedback and revisions
  - Current RTRP recipients and non-recipients



# Transition Funding Model Details

Using this Formula would likely result in the following:

- The VDOE will develop a “Transition Plan” for ALL divisions as part of any change
- This Transition Plan will be part of a division’s future Application/Budget request for funds
- The Plan accounts for a division’s Maintenance of Effort requirement



# Commission on Youth Action

- Approve the following:
  - The VDOE should finalize and implement the new Policies and Procedures to address the disparity in existing funding;
  - The VDOE should implement the new Application/Budget for 2018-2019;
  - The VDOE should implement the new Intensive Support Needs Eligibility Criteria; and
  - The VDOE should begin working with current RTRP recipients to implement Transition Plans.



# Proposed Regulatory Changes

- The VDOE would need sponsored legislation for the modification of the following:

*State Special Education Regulations 8VAC20-81-30:*

**Regional special education programs. (§ 22.1-218 of the *Code of Virginia*; Jointly Owned and Operated Schools and Jointly Operated Programs (8VAC20-280))**

1. If it becomes necessary for local school divisions to develop regional programs to serve children with disabilities residing within their jurisdiction, such regional programs shall be provided in accordance with the least restrictive environment requirements specified in 8VAC20-81-130.
2. If local school divisions elect to participate in an approved regional program for the provision of special education and related services for certain children with disabilities, a joint board shall be established to manage and control the jointly owned or operated program, center, or school. Establishment of the joint board and administration of the jointly \ owned and operated program shall be conducted in accordance with the Virginia Board of Education regulations governing such programs.
3. Each joint board shall appoint a qualified director who shall be the administrative head of the regional program.



# Proposed Regulatory Changes

- The VDOE would need sponsored legislation for the modification of the following:

*State Special Education Regulations 8VAC20-81-240. Eligibility for Funding:*

**C. Children with disabilities enrolled in regional special education programs:**

***(Virginia Appropriation Act; 22.1-218 of the Code of Virginia)***

1. Subject to availability, reimbursement may be made available for a portion of the costs associated with placement of children with disabilities in public regional special education programs pursuant to policies and procedures established by the Superintendent of Public Instruction or designee.



# Long-Term Reforms

- Allow for a three year cycle to reform current system
  - Report back to COY
    - What worked
    - What did not work
    - Potential additional funding needs
    - Potential *Code* or regulatory changes needed
    - Shifts in populations/needs





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Virginia's moving from **RED** to **PURPLE** to **BLUE**

2000 President: **George Bush (R) 52.5%**  
2000 Senate: **George Allen (R) 52.3%**  
2004 President: **George Bush (R) 53.7%**  
2006 Senate: **Jim Webb (D) 49.6%**  
2008 President: **Barack Obama (D) 52.6%**  
2008 Senate: **Mark Warner (D) 65%**  
2009 Governor: **Bob McDonnell (R) 58.6%**  
2012 President: **Barack Obama (D) 51.2%**  
2012 Senate: **Tim Kaine (D) 53%**  
2013 Governor: **Terry McAuliffe (D) 47.7%**  
2014 Senate: **Mark Warner (D) 49.1%**  
2016 President: **Hillary Clinton (D) 49.8%**  
2017 Governor: **Ralph Northam (D) 54 %**





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## 2017 Virginia Statewide Election Results: Governor



\*\*Ralph Northam – D 53.8%



Ed Gillespie – R 45%





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VCOPPA

Virginia Coalition of Private Provider Associations



## 2017 Virginia Statewide Election Results: Lieutenant Governor



\*\* Justin Fairfax – D 52.6%



Jill Vogel – R 47.4%





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## 2017 Virginia Statewide Election Results: Attorney General



\*\*Mark Herring – D 53.1%



John Adams – R 46.9%



# 2017 Virginia Statewide Election Results

## *Virginia House of Delegates*



- All 100 seats were up for election in 2017 (Senate not up until 2019)
- Previous Party Breakdown: 66-R 34-D
- New Party Breakdown: 51-R 49-D (D +15)
- Contested w/D & R in 2015: 29
- Contested w/D & R in 2017: 65 (“Run Everywhere”)
- Every contested D incumbent won greater than 60% of vote
- Of remaining R incumbents, 11 won less than 55% of vote
- In 2015, no incumbents lost; in 2017, no incumbent D’s lost
  - 12 incumbent R’s lost, plus R’s lost 3 open seats (-16)



# 2017 Virginia Statewide Election Results

## *Virginia House of Delegates*



### **Republican House Losses (*District # in parentheses*):**

- (2) Mark Dudenhefer (open seat)
- (10) Randy Menchew
- (12) Joseph Yost
- (13) Bob Marshall
- (21) Ron Villanueva
- (31) Scott Lingamfelter
- (32) Tag Greason
- (42) Dave Albo (open seat)
- (50) Jackson Miller
- (51) Rich Anderson
- (67) Jim LeMunyon
- (68) Manoli Loupassi
- (72) Jimmie Massie (open seat)
- (73) John O'Bannon
- (85) Rocky Holcomb





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## 2017 Virginia Statewide Election Results: Impact

### Statewide Elections:

- New Administration
- New Policy Staff in Governor's Office
- New Cabinet Secretaries / Staff
- New Agency Heads

### House of Delegates:

- New House Leadership
- New Committee Chairs
- Continuing Loss of Institutional Knowledge
- Tightened Margins / Increased Partisanship
- Re-Districting in 2021 for House, Senate and Congress (Reform?)
- Medicaid Expansion??? (Senate 21-19 R's; D Lt. Governor)





## History/Background – Private Special Education Funding Issue

- **2014 Legislation:** Attempt by Stafford County to access CSA funds to bring back children from private day placements and serve in public schools; led to COY Study.
- **2014 – 2015 Study:** Commission on Youth Study on Private Educational Placements
- **2016 Budget Language:** CSA / DOE Work Group Study





## CSA SEC Workgroup on Private Day Educational Services – 2016

*Tasked with reviewing and developing “a robust set of options for increasing the integration of children receiving special education private day treatment services into their home school districts, including mechanisms to involve local school districts in tracking, monitoring and obtaining outcome data to assist in making decisions on the appropriate utilization of these services.”*

### Options Presented to the Governor and Virginia General Assembly:

- Amend the Children’s Services Act to allow funding for services to Students with Disabilities in the public school setting.
- **Amend the Children’s Services Act to “carve out” and transfer CSA state pool funding for students with disabilities to the VDOE.**
- Request funding for several pilot programs to “implement and test” strategies for increasing the education of students with disabilities in the least restrictive, public school setting.





## 2017 General Assembly Action

- Governor took no budget action
- Competing budget amendments introduced in House and Senate
  - “Local Demonstration Grants” vs. Funding Shift from CSA to DOE
  - House Appropriations adopts “implementation plan” for shift
  - Senate Finance adopts “implementation workgroup” to study shift
- Final Budget Conference adopts comprehensive workgroup study





## **Final 2017 Budget Language Adopted by the General Assembly**

- Directs staff of House Appropriations and Senate Finance Health and Human Resources Subcommittees and Elementary and Secondary Education Subcommittees to facilitate workgroup to “examine the options and determine the actions necessary to better manage the quality and costs of private day educational programs currently funded through the Children's Services Act.”
- State Agencies cited:
  - Office of Children’s Services
  - Virginia Department of Education
  - Department of Planning and Budget
  - Department of Social Services
  - Department of Juvenile Justice
- Stakeholders to be engaged:
  - Local governments
  - School superintendents or their designees
  - CSA CPMTs and FAPT’s
  - Special education administrators
  - Private providers
  - Parents of special education students





## Workgroup Charge:

In examining the options, the workgroup shall consider:

- Amending the CSA to transfer the state pool funding for students with disabilities in private day educational programs to the VDOE
- Identification and collection of data on an array of measures to assess the efficacy of private special education day school placements
- Identification of the resources necessary in order to transition students in private day school settings to a less restrictive environment
- Role of Local Education Agencies in determining placements and overseeing the quality, cost and outcome of services for students with disabilities in private day educational programs
- An assessment of the Individualized Education Program (IEP) process as compared to federal requirements, including how that process relates to the role of CSA Family Assessment and Planning Team (FAPT) in determining services for students with disabilities whose IEP requires private day educational placement





## **Workgroup Charge (continued):**

The workgroup shall examine:

- Funding impacts
- Necessary statutory, regulatory or budgetary changes
- Other relevant actions necessary to implement any recommended actions
- A report on any preliminary findings and recommendations shall be submitted to the Chairmen of the House Appropriations and Senate Finance Committees by November 1, 2017. Committee staffers submitted letter to Chairs on November 1, asking for more time to study the issue (letter is in your packets).





## **VAISEF Response Strategy:**

- VAISEF Special Education Advisory Group Appointed
- VAISEF Special Education Advisory Group Reviews Data Submitted to 2016 Study Work Group by CSA, DOE
- VAISEF Special Education Work Group Develops White Paper Response to Issue
- VAISEF Special Education Symposium Held September 12<sup>th</sup> to Present White Paper
- VAISEF Special Education Advisory Group Meets with Legislative Work Group Facilitators at St. Joseph's Villa on September 26<sup>th</sup> for Tour of Autism School and Presentation of White Paper
- VAISEF Develops Advocacy and Grassroots Action Plan



**Discussion:** *Developing an Advocacy Agenda for  
the 2018 General Assembly*





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## Developing an Advocacy Agenda for 2018 Virginia General Assembly

### The Issues:

- Special Education Funding / Private Day Placements
- IACCT Impact – Magellan / DMAS
- MCO's Behavioral Health Rollout 2018 (CCC Plus)
- Education Costs for Non-CSA Parental Placements
- CSA vs. non-CSA Medicaid Rate / Residential Rates in General
- Medicaid Expansion
- Fingerprint Background Checks



**Conclusions:**

*Where Do We Go From Here?*



# 2017 Virginia Statewide Election Results

## *Virginia House of Delegates*



### **16 New Democratic House Members (*District # in parentheses*):**

- (2) Jennifer Carroll Foy (Mark Dudenhefer open seat)
- (10) Wendy Gooditis (defeated Randy Menchew)
- (12) Chris Hurst (defeated Joseph Yost)
- (13) Danica Roem (defeated Bob Marshall)
- (21) Kelly Convirs-Fowler (defeated Ron Villanueva)
- (31) Elizabeth Guzman (defeated Scott Lingamfelter)
- (32) David Reid (defeated Tag Greason)
- (42) Kathy Tran (Dave Albo open seat)
- (50) Lee Carter (defeated Jackson Miller)
- (51) Hala Ayala (defeated Rich Anderson)
- (67) Karrie Delaney (defeated Jim LeMunyon)
- (68) Dawn Adams (defeated Manoli Loupassi)
- (72) Schuyler VanValkenburg (Jimmie Massie open seat)
- (73) Debra Rodman (defeated John O'Bannon)
- (85) Cheryl Turpin (defeated Rocky Holcomb)
- (89) Jay Jones (Daun Hester open seat)



# 2017 Virginia Statewide Election Results

## *Virginia House of Delegates*



### 3 New Republican House Members (*District # in parentheses*):

- (28) Bob Thomas, Jr. (William Howell open seat)
- (56) John McGuire (Peter Farrell open seat)
- (64) Emily Brewer (Rick Morris open seat)





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## 2017 Virginia Statewide Election Results

- New Administration
  - Transition Team
  - Governor-Elect
    - New Policy Staff
  - Lieutenant Governor-Elect
  - New Secretary of Health and Human Resources
  - New Secretary of Education
  - New Secretary of Public Safety
  - New Agency Heads
    - DBHDS
    - DMAS
    - DSS
    - DOE
    - DJJ
    - DOH





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## Key Dates / Events

- House Appropriations Committee Retreat (November 14-15)
- Senate Finance Committee Retreat (November 16-17)
- Joint Subcommittee on HHR Oversight (November 29)
  - VAISEF Invited to Present on Special Education Day Placements Issue*
- Drafting Request Deadline for Pre-filed Legislation (December 4)
- Governor Budget Presentation to Joint Money Committees (December 18)
- 2018 Session of the Virginia General Assembly Convenes (January 10)
- Inauguration Day (January 13)





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## Advocacy and Grassroots Action Plan

*Joint Subcommittee for Health and Human Resources Oversight*

- **Senate Members:**
  - Senator Emmett Hanger (R-Augusta)
  - Senator Janet Howell (D-Fairfax)
  - Senator George Barker (D-Fairfax)
  - Senator Siobhan Dunnavant (R-Henrico)
- **House Members:**
  - Delegate Chris Jones (R-Suffolk)
  - Delegate Steve Landes (R-Augusta)
  - **Delegate John O'Bannon (R-Henrico)**
  - Delegate Matthew James (D-Portsmouth)





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## Advocacy and Grassroots Action Plan

*Senate Finance Committee*

- **Health and Human Resources Subcommittee:**

- Senator Emmett Hanger (R-Augusta)
- Senator Janet Howell (D-Fairfax)
- Senator Steve Newman (R-Lynchburg)
- Senator George Barker (D-Fairfax)
- Senator Siobhan Dunnivant (R-Henrico)
- Senator Rosalyn Dance (D-Petersburg)

- **Education Subcommittee:**

- Senator Tommy Norment (R-James City)
- Senator Steve Newman (R-Lynchburg)
- Senator Janet D. Howell (D-Fairfax)
- Senator Dick Saslaw (D-Fairfax)
- Senator Emmett Hanger (R-Augusta)
- Senator Frank Ruff (R-Mecklenburg)
- Senator Siobhan Dunnivant (R-Henrico)





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## Advocacy and Grassroots Action Plan

### *House Appropriations Committee*

- **Health and Human Resources Subcommittee:**

- Delegate Riley Ingram (R-Hopewell)
- Delegate Steve Landes (R-Augusta)
- **Delegate John O'Bannon (R-Henrico)**
- Delegate Chris Peace (R-Hanover)
- Delegate Scott Garrett (R-Lynchburg)
- Delegate Chris Stolle (R-Virginia Beach)
- **Delegate Daun Hester (D-Norfolk)**
- Delegate Mark Sickles (D-Fairfax)

- **Elementary and Secondary Education Subcommittee:**

- **Delegate Jimmie Massie (R-Henrico)**
- Delegate Kirk Cox (R-Colonial Heights)
- Delegate Steve Landes (R-Augusta)
- **Delegate Tag Greason (R-Fairfax)**
- Delegate Barry Knight (R-Virginia Beach)
- Delegate Delores McQuinn (D-Richmond)
- Delegate Lashrecse Aird (D-Petersburg)





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## Advocacy and Grassroots Action Plan: Resources

For more information and advocacy tools for the private special education day placements issue, go to this site:

<https://www.vaisef.org/private-day-study/>

Materials that are available to use to educate policy makers, colleagues, and families include:

- VAISEF White Paper – Private Special Education – Executive Summary
- VAISEF White Paper – Private Special Education – Full Paper
- VAISEF 9/12/17 Symposium Presentation
- VAISEF CSA SEC Public Comment 9/21/17
- VAISEF Special Education Issue – Legislator Contact Information





Magellan  
COMPLETE CARE.

# *Magellan Complete Care of Virginia*

*Person-centered, community-focused, evidence-driven*





# Integrated Health Neighborhood (Community Hub)

On the Road to Independence, Well-being & Recovery





# *We offer a generous array of added benefits, beyond traditional medical services*



## **Dental** services for adults

(exams, cleanings & x-rays worth \$1,500 per year)



## **Vision** services for adults

(\$150 for glasses or contact lenses every two years)



**Smartphones** for texts and  
appointment reminders



Enhanced short-term services, when  
needed: **respite care, personal care,  
caregiver training & support**



**Fresh meals** delivered to the home after  
inpatient hospital/nursing facility discharge



**Environmental/home modifications**



Online, interactive cognitive **behavioral  
therapy** support



**...And much more!**

*(Please refer to our website for the full list)*

## **Call us (toll-free):**

**Member Services:** 1-800-424-4524 (TTY 711)

**Care Coordination:** 1-800-424-4524 (TTY 711)

**CareLine** (nurse line): 1-800-424-4524 (TTY 711)

**Visit:** [www.MCCofVA.com](http://www.MCCofVA.com)

**We look forward to working with you!**



# Claims, training and authorizations



## Electronic claims submission

- Payer ID: MCCVA

## Paper claims submission



Magellan Complete Care of Virginia  
Claims Service Center  
1 Cameron Hill Circle, Ste. 52  
Chattanooga, TN 37402

## Electronic funds transfer



Enrollment information via provider  
portal: [www.MCCofVA.com](http://www.MCCofVA.com) or email  
[VAMLTSSProvider@MagellanHealth.com](mailto:VAMLTSSProvider@MagellanHealth.com)

## Provider services



1-800-424-4524  
[www.MCCofVA.com](http://www.MCCofVA.com)

## Orientation & training

**Schedule an orientation** through your regional network representative or call 800-424-4524.

**Take advantage of one of our online trainings** available on the provider portal at [www.MCCofVA.com](http://www.MCCofVA.com)

## Authorization requests

**Call:** 800-424-4524

*Authorizations will also be accepted online at [www.MCCofVA.com](http://www.MCCofVA.com)*





**OPTIMA HEALTH COMMUNITY CARE**

VCOPPA



# Optima Health Community Care Model of Care



Optima Health Community Care facilitates person-centered care, featuring the following benefits:

- Coordination and management of all aspects of physical health, behavioral health, long-term care and **community-based services**.
- Access to a **Care Coordinator** who will work with the member, their caregivers, providers and community-based resources to ensure necessary care.
- Providers participate in an **Interdisciplinary Care Team**, including caregivers, doctors, nurses, counselors or others chosen by the member.
- Regular **care assessments** and individualized **care plans**.

The primary goal for Optima Health Community Care is to assure members receive the highest quality integrated services and supports they need in the most appropriate (least restrictive) setting.

**Care Coordination Team: 1-866-546-7924**



# OptimaHealth.com: Members

The Member portal is Optima Health's self service, online tool for secure transactions through [optimahealth.com](http://optimahealth.com). **Available 24 hours a day, 7 days a week - so you can do business when it's convenient for you.**

With secure sign in to Member Connection, you may:

- ✓ Access your Member Guide
- ✓ Verify eligibility and benefits
- ✓ Look up claims and authorization for services
- ✓ Find in-network providers such as doctors, hospitals, pharmacies, LTSS
- ✓ Learn more about Vision and Dental Services
- ✓ View your care plan
- ✓ Get information on appeals and grievances
- ✓ Learn about Member rights and responsibilities
- ✓ Find out about wellness programs, advance directives
- ✓ Request a new ID card
- ✓ Update your contact information or change your primary care doctor

**Care Coordination Team: 1-866-546-7924**

**Member Services**

**Toll Free: 888-512-3171**

**Local: 757-552-8360**

**After Hours Nurse Line**

**Toll Free: 844-387-9420**

**Local: 757-552-8899**



# Added Benefits\*

- Smoking Cessation
- Assistive Devices
- Extended Respite for Caregivers
- Pest Control
- Adult Dental Services
- Adult Hearing
- Diabetic Foot Care
- Home Delivered Meals
- Weight Management
- Home Security – Memory Care
- Free Cell Phones
- DSNP coming in 2018

\* Eligibility criteria may apply





## Continuity of Care

- ✓ All existing authorizations/ services remain in effect for either 90 days or until the authorization end date
- ✓ During that time the Care Coordinator is reaching out to providers to encourage them to be part of the network
- ✓ All providers will continue to be paid for services through this time frame regardless of whether they are in network
- ✓ This means the member keep all current services while the transition occurs




## Authorizations

 **Submit authorization requests online through the Authorization Portal on [www.optimahealth.com/providers](http://www.optimahealth.com/providers).**

 Optima Health will honor existing service plans until authorizations end or 90 days from enrollment.

## Claims Submission

 Timely filing deadline for all claims is 365 days from the date of service - this includes corrections, reconsiderations, and appeals.

 **Preferred method of claim filing is electronic – Optima Health Payor ID# is 54154**

Optima Health accepts electronic claims from any clearinghouse that can connect through Allscripts/Payerpath (clearinghouse service).

## To check member eligibility, authorizations, or claims status:

 **Provider Connection**

or

 **Optima Health Community Care Provider Relations: 1-844-512-3172**



# Optimahealth.com: Provider Connection

Provider Connection is Optima Health's self service, online provider tool for secure transactions through optimahealth.com. **Available 24 hours a day, 7 days a week- so you can do business when it's convenient for you.**

With secure sign in to Provider Connection, you can:

- ✓ Verify member eligibility and benefits
- ✓ Submit and review authorization requests
- ✓ Check claims status
- ✓ Submit reconsiderations
- ✓ View/download payment remittance advices
- ✓ View PCP membership reports
- ✓ Access C3 – Clear Claims Connection

Provider Connection registration is available on

[www.optimahealth.com/providers](http://www.optimahealth.com/providers)

for all practitioners, administrators, and office staff of contracted providers.



# Optima Health Community Care Contracting/Credentialing

Optima Health Community Care employs a comprehensive credentialing process to help ensure members receive a high level of care from qualified providers.

## MLTSS Providers:

**Centipede Health Network**

1-855-359-5391

[joincentipede@heops.com](mailto:joincentipede@heops.com)

## Medical/Behavioral Health Providers:

**Optima Health**

1-844-512-3172

[mltsscontracts@sentara.com](mailto:mltsscontracts@sentara.com)

*Existing Optima Health network providers should contact their Network Educator with any questions regarding their participation status.*



# **Virginia's Budget Outlook and Implications for Local Government**

Fiscal Analytics, Ltd.

November, 2017



# Despite FY 17 Surplus, GF Revenue Growth Has Been Historically Low

<u>Fiscal Years</u>	<u>Avg. Annual GF Growth*</u>
1990-1999	5.9%
2000-2008	5.7%
2009-2010	-5.0%
2011-2016	4.1%
2017	3.6%
<i>2018 Forecast **</i>	<i>3.2%</i>

\*Does not include GF transfers

\*\* Due to FY 17 \$132 mil. surplus, only 2.7% growth needed to make current budget revenue forecast



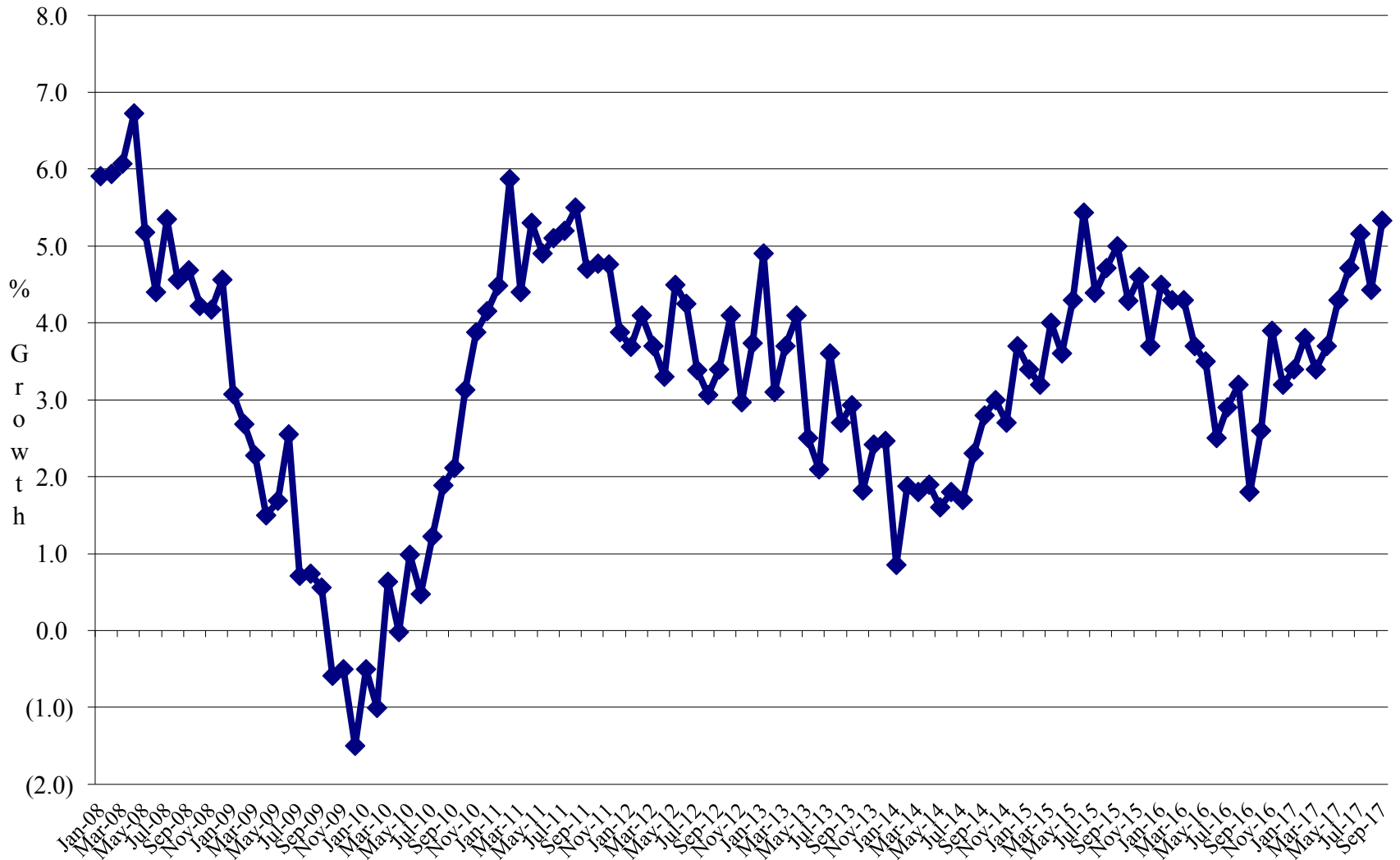
# 1<sup>ST</sup> Q GF Revenue Growth Encouraging

	<u>1st Q GF Growth</u>	<u>% of GF</u>
Withholding	4.0%	63.1%
Est Payments/Tax Dues	-1.5%	16.8%
Refunds	<u>10.3%</u>	<u>-10.1%</u>
Net Individual Income	2.9%	69.8%
Sales Taxes*	2.7%	18.0%
Corporate Income	27.9%	4.4%
Recordation	-2.3%	2.1%
All Other	<u>1.5%</u>	<u>5.8%</u>
Total GF Revenues	4.1%	100.0%

\* 19.2% when including 0.375 cent sales tax transfer to the GF



## Income Tax Withholding Growth is Improving 12 Mo. Moving Avg (% Growth)





# But, Lower Paying Jobs Have Been Growing Faster Over Last 5 years

	2017 Average Annual Pay	1st Q 2017 Employment	5-Year Growth	1st Q 2017 Total Wages	% Growth Over 2012
Total, All Industries	\$58,664	3,774,364	6.0%	\$55,355,076,327	17.4%
Jobs Paying Over \$1,000 per Week	\$84,956	1,708,653	3.7%	\$36,289,953,464	16.6%
Jobs Paying Under \$1,000 per Week	\$36,826	2,048,654	7.4%	\$18,861,161,569	18.0%

*Source: Fiscal Analytics analysis of VEC Employment data.*



# How Did Last Year's Adopted Budget Balance the \$1.5B GF 2016-18 Shortfall With a \$132 Mil. Surplus?

## **Major Revenue Changes and Spending Reductions:**

- \$567.2 mil. Rainy Day Funds
- About \$400 mil. in increased revenues (incl. policy changes) and \$150 mil. in transfers
- \$150 mil. unspent agency appropriations
- \$128 mil. in captured capital balances
- \$146 mil. in additional lottery (\$52.4m), Literary (\$50m), and Virginia Health Care (\$44.5m) funds to offset GF.
- \$347.2 mil. eliminated contingent salary increases (\$134m for teachers)
- Targeted reductions including: higher education (\$56m), “technical” reductions in K-12 aid from lower sales tax (\$40m) and ADM (\$35m), reductions in economic development incentives (\$53m), and delayed women’s prison open (\$21m).

## **Major Increases :**

- \$247 mil. in Medicaid cost increases
- \$161 mil. in FY 2018 compensation adjustments (\$32m for teachers)
- **\$86 mil. in Children Services Act mandatory funding**
- \$32 mil. in new mental health funding



# Factors Shaping the 2018-20 Biennium Budget

- National and Virginia economic growth
- Possible Federal Actions – budget authorization and debt ceiling, children's health insurance (CHIP) reauthorization?, tax reform impacts on Virginia
- Mandatory Spending – SOQ rebenchmarking, Medicaid growth, **DOJ Settlement**, debt service increases, employee health costs, **CSA increases**
- Priority Spending – reserve cash to increase state liquidity and preserve bond rating, employee and teacher compensation, economic development, **mental health and STEP-VA CSB funding**, higher education, water quality
- Transportation – Looming expiration of bond revenue for public transit funding and also pressing WMATA needs.



# Likely GF Revenue Growth Insufficient for New State Commitments

Est. Net New GF Revenue for 2018-20 Biennium (assumes 3%-4% growth)	\$1.4-2.0 B
Reserve 2017 Surplus	(\$136.6)
Remove 2018 Rainy Day one-time funding	(\$272.5)
Remove 2018 Tax Amnesty one-time funding	(\$90)
Medicaid Growth over next 3 years	(\$671)
2018-20 K-12 Rebenchmarking	(\$450)
Biennium Debt Service Increases	(\$80)
Net Available for All Other	(\$300) - \$300 Mil.

*Note: FY 2018 GF Rainy Day Fund requirements begin at 4.0%*



# Will Massive Move to Managed Care Provide Assumed Medicaid Savings?

<u>Fiscal Years</u>	<u>Avg. GF Annual Growth</u>
2000-2009	8.8%
2010-2015	6.2%
2016	9.3%
2017	7.2%
<i>2018 Forecast*</i>	6.5%
<i>2019 Forecast*</i>	2.3%
<i>2020 Forecast*</i>	3.4%

\* Reflects massive expansion of managed care beginning 1/1/18, mostly in long-term care and behavioral health with *assumed* lower rates and continued low new eligibility.

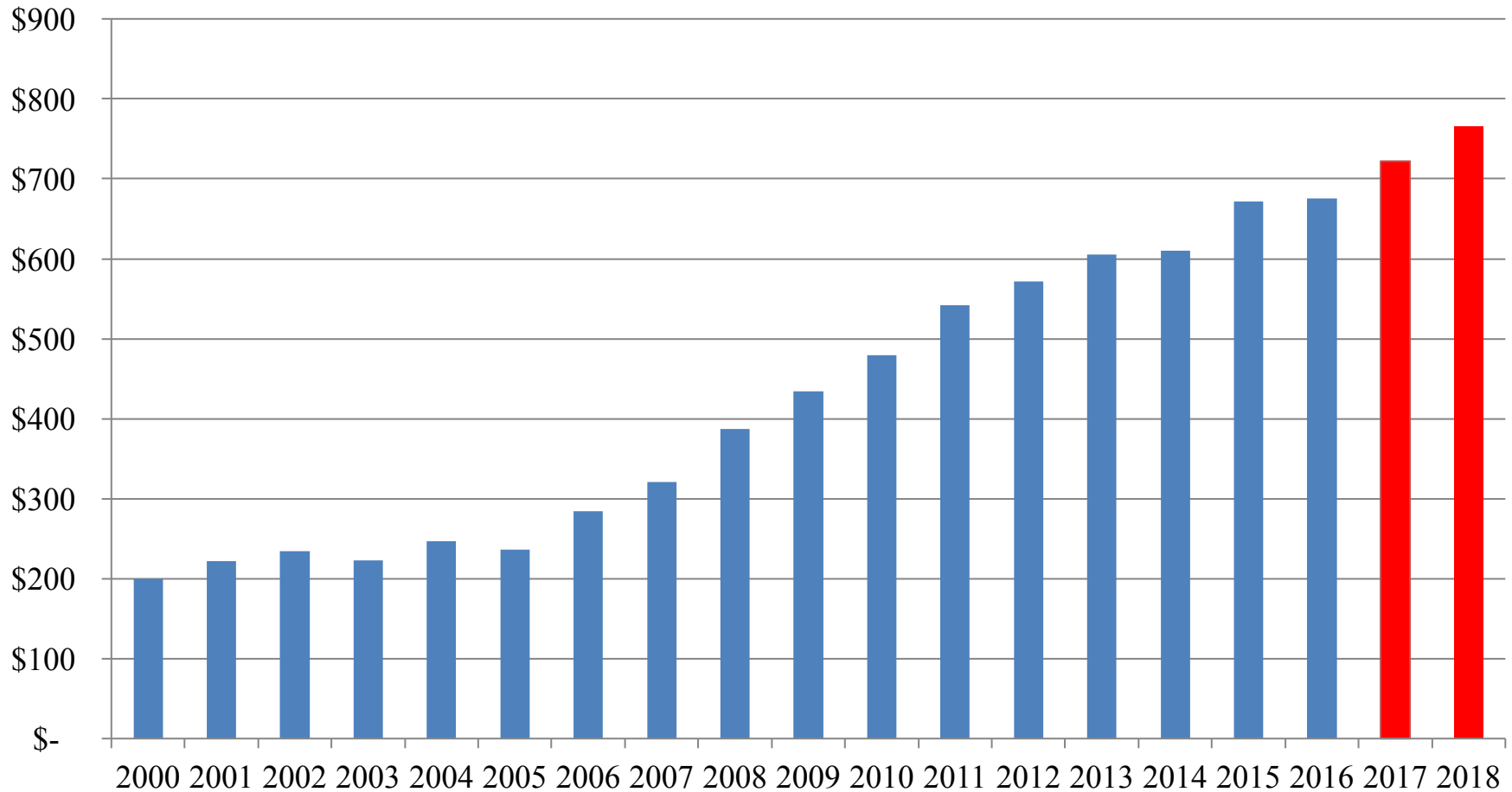


# Steadily Rising Senior Population Ensures Medicaid Growth

	Total Projected VA Population	Pop. 65 years and over	% of Total Pop. Age 65 and Over	Pop. 85 years and over	% of Total Pop. Age 85 and Over
2010	8,001,024	976,937	12.2%	122,403	1.5%
2020	8,744,273	1,392,849	15.9%	149,399	1.7%
2030	9,546,958	1,803,403	18.9%	194,658	2.0%
2040	10,201,530	1,925,149	18.9%	283,507	2.8%



# Continued Growth in GF Debt Service (\$ Mil.)

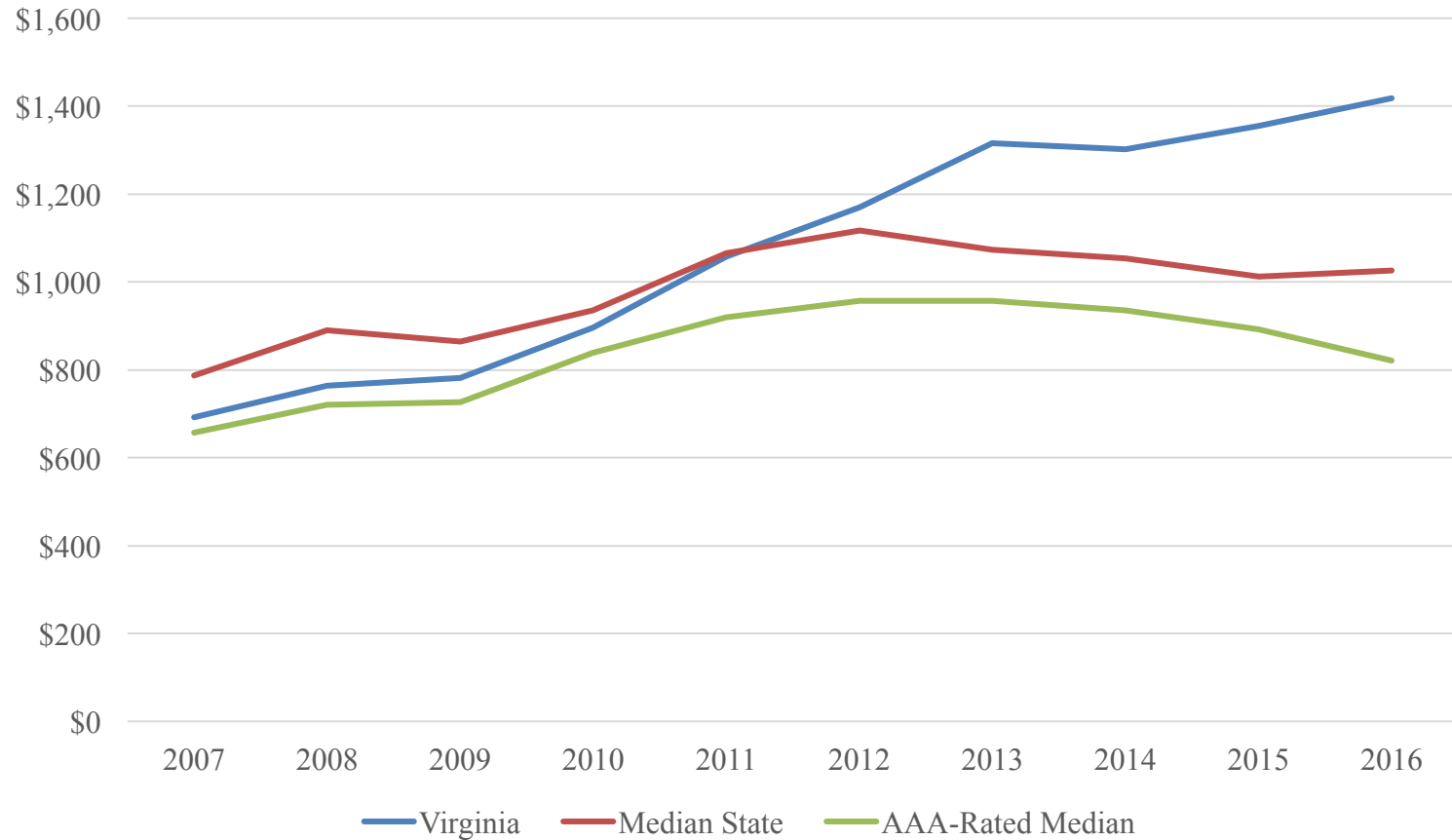


*Note: \$3.8 bil. in authorized, but unissued GF tax supported debt (VPBA, VCBA) planned from FY 2017-22.*



# ...And Virginia Has Little Room for More Borrowing and Stay AAA-Rated

## Virginia Debt per Capita Compared to Other States



Source: Virginia Debt Capacity Advisory Board, Dec. 2016

Note: Current debt service payments already above self-imposed cap of 5% of GF + transportation revenues.

Any additional debt capacity is based on back-loaded 10 year average – currently about \$500 m per year.



## General Fund Operating Appropriation Growth (\$ Mil.)

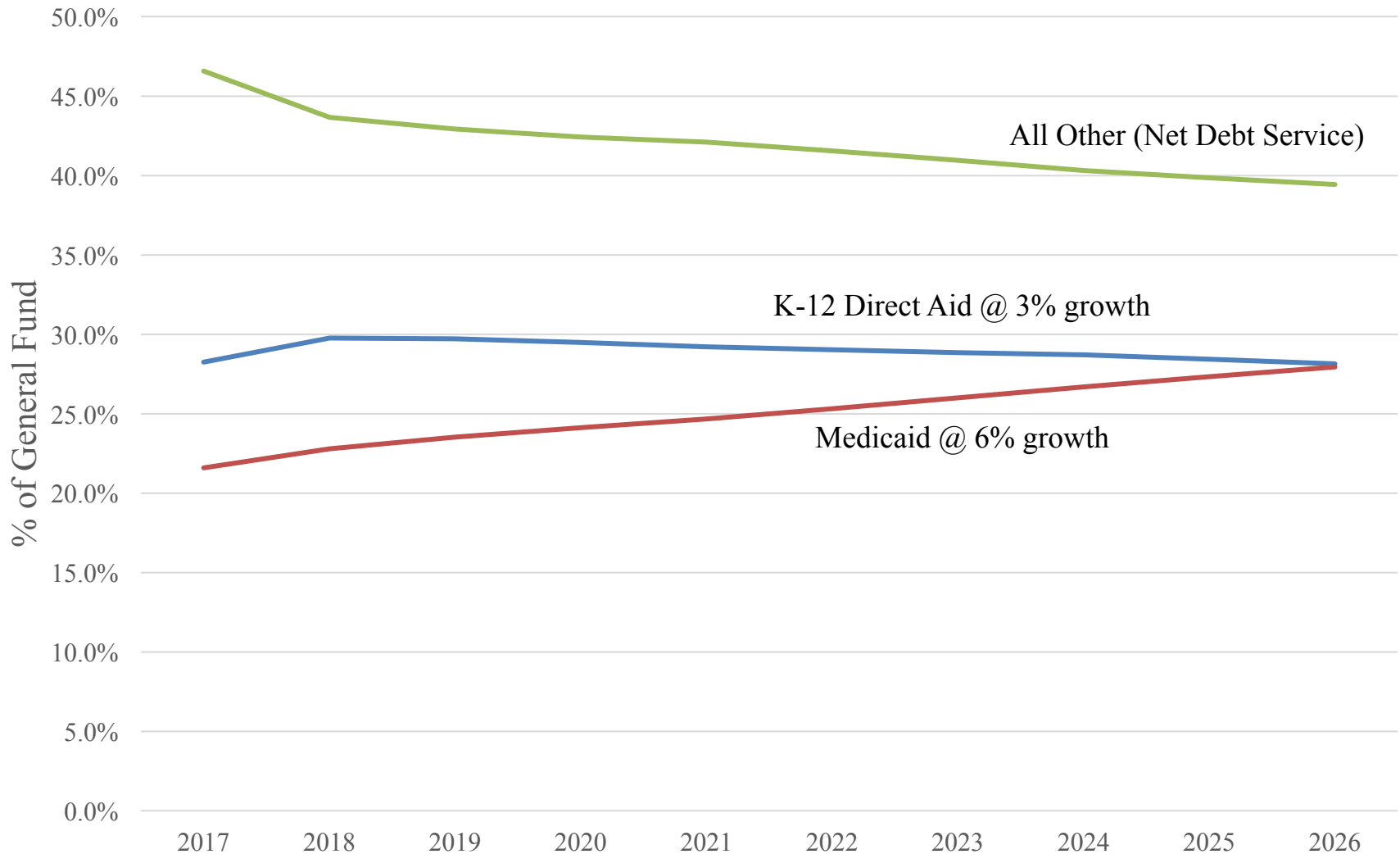
	<u>2001</u>	<u>2018</u>	<u>Growth</u>	Annualized Compound <u>Growth</u>
Medicaid (DMAS)	\$1,384.2	\$4,605.7	232.7%	7.3%
GF Debt Service	\$243.1	\$763.7	214.2%	7.0%
Behavioral Health	\$430.2	\$772.6	79.6%	3.5%
Other H&HS	\$648.9	\$1,059.0	63.2%	2.9%
K-12 Public Education	\$3,942.4	\$6,030.0	53.0%	2.5%
Public Safety/Comp Board	\$1,949.1	\$2,588.3	32.8%	1.7%
Higher Education	\$1,634.2	\$2,014.5	23.3%	1.2%
Natural Resources	\$152.1	\$128.5	-15.5%	-1.0%
All Other	<u>\$1,899.4</u>	<u>\$2,392.3</u>	<u>25.9%</u>	<u>1.4%</u>
Total GF Operating	\$12,283.6	\$20,354.6	65.7%	3.0%

*Note: Since 2001, the Consumer Price Index has averaged 2.0%.*



# Are GF Spending Patterns Unsustainable?

(Assumes 3.4% Avg. Annual Revenue Growth)





# ...But Where Will Spending Change?

	GF Budget Accounting					
		2016 Session		2017 Session		Biennial
	<u>FY 16</u>	<u>2017</u>	<u>2018</u>	<u>2017</u>	<u>2018</u>	<u>Change</u>
Legislative and Executive	107.7	115.5	115.5	115.7	119.4	4.1
Judicial Dept.	456.0	484.5	485.2	482.9	485.6	(1.2)
Administration/Comp Board	691.7	711.8	718.7	705.2	715.4	(9.9)
Treasury Board Debt Service	675.0	734.9	766.3	722.1	763.7	(15.4)
Other Finance/Technology	181.6	191.6	188.6	189.1	186.0	(5.1)
Rainy Day Fund	-	605.6	-	605.6	-	-
Car Tax Reimbursement	950.0	950.0	950.0	950.0	950.0	-
Commerce and Trade	197.0	203.8	217.3	188.3	205.6	(27.2)
Agriculture / Nat. Resources	174.7	237.7	172.2	234.2	163.7	(12.1)
K-12 Education/Central Office	5,576.0	5,900.0	6,190.6	5,735.6	6,088.5	(266.5)
Higher & Other Education	1,865.5	2,046.6	2,081.1	2,040.0	2,015.2	(72.5)
DMAS Medicaid	4,159.5	4,293.9	4,421.0	4,332.8	4,605.7	223.6
Other Health & Human Services	1,682.6	1,759.3	1,764.8	1,799.9	1,831.6	107.4
Public Safety & Veterans/HS	1,837.5	1,921.8	1,949.4	1,907.1	1,932.9	(31.2)
Transportation	69.1	41.0	41.0	41.0	41.0	-
Central Appropriations	334.8	139.5	223.0	63.5	214.9	(84.0)
Cash Reserve	-	-	-	-	35.0	35.0
Independent Agencies/Capital	143.2	12.0	0.3	2.2	0.3	(9.8)
Total GF Appropriations	19,102.0	20,349.5	20,285.0	20,115.2	20,354.6	(164.7)
GF Revenues/Transfers	19,119.3	19,481.2	20,230.3	19,210.6	19,835.4	(665.5)
Rainy Day Fund Withdrawal				294.7	272.5	567.2
Balances	932.1	946.2	(0.5)	736.3	128.2	(81.2)
Unreserved Balance	265.3	77.9	22.6	126.4	7.9	



## GF State Aid to Localities (\$ Mil.)

	<u>FY 2009</u>	<u>FY 2014</u>	<u>FY 2016</u>	<u>FY 2017</u>	<u>FY 2018</u>
<b>Direct Aid to K-12</b>	<b>\$5,607.6</b>	<b>\$5,240.3</b>	<b>\$5,520.9</b>	<b>\$5,675.3</b>	<b>\$6,030.0</b>
<b>K-12 % of Total GF Appropriations</b>	<b>35.2%</b>	<b>29.6%</b>	<b>28.9%</b>	<b>28.2%</b>	<b>29.6%</b>
<b>Health and Human Services</b>	<b>888.4</b>	<b>791.7</b>	<b>867.5</b>	<b>926.0</b>	<b>951.5</b>
<i>CSA</i>	<i>299.7</i>	<i>217.2</i>	<i>237.2</i>	<i>278.9</i>	<i>279.5</i>
<i>Community MH/MR Services</i>	<i>249.4</i>	<i>269.3</i>	<i>318.0</i>	<i>330.8</i>	<i>351.6</i>
<i>Local Social Services Staff</i>	<i>117.4</i>	<i>115.3</i>	<i>114.4</i>	<i>117.5</i>	<i>122.1</i>
<i>Community Health Programs</i>	<i>117.6</i>	<i>107.2</i>	<i>115.1</i>	<i>117.7</i>	<i>117.6</i>
<i>Welfare Services and Programs</i>	<i>104.3</i>	<i>82.7</i>	<i>82.8</i>	<i>81.1</i>	<i>80.7</i>
<b>Public Safety</b>	<b>734.3</b>	<b>687.9</b>	<b>715.5</b>	<b>732.1</b>	<b>743.4</b>
<i>Local Sheriffs Offices</i>	<i>406.1</i>	<i>411.3</i>	<i>436.0</i>	<i>447.2</i>	<i>457.0</i>
<i>Local Police Depts HB 599</i>	<i>197.3</i>	<i>172.4</i>	<i>172.4</i>	<i>178.0</i>	<i>178.0</i>
<i>Local Jail Per diem</i>	<i>80.1</i>	<i>59.4</i>	<i>61.4</i>	<i>60.6</i>	<i>61.3</i>
<i>Assistance for Juvenile Justice</i>	<i>50.8</i>	<i>44.8</i>	<i>45.7</i>	<i>46.3</i>	<i>47.1</i>
<b>Constitutional Officers</b>	<b>155.3</b>	<b>145.8</b>	<b>152.5</b>	<b>156.7</b>	<b>158.0</b>
<b>Dept. of Accounts Transfers</b>	<b>49.3</b>	<b>49.3</b>	<b>49.5</b>	<b>49.6</b>	<b>49.6</b>
<b>Car Tax</b>	<b>950.0</b>	<b>950.0</b>	<b>950.0</b>	<b>950.0</b>	<b>950.0</b>
<b>Aid-to-Locality Reduction</b>	<b>(50.0)</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Total Local GF Aid</b>	<b>\$8,334.9</b>	<b>\$7,865.0</b>	<b>\$8,255.9</b>	<b>\$8,489.7</b>	<b>\$8,882.5</b>
<b>Total GF Appropriations</b>	<b>\$15,943.0</b>	<b>\$17,705.2</b>	<b>\$19,102.0</b>	<b>\$20,115.2</b>	<b>\$20,354.6</b>
<b>Local Aid % of Total GF</b>	<b>52.0%</b>	<b>44.1%</b>	<b>43.2%</b>	<b>42.2%</b>	<b>43.6%</b>



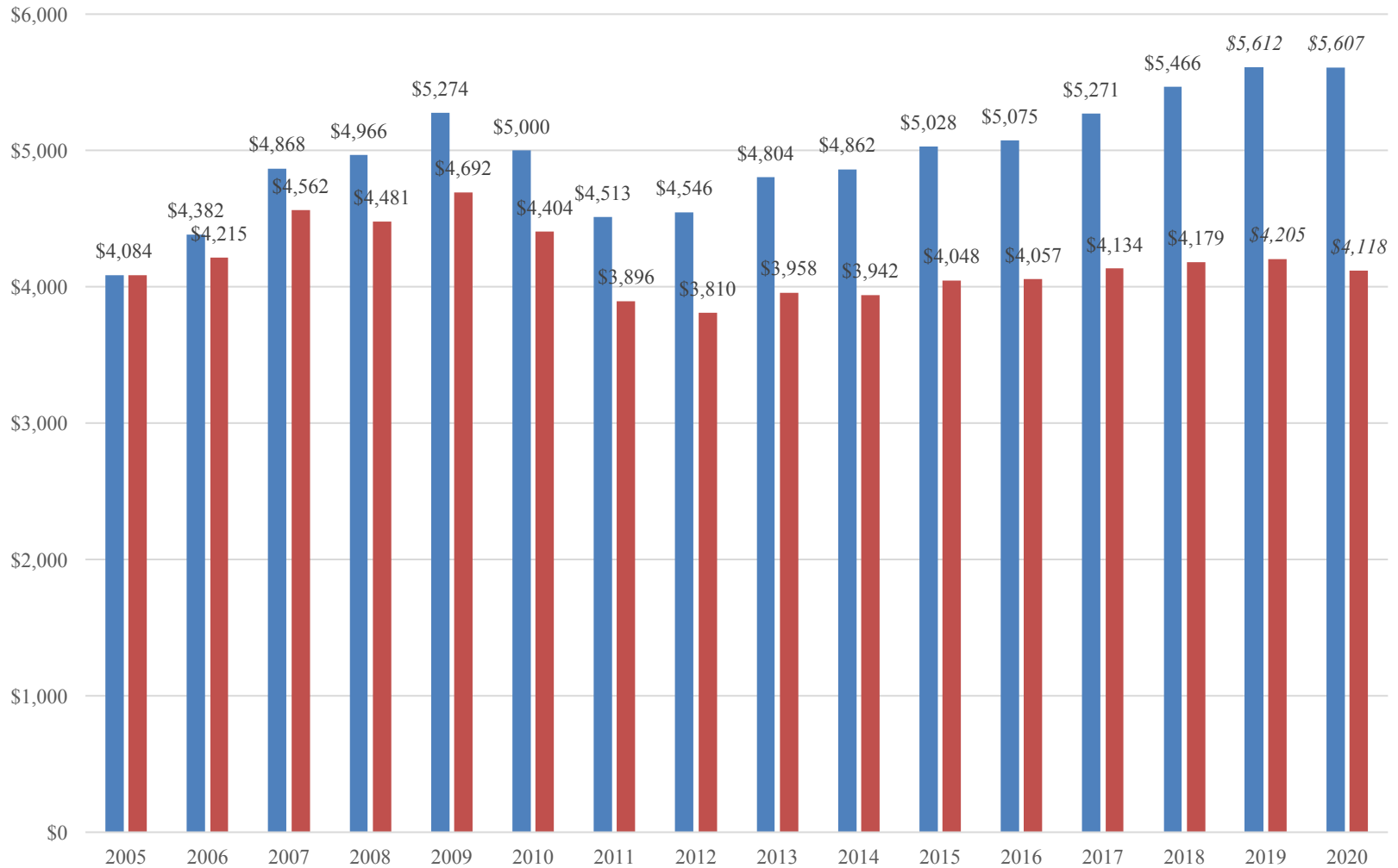
# Initial 2018-20 Biennium K-12 Rebenchmarking Increases State Funding by About 3 Percent

- FY 2019 = \$210.8 m; FY 2020 = \$232.6 m; Total = \$443.4 m  
(Net 25.4% non-participation for VA Pre-School Initiative, Not including VRS rate reduction from 16.32% to 15.68% )

Major Cost Increases:	Biennial Cost (\$ Mil)	Major Cost Decreases:	Biennial Cost (\$ Mil)
Recognize Full Year Cost of 2.0% State Salary Increase and Instructional/Support Prevailing Costs	\$169.5	Pupil Transportation Costs	(\$24.1)
Non-personal Support Prevailing and Inflation Costs (largest factor: substitute teachers up 9.3%)	\$161.3	3-Year Avg. FL Rates for CEP Schools	(\$21.0)
Health Care Premium (up 10%)	\$58.0	Support Position Cap Ratio (4.27-1)	(\$18.9)
Update Lottery Accounts	\$43.7	Textbook Costs	(\$14.4)
Projected Enrollment Counts	\$38.4	Federal Revenue Deduct	(\$2.3)
ESL, CTE, Remedial Summer School, Categorical, Superintendents, School Board, Nurse Costs	\$22.7	Other	(\$1.7)
SOL Test Failure Rate Data	\$17.5	Total Decreases	(\$82.4)
Special Ed Child Counts	\$14.6		
Total Increases	\$525.7		



## Real State Per Pupil K-12 FY 18 Funding \$520 Below FY 09\* Nominal and Inflation-Adjusted Direct Aid (CPI \$2005)

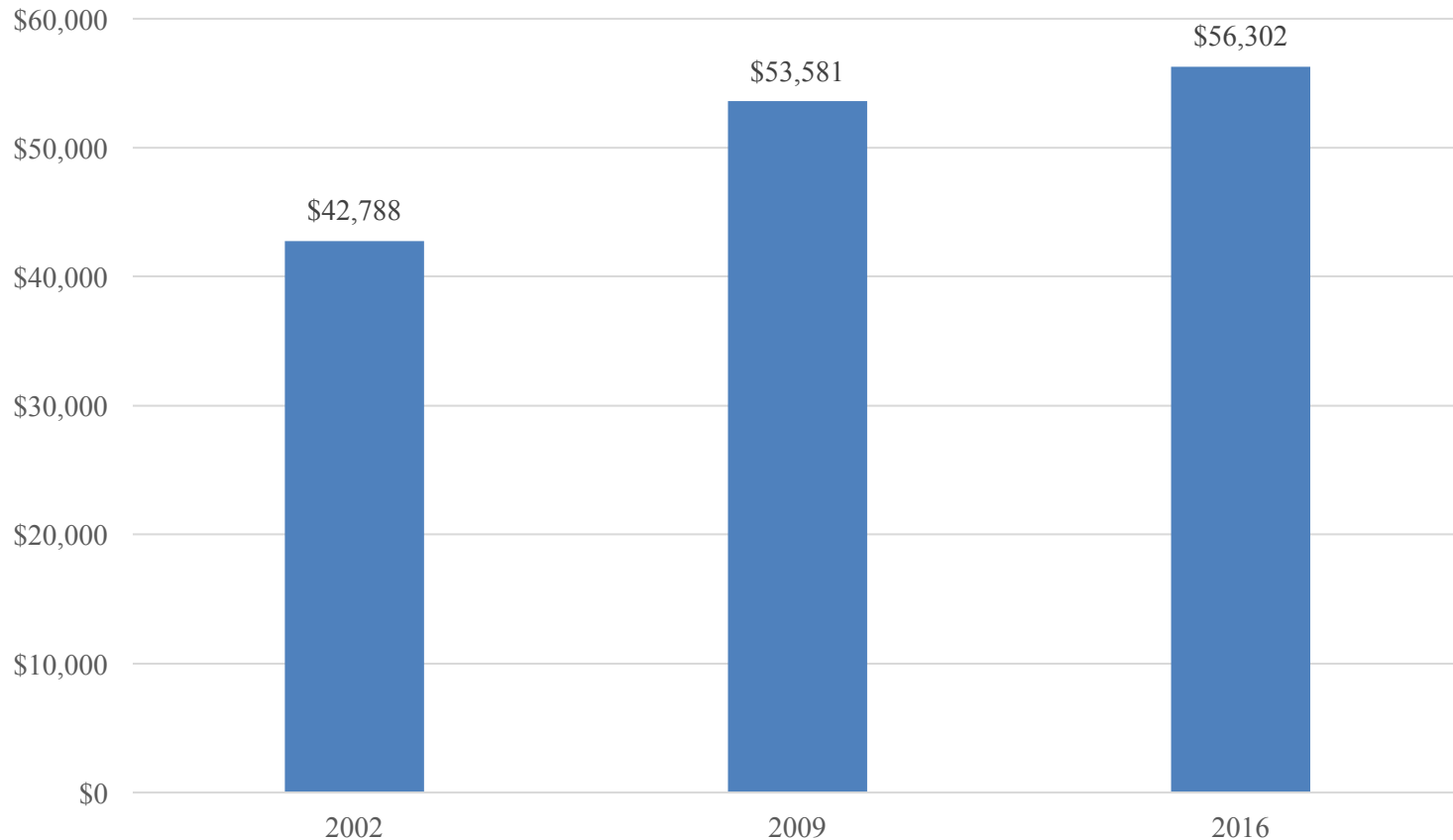


\* 2018-20 funding levels assume initial \$211m and \$233m rebenchmarking amounts only and 2.0% inflation each year.



# Instructional Pay Increases Have Slowed Considerably Since 2009

**Average Salary - All Instructional Positions\***



Source: Superintendent's Annual Report.

\* All instructional positions include classroom teachers, guidance counselors, librarians, principals, and assistant principals.

Note: Average instructional pay would have been \$59,872 in 2016 if grown at the rate of the CPI from 2009.



# State Standards of Quality Do Not Reflect True Costs for Local K-12 Divisions

- Only 136,000 out of 200,000 K-12 positions (68 percent) employed by local school divisions are recognized by the SOQ; many support positions and other support costs de-funded after 2009; the “linear weighted average” methodology underfunds teacher’s salaries; real-time costs not reflected in re-benchmarking.
  - Raising teacher salaries from 29<sup>th</sup> (*JLARC 2017*) to the national average and funding prevailing support costs requires an additional \$750 million GF/year.
- Localities on average spend about double, or \$3.9 bil. beyond state requirements to meet SOL and SOA requirement in FY 16. All 134 local school divisions exceeded Required Local Effort (RLE) in FY 16.

Divisions up to 25% Above RLE	16
Divisions Exceeding 25% to 75%	45
Divisions Exceeding 76% to 100%	30
Divisions Exceeding 100% RLE	43



# Virginia Board of Education Recommends \$600 Mil./Year in Standards of Quality Upgrades

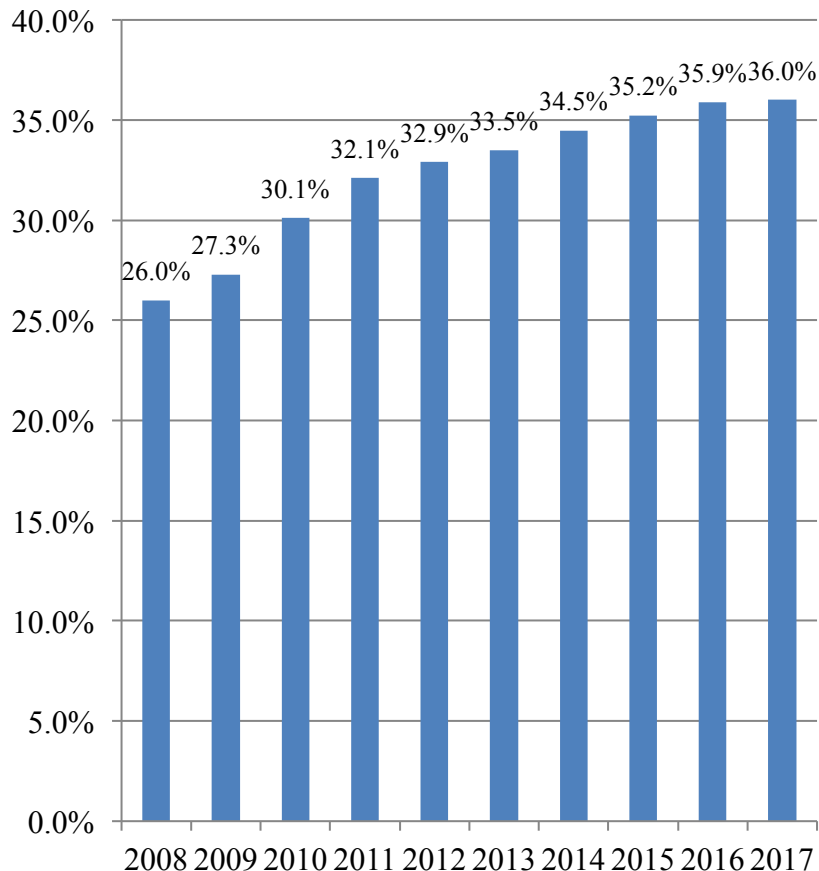
- In 2016, BOE recommended SOQ funding changes - first since the early 2000's. Examined where local practices overwhelmingly exceeded state recognized staffing practices.
- The Board of Education recommended the following changes to the SOQ:
  - Restoring the funding of support positions using prevailing practices rather than the 2009 enacted support position cap (1 support per 4.17 SOQ funded teachers).
  - A staffing ratio of 1 to 400 students for assistant principals.
  - One full-time principal in each elementary school. 12 percent of schools have under 299 students and are only provided funding for a part-time principal.
  - Staffing ratios for school counselors (1 to 250); school psychologists (1 to 1,000); school nurses (1 to 1,000); and school social workers (1 to 1,000).



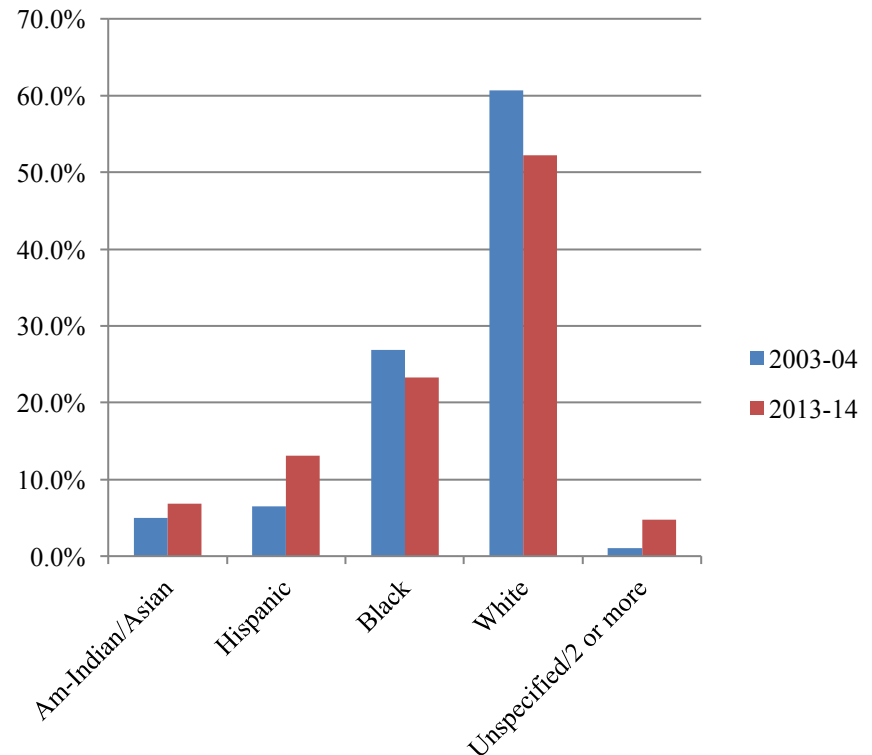
# More Difficult and Diverse Student Population to Educate

- Changing Demographics – ESL increased 63% over last 10 years

**% Free Lunch Students Growing**



**VA Public K-12 Student Population by Race**





# The Achievement Gap Persists

SOL Pass Rates (2016-17)			
	<u>English</u>	<u>Math</u>	
Asian	91	93	
White	86	86	
Hispanic	71	71	
Black	67	66	
Economically Disadvantaged	67	68	
Limited English Proficiency	64	68	

Source: [http://www.doe.virginia.gov/statistics\\_reports/school\\_report\\_card/index.shtml](http://www.doe.virginia.gov/statistics_reports/school_report_card/index.shtml)



# Has the State Funded Its Share of Special Education Costs (Mil. \$)?

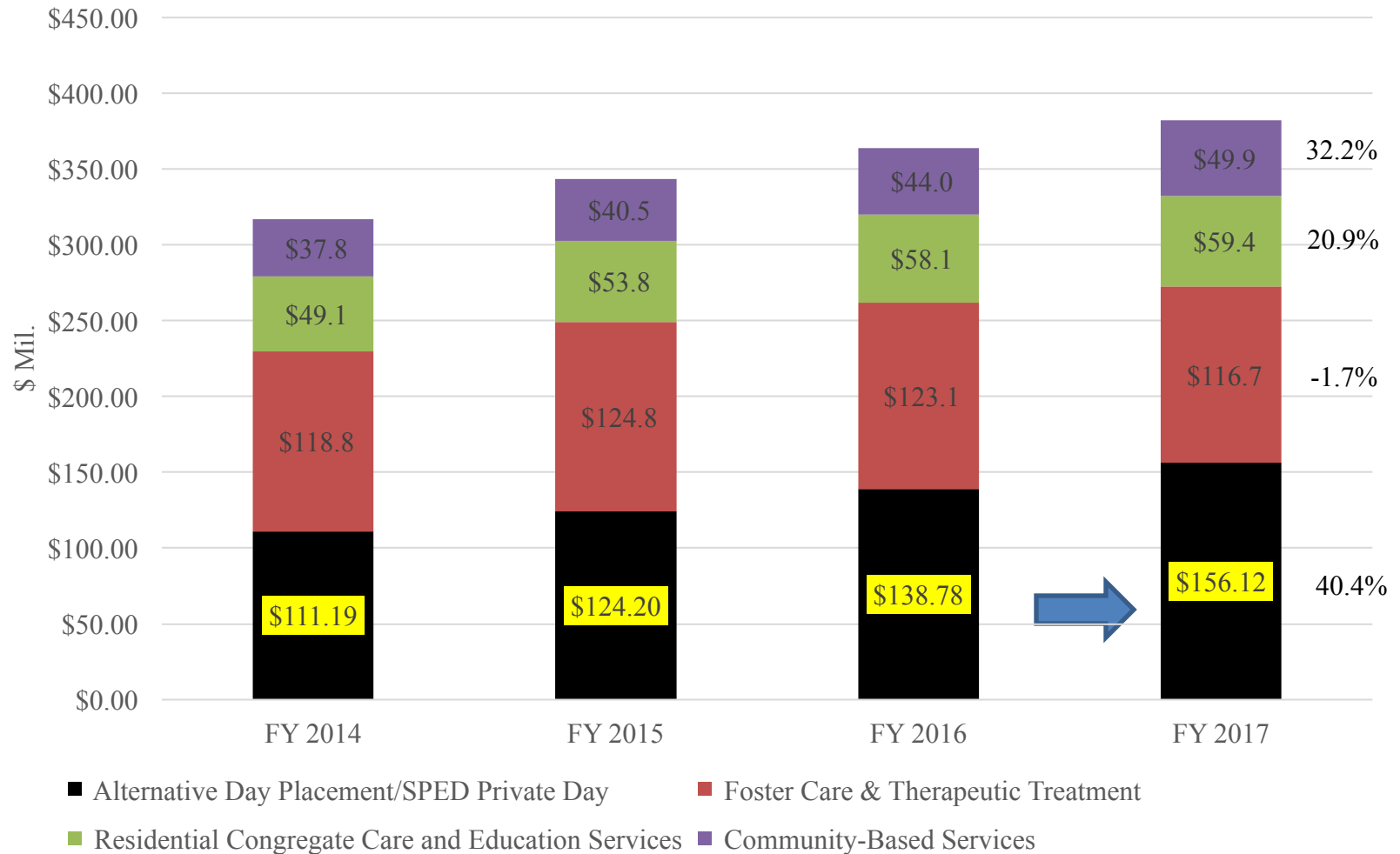
	State Appropriations (\$ Mil.)		
	<u>FY 2009</u>	<u>FY 2018</u>	<u>Growth</u>
SOQ Special Education	\$372.7	\$382.9	2.7%
Special Education Regional Tuition	\$64.2	\$87.6	36.4%
All Other Special Ed Programs	<u>\$39.1</u>	<u>\$43.8</u>	<u>12.0%</u>
Total State Special Education Funds	\$476.0	\$514.3	8.0%

Note: Special Education child count rose 1.9% from 165,874 in FY 2009 to 168,943 in FY 2016.



# CSA Special Education Day Placement Costs Are Growing

## CSA EXPENDITURE GROWTH





# Special Education Day Placement Costs

	<u>FY 2014</u>	<u>FY 2017</u>	<u>% Growth</u>
Number Served	3,158	3,817	20.9%
Avg. Annual Cost per Child	\$34,437	\$41,088	19.3%



# Special Education Day Placement Cost Containment Proposals

- Continue current funding methods and improve the system.
  - For example, use outcome measures to track the progress of children in private day placements; and enhance local school divisions' abilities to serve kids in their local schools such as better use of CSA wrap-around funds for behavioral aides.
- State management of costs and rates.
- Place appropriations with VDOE -- more directly linked to local IEP team placements.
- Change current local match rates to the local composite index rate.



# Other VCOPPA Budget Issues

- Impact of using Magellan's Independent Assessment, Certification and Coordination Team (IACCT) as a single point of entry for youth at risk of admission to residential treatment.
- Impacts of Commonwealth Coordinated Care (CCC Plus) 2018 behavioral health managed care rollout.
  - Over 200,000 people put in long-term managed care 1/18
- Who pays education costs for non-CSA parental placements?
- More resources for State Police fingerprint background checks.
- CSA vs. non-CSA Medicaid Rate



# Since Recession, Locality Resources Have Not Kept Pace with Inflation/Population Growth

	<b>FY 2009 - FY 2016 Growth Comparison</b>				
	<b>Locally-Generated Revenue</b>	<b>State/Federal Revenue for Localities</b>	<b>All Revenue for Localities</b>	<b>Population</b>	<b>Population /Inflation</b>
VA Cities*	11.8%	2.2%	7.8%	6.4%	18.1%
VA Counties	18.4%	11.8%	15.9%	7.3%	19.0%

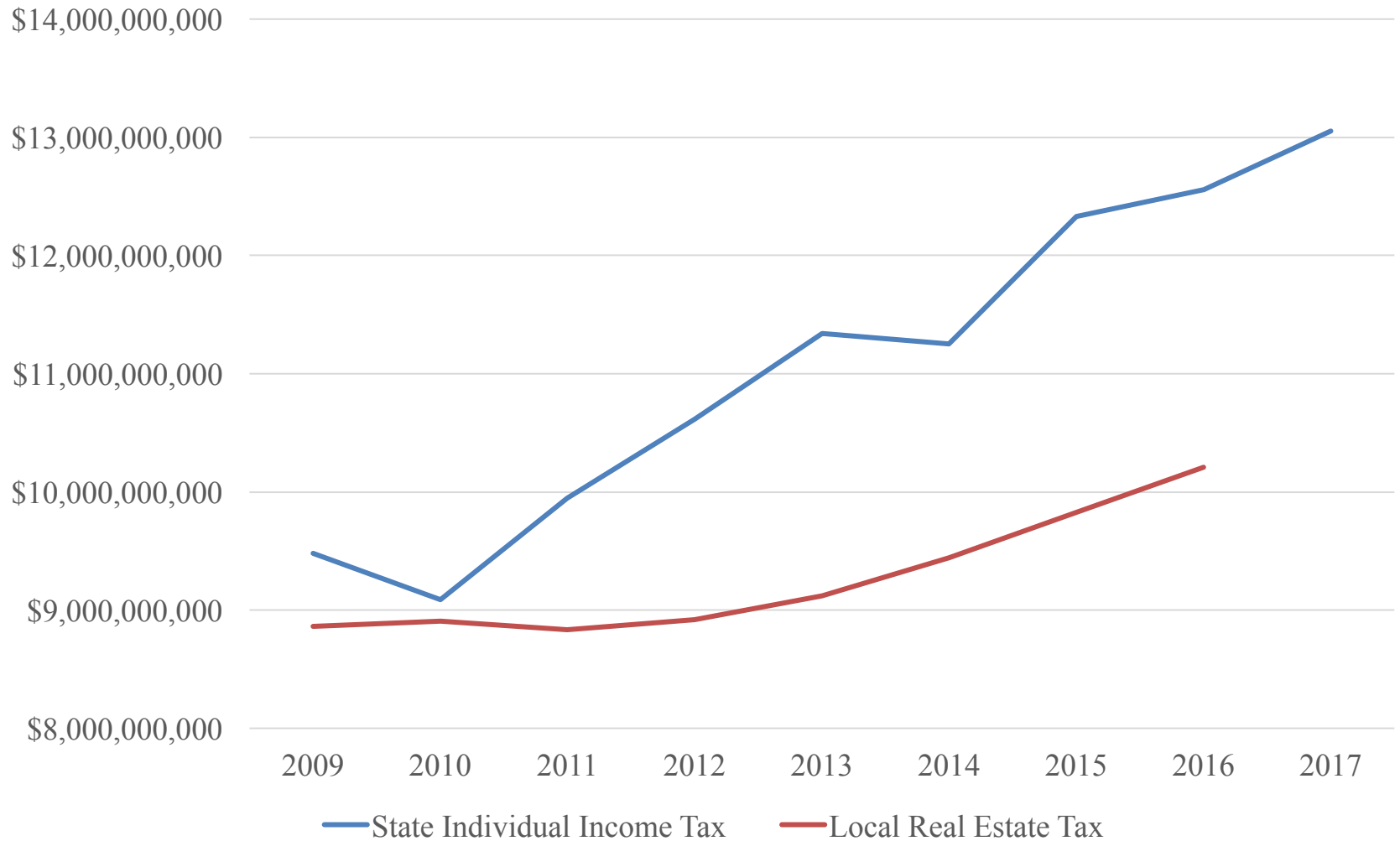
*\* Net of Cities of Richmond and Hopewell*

Note: Consumer Price Index from fiscal years 2009-16 = 11.7%

Sources: Virginia Auditor of Public Accounts Comparative Revenue and Expenditure Reports,  
U.S. Bureau of Labor Statistics



## State Income Tax Growth Has Significantly Exceeded Local Real Estate Tax Growth Since Recession





# Even Slow Real Property Revenue Growth Has Required Sharply Rising Rates

## Median Real Estate Tax Rates in Virginia Localities\*

	<u>CY 2009</u>	<u>CY 2016</u>	<u>Change</u>
<b>Cities</b>	<b>0.90</b>	<b>1.07</b>	<b>0.17</b>
<b>Counties</b>	<b>0.55</b>	<b>0.66</b>	<b>0.11</b>
<b>Towns</b>	<b>0.18</b>	<b>0.18</b>	<b>-</b>

\* Nominal rates per \$100 of assessed value. Source: Weldon Cooper Center, “Virginia Local Tax Rates”



# Despite Local Fiscal Issues, the Burden of the State-Local Fiscal Partnership is on Localities

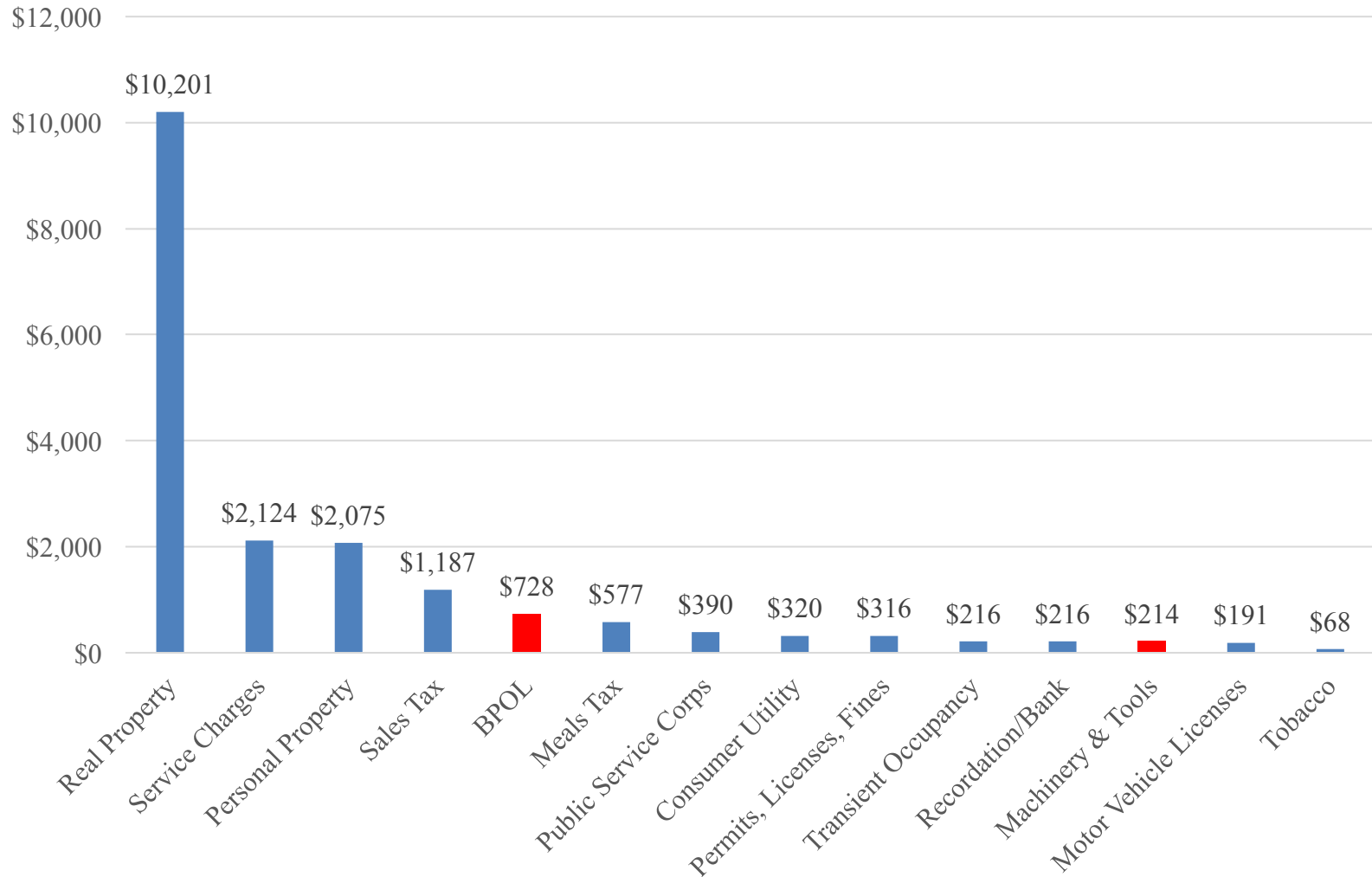
	<u>2012 JLARC Ranking</u>	<u>2017 JLARC Ranking</u>
Per capita personal income	8	11
State and local <i>taxes</i> as a percentage of personal income	43	44
Per capita state taxes	34	36
Per capita local taxes	13	15
<b>State Per Pupil Funding</b>	<b>35</b>	<b>38</b>
<b>State and Local Per Pupil Funding</b>	<b>17</b>	<b>26</b>
<b>Average Salary of Public School Teachers</b>	<b>28</b>	<b>29</b>

*Source: Virginia Compared to Other States, JLARC, 2012, 2017 Editions*



# Business Taxes Are Important Local Revenue Sources

## Major Local Revenue Sources (\$ Mil. - FY 2016)





# 60 Percent of Business Licenses Pay Under \$100 per Year\*

<u>Gross Receipts Level</u>	<u># of Licenses</u>	<u>Percent</u>	<u>\$ Amount</u>	<u>Percent</u>	<u>Avg per License</u>
Flat Fee only	74,888	23.6%	\$4,134,673	0.7%	\$55
\$0-\$100,000	117,469	37.0%	\$4,841,153	0.8%	\$41
\$100,001-200,000	29,165	9.2%	\$9,273,349	1.6%	\$318
\$200,001-500,000	35,989	11.3%	\$27,652,331	4.8%	\$768
\$500,001-5,000,000	50,616	16.0%	\$177,978,987	30.8%	\$3,516
\$5,000,001-25,000,000	7,622	2.4%	\$174,518,999	30.2%	\$22,897
Over \$25,000,000	<u>1,456</u>	<u>0.5%</u>	<u>\$178,979,953</u>	<u>31.0%</u>	<u>\$122,926</u>
<b>Survey Totals</b>	<b>317,205</b>	<b>100.0%</b>	<b>\$577,379,446</b>	<b>100.0%</b>	<b>\$1,280</b>

\* Survey responses covered about 85% of total BPOL levies collected in FY 12.

Note: Mid-size low margin retail businesses (\$500k-\$5 mil.) pay about \$50 mil. in BPOL levies averaging \$2,800/yr.



# M&T Taxes Are Concentrated in Localities

		<b>Total FY 2016 M&amp;T \$</b>	<b>Effective 1st Yr Tax Rate/\$100</b>			<b>M&amp;T as % of Total Local Revenue</b>	<b>Effective 1st Yr Tax Rate/\$100</b>
1	Newport News	\$20,312,830	\$1.25	1	Alleghany	23.20%	\$0.89
2	Richmond City*	12,838,347	\$2.07	2	Covington	19.10%	\$0.83
3	Rockingham	8,693,745	\$2.30	3	Giles	17.70%	\$1.06
4	Frederick	6,895,312	\$1.20	4	Buchanan	15.90%	\$1.56
5	Norfolk	6,063,521	\$1.70	5	Hopewell**	12.10%	\$0.76
6	Alleghany	5,876,975	\$0.89	6	Henry	9.10%	\$1.44
7	James City	5,792,203	\$1.00	7	Campbell	8.60%	\$0.81
8	Buchanan	5,697,213	\$1.56	8	Southampton	8.00%	\$1.92
9	Campbell	5,618,130	\$0.81	9	Rockingham	7.80%	\$2.30
10	Hopewell**	5,066,978	\$0.76	10	Botetourt	7.30%	\$0.90
11	Manassas	4,909,651	\$1.68	11	Sussex	7.00%	\$2.43
12	Lynchburg	4,731,874	\$0.90	12	Greensville	6.80%	\$0.80
13	Chesterfield	4,564,090	\$0.25	13	Pulaski	6.50%	\$0.72
14	Henry	4,468,853	\$1.44	14	Isle of Wight	5.90%	\$0.70
15	Isle of Wight	4,121,487	\$0.70	15	King William	5.60%	\$0.56
16	Giles	3,812,525	\$1.06	16	Amherst	5.50%	\$0.50
17	Augusta	3,649,048	\$0.40	17	Galax	4.90%	\$0.75
18	Botetourt	3,438,291	\$0.90	18	Newport News	4.80%	\$1.25
19	Pulaski	3,372,366	\$0.72	19	Frederick	4.70%	\$1.20
20	Bedford	3,114,881	\$1.20	20	Accomack	4.60%	\$1.67
21	Roanoke City	3,028,795	\$2.07	21	Manassas	4.50%	\$1.68
22	Salem	2,931,060	\$2.24	22	Augusta	4.20%	\$0.40
23	Covington	2,874,828	\$0.83	23	Washington	4.20%	\$1.55
24	Washington	2,821,283	\$1.55	24	Salem	4.20%	\$2.24
25	Chesapeake	2,803,960	\$0.63	25	Shenandoah	4.10%	\$1.73

\* FY 2015, \*\* FY 2014



# Summary

- Low growth in GF revenues and continued high growth in Medicaid and debt service could mean a continued degradation in state support for locally-administered state-mandated programs.
- The 2009-10 recession took a big bite out of K-12 education funding that has yet to be fully restored. Most other locally-mandated programs for health, welfare, public safety, etc., have been level funded or reduced since FY2009. CSA funding levels now being scrutinized.
- Local revenues -- already straining to provide the state's critical services -- need modernization without hurting the locality revenue base.
- The state should either shoulder more funding responsibility or provide localities with much greater revenue generating capacity.



# What Can State Government Do to Improve Economic Growth?

- Enact policies to close the skills gap:
  - Get serious about addressing the K-12 achievement gap; turn community colleges into career factories linked to industry/company needs; encourage a modern affordable Higher Ed curriculum and invest in research.
- Incentivize a more entrepreneurial economy:
  - Encourage more venture capital and gap financing - turning ideas into startups and helping successful companies grow.
  - Foster more human synergies and critical mass.
- Focus state policy on obvious infrastructure issues:
  - Transportation bottlenecks and high speed connections
  - Broadband and technology access
  - Providing cheap, abundant, clean energy



# Modernize the State/Local Tax Base

- Reduce individual/corporate income and sales tax preferences.
- Start to capture the growing service economy with sales taxes.
- Create a level playing field by requiring internet sellers not collecting Virginia sales tax to inform the purchaser and Tax Department for use tax payment purposes.
- Modernize the local communications sales tax for audio and video streaming services and prepaid calling services and raise the rate to current retail sales and use tax.
- Expand the 0.7 percent regional sales tax for transportation to other regions.
- Allow counties the same taxing authority *by ordinance* as cities for meals, tobacco, and transient occupancy taxes.



# Fiscal Stress (CLG) versus Fiscal Stewardship (FAM)

CLG Fiscal Stress Rank	2016 FAM Score	2009 RE Tax Revenues	2016 RE Tax Revenues	Growth FY09-16	VA GF Exceeds Local RE Growth?
<i>Virginia (Total GF)</i>		<i>\$14,315,100,000</i>	<i>\$18,040,100,000</i>	<i>26.0%</i>	
1 Emporia	75.3%	\$2,704,096	\$3,231,115	19.5%	Yes
2 Buena Vista	18.1%	\$3,337,299	\$3,982,630	19.3%	Yes
3 Petersburg	4.5%	\$23,651,270	\$25,523,837	7.9%	Yes
4 Martinsville	41.1%	\$6,887,656	\$6,609,824	-4.0%	Yes
5 Covington	35.6%	\$1,845,129	\$2,114,507	14.6	Yes
6 Galax	20.7%	\$2,306,898	\$3,413,186	48.0%	No
7 Lynchburg	35.2%	\$48,391,257	\$56,475,151	16.7%	Yes
8 Franklin City	34.9%	\$4,922,643	\$5,558,277	12.9%	Yes
9 Hopewell	N/A	\$12,829,945	N/A	-	N/A
10 Radford	35.2%	\$5,335,962	\$6,105,625	14.4%	Yes
11 Bristol	4.2%	\$9,593,966	\$12,246,361	27.6%	No
12 Portsmouth	49.0%	\$90,174,449	\$90,944,523	0.9%	Yes
13 Norfolk	20.7%	\$206,319,083	\$217,125,915	5.2%	Yes
14 Hampton	42.8%	\$121,510,087	\$135,302,923	11.4%	Yes
15 Norton	17.9%	\$1,601,572	\$2,062,943	28.8%	No
16 Newport News	25.6%	\$167,606,717	\$174,097,563	3.9%	Yes
17 Danville	76.8%	\$16,134,891	\$16,364,473	1.4%	Yes
18 Harisonburg	43.6%	\$20,253,878	\$28,256,206	39.5%	No
19 Roanoke City	21.4%	\$78,417,254	\$81,997,230	4.6%	Yes
20 Greensville County	51.7%	\$3,014,889	\$4,147,984	37.6%	No
21 Buchanan County	66.8%	\$7,624,465	\$9,260,576	21.5%	Yes
22 Lexington	72.4%	\$3,651,580	\$5,560,264	52.3%	No
23 Staunton	63.1%	\$16,500,114	\$16,974,204	2.9%	Yes
24 Smyth County	38.5%	\$7,422,198	\$10,624,941	43.2%	No
25 Sussex County	61.0%	\$4,221,374	\$4,633,591	9.8%	Yes
26 Richmond City	13.7%	\$222,174,092	N/A	-	N/A
27 Dickenson County	36.4%	\$5,658,058	\$7,709,242	36.3%	No
28 Waynesboro	51.9%	\$12,190,852	\$13,523,760	10.9%	Yes
29 Salem	45.3%	\$22,701,024	\$24,430,486	7.6%	Yes
30 Scott County	30.1%	\$7,057,811	\$8,094,350	14.7%	Yes



# **Provide More Local *Structure* Options to Improve Efficiency**

- Incentivize increased local and regional cooperation. For example, consider giving a county that does not oppose a city reversion to town status the ability to raise revenue similar to the city it incorporates.
  - Provide other incentives for regional cooperation, particularly for school consolidation.
- Create a new category of reversion called “dependent city” -- combining county-city school districts, but no town annexation authority.



# Options to Reduce Critical Local Stress

- Challenged Schools and Teacher Recruitment
- Community Wealth Building/Workforce Development to Overcome Chronic Poverty
- Improve Tax Policy for Low-Income Taxpayers, e.g., higher threshold, indexed standard deduction, refundable EITC
- Economic Development Incentives Targeted to Critically Stressed Localities
  - Enterprise Zone Enhancements, Brownfield Funding
  - “Stressed Locality Strategic Opportunity Fund”: generate increased local revenue by incentivizing and accelerating anchor tenants, millennial attractions, and innovative businesses and technology with gap financing; increase business recruitment and collaborations; leverage other economic development funds.





Office of  
Children's Services

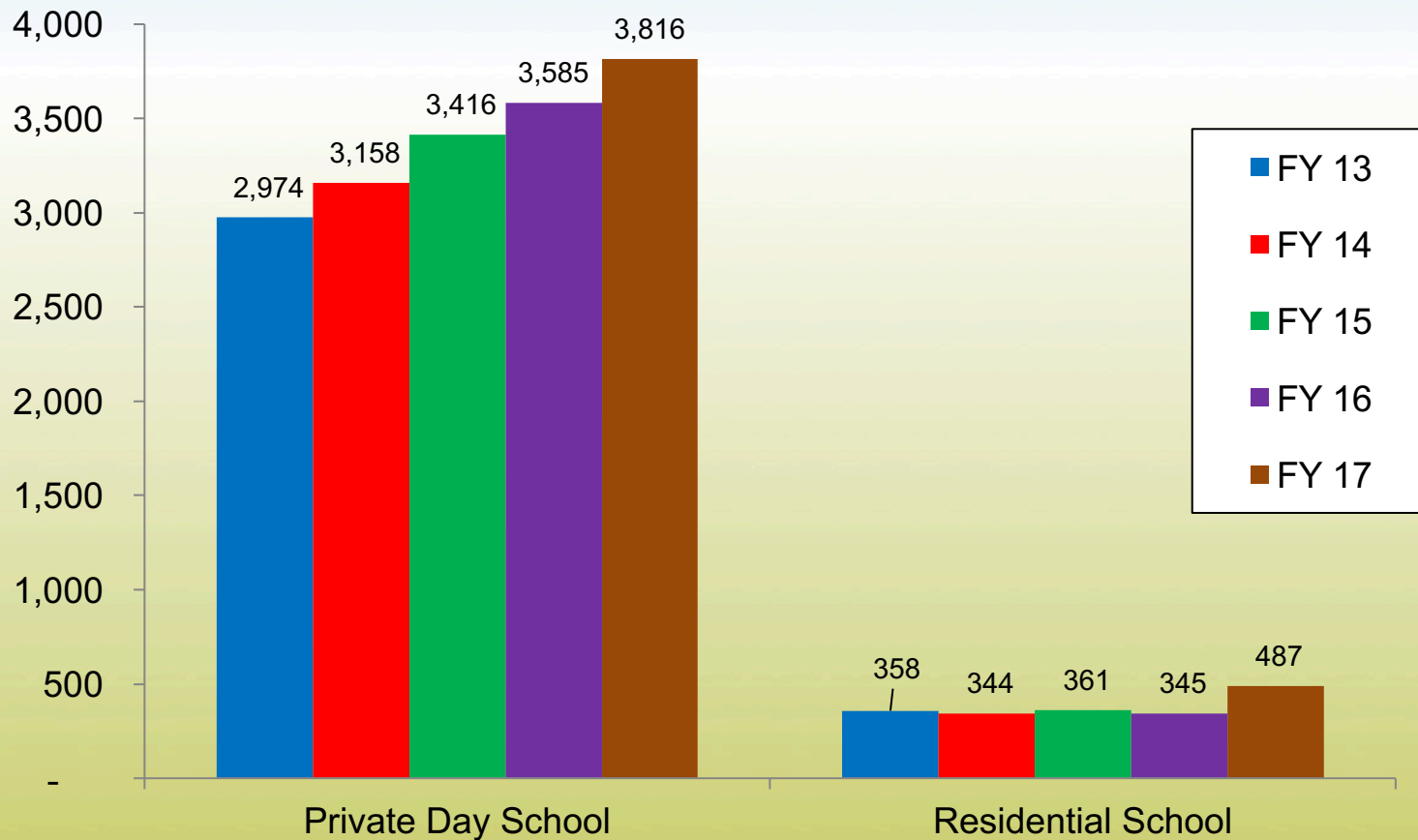
# Trends in Private Special Education

VCOPPA Critical Issues Symposium

November 8, 2017



# Youth Served: Private Special Education Services



**Source:** CSA Data Set (pre-2017) and Local Expenditure and Data Reimbursement System (LEDRS)



# Gross CSA Expenditures – Private Education

	FY2015	FY2016	FY2017
Private Day	\$ 124,290.761	\$ 138,931,168	\$ 156,792,360
Residential	\$ 15,873,686	\$ 15,872,069	\$ 18,181,240
<b>Total</b>	<b>\$ 140,164,447</b>	<b>\$ 154,803,237</b>	<b>\$ 174,973,600</b>

**Source:** CSA Data Set (pre-2017) and Local Expenditure and Data Reimbursement System (LED RS)



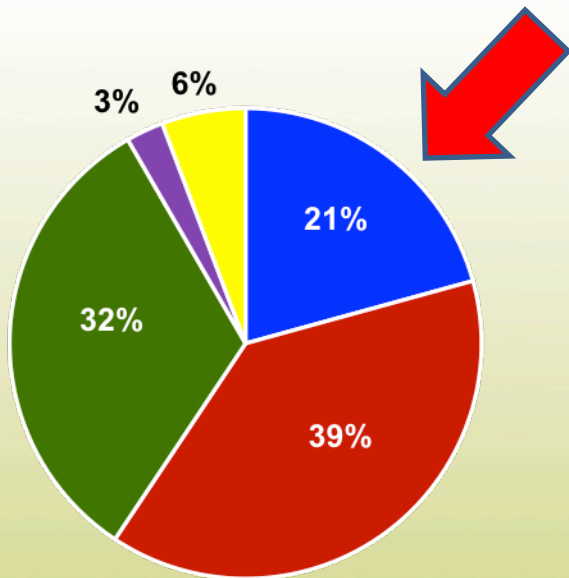
# Average Annual Cost – Private Day School



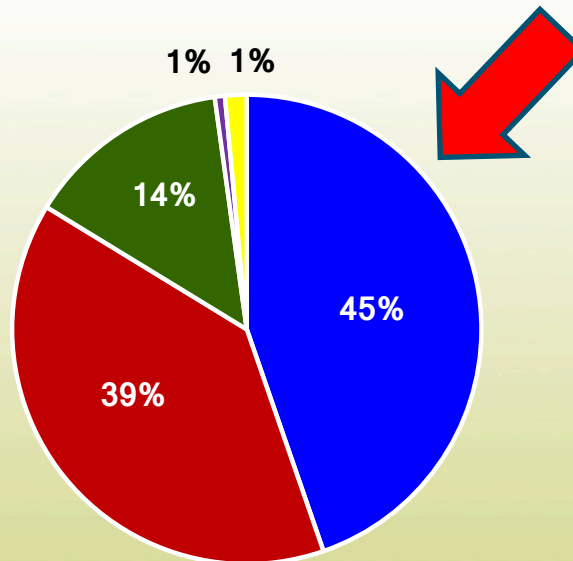
**Source:** CSA Data Set (pre-2017) and Local Expenditure and Data Reimbursement System (LED RS)



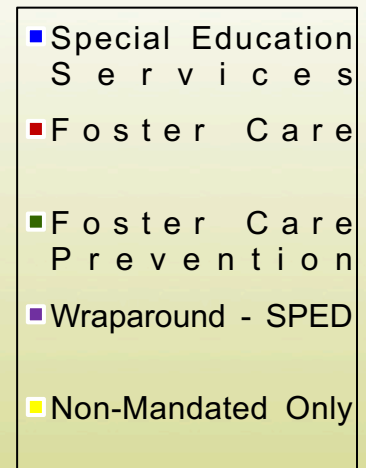
# CSA Census and Pool Fund Expenditures by Primary Mandate Type (PMT)



CSA Census by PMT



CSA Expenditures by PMT

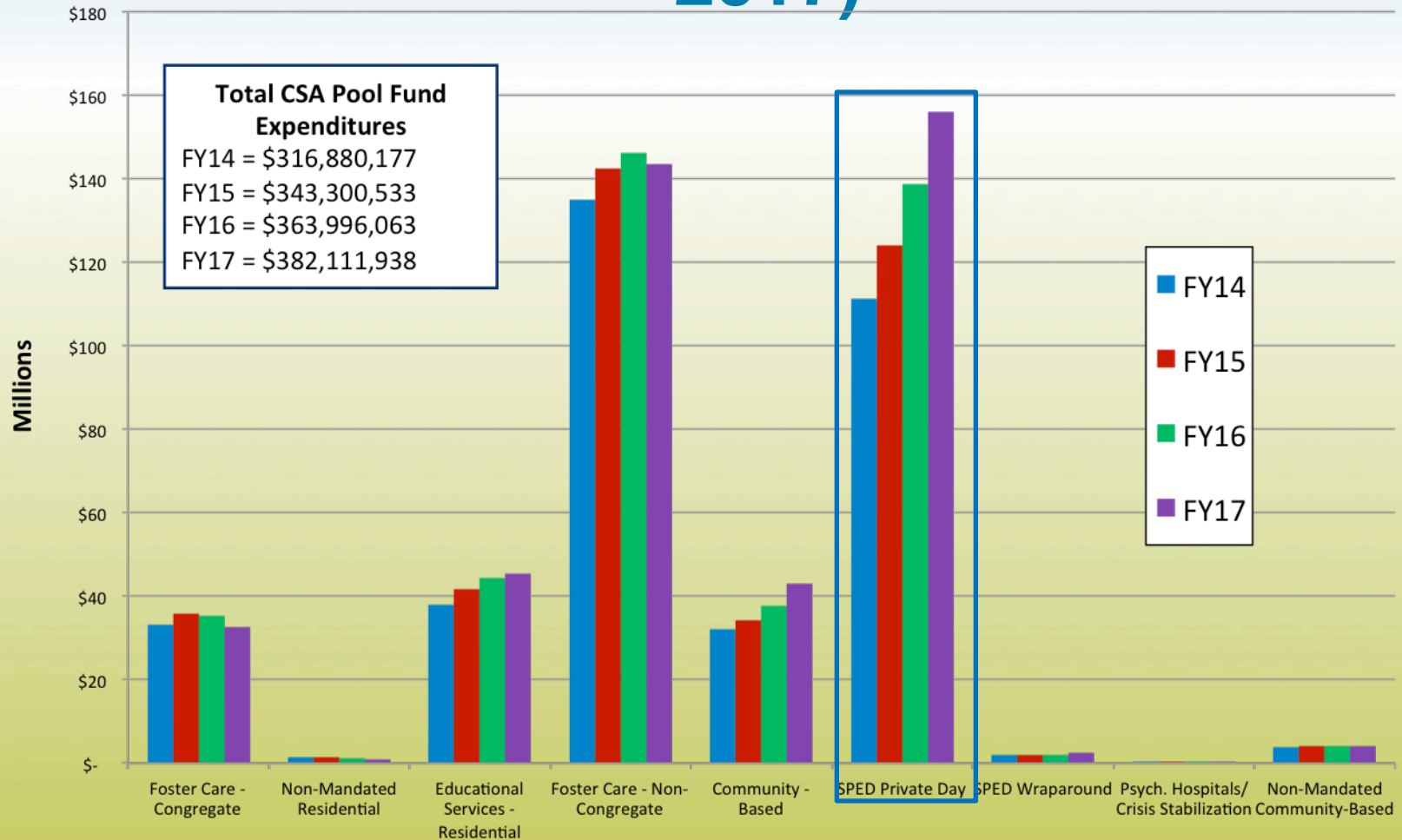


**Note:** A child may have more than one PMT

**Source:** 2017 Final Data: CSA Local Expenditure and Data Reimbursement System (LED RS)



# CSA Expenditures by Category (FY2014 – 2017)



**Source:** CSA Data Set (pre-2017) and Local Expenditure and Data Reimbursement System (LED RS)





For more information:

[www.csa.virginia.gov](http://www.csa.virginia.gov)

[scott.reiner@csa.virginia.gov](mailto:scott.reiner@csa.virginia.gov)



# UnitedHealthcare (UHC) Community Plan

*Our Long Term Care Plan focuses on keeping people well in their home and community.*














# Key Contacts

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- **Frank Rizio, Network Manager**, Roanoke, Southwest, and Northern Virginia Regions, 763-321-2562, [Frank.Rizio@optum.com](mailto:Frank.Rizio@optum.com)



## Added Benefits for UHC CCC Plus Members

These are some of the extra benefits offered in addition to existing, standard Medicaid benefits, to help focus on improving quality of life, health outcomes and promoting community-based living:

 <p><b>Adult Dental Care</b></p>	<p>2 exams/cleanings and 1 set of x-rays each year</p>	 <p><b>Adult Vision</b></p>	<p>Eye exam each year and frames/lenses every 2 years</p>	 <p><b>Alere Quit For Life</b></p>	<p>Program/resources to quit smoking or tobacco use</p>
 <p><b>Weight Watchers</b></p>	<p>10 meetings/year and resources for healthy eating and weight loss</p>	 <p><b>MyHealthLine</b></p>	<p>No-cost smart phone with 350 minutes/month and unlimited texting</p>	 <p><b>Transportation</b></p>	<p>Enhanced transportation to well-care visits for members, DME repair providers and Medicaid eligibility offices</p>
 <p><b>Baby Blocks</b></p>	<p>Prenatal care rewards for attending prenatal and baby's appointments</p>	 <p><b>Health4Me®</b></p>	<p>Free mobile app for health tips, reminders and secure messaging with your care team</p>	 <p><b>14 Pre-Packaged Meals</b></p>	<p>Delivered to your home after discharge from an inpatient hospital/nursing facility</p>

***Transition Assistance Fund*** to assist individuals on VA EBL transition to community living.



# VA Premier – Virginia Premier Elite Plus



## Joining Our Network

- Please visit our website at [www.vapremier.com](http://www.vapremier.com)
- Complete the online Recruitment Request at [vphpnetdev@vapremier.com](mailto:vphpnetdev@vapremier.com)
- For Provider Services, call 1-877-719-7358 toll free and follow the menu options



# Authorizations (effective 1/1/2018)



Service	Contact
<b>LTSS Requests</b> Requests will be addressed within 5 business days; expedited requests within 3 business days	Fax: 1-877-794-7954 Or contact our Care Coordination Team: 1-877-719-7358; press option 3-3-2-1
<b>Outpatient Service Requests (excluding LTSS)</b> Outpatient authorizations will be addressed within 5 business days	Fax: 1-800-827-7192 Referrals and Authorizations Dedicated Line: 1-888-251-3063, press option 4  You can also submit requests via our Provider Portal located on our website: <a href="http://www.vapremier.com">www.vapremier.com</a>
<b>Admission Requests (Non-Behavioral Health)</b> Admission authorizations will be addressed within 1 business day	Fax: 1-877-739-1365 Referrals and Authorizations Dedicated Line: 1-888-251-3063, press option 4
<b>Mental Health and ARTS Requests</b> Services authorized by Beacon Health Options	Call: 1-844-513-4951 Fax: 1-888-237-3997  Please call prior to sending fax.
<b>Non-Traditional Behavioral Health Requests</b> Services authorized by Beacon Health Options	Call: 1-844-513-4951 Fax: 1-888-237-3997  Please call prior to sending fax.



# Claims Submission



You can submit claims to Virginia Premier via:

## Paper Claim

Virginia Premier Elite Plus  
P.O. Box 4369  
Richmond, VA 23220

## Electronic Claim

Availability: 1-800-282-4548

Payer ID: VPEP1

Change Healthcare: 1-800-981-8601

Payer ID: Prof: 1244; Inst: 4573

## Provider Portal

Submit CMS  
1500

## Three Ways to Get Help with Claims

1

Use our  
Provider  
Portal to  
check the  
status of your

claim

2

Call our Claim  
Customer  
Service at: 1-  
877-719-7358

3

For difficult claims issues,  
contact Long-Term Services  
and Supports Manager  
Rebecca Frango at  
[vphpnetdev@vapremier.co](mailto:vphpnetdev@vapremier.co)