

*Virginia's Three
Developmental Disability (DD) Waivers &
Commonwealth Coordinated Care Plus
(CCC PLUS) Waiver*

May 2, 2018

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Agenda for Today's Session

- About Medicaid
- What is a Home and Community-Based Services (HCBS) Medicaid Waiver?
- Overview of Virginia's 3 DD Waivers
- Overview of the CCCPlus Waiver
- Q -n- A

About Medicaid...

About Medicaid...

Our Mission Remains Unchanged



As DMAS drives improvement and innovation, our mission remains the same

About Medicaid...

Virginians Covered by Medicaid/CHIP



1 in 8 Virginians rely on Medicaid

Medicaid is the primary payer for **behavioral health** services



Medicaid covers **1 in 3** births in Virginia

33% of children in Virginia are covered by Medicaid & CHIP



2 in 3 nursing facility residents are supported by Medicaid

62% of long-term services and supports spending is in the community

Medicaid plays a critical role in the lives of over 1.3 million Virginians

About Medicaid...

Who Medicaid Serves



Growing Kids: Every baby deserves a healthy start and DMAS focuses on keeping children healthy through the Medicaid and the Family Access to Medical Insurance Security (FAMIS) programs. Medicaid and FAMIS cover the medical and dental care that growing children need.

Pregnant Women: Good health care during pregnancy is important for both mother and baby. The FAMIS Moms Program assists pregnant women with regular prenatal and dental care to increase the likelihood for healthy birth outcomes.



Older Adults: Medicaid is the primary payer for long term services and supports for Virginia's aging population. The use of home and community based waivers allow individuals to receive the care and support they need in the comfort of their own home.

People with Behavioral Health Conditions: Virginia Medicaid provides an array of behavioral health and addiction and recovery treatment services to all enrollees.



Individuals in the Community: Home and Community-Based Services (HCBS), like the Community Living Waiver, help enrollees transition to community settings of their choice as an alternative to institutionalization.

About Medicaid...

Medicaid Services

Medicaid provides a wide array of services that extend beyond commercial insurance



Medicaid coverage goes beyond traditional health insurance

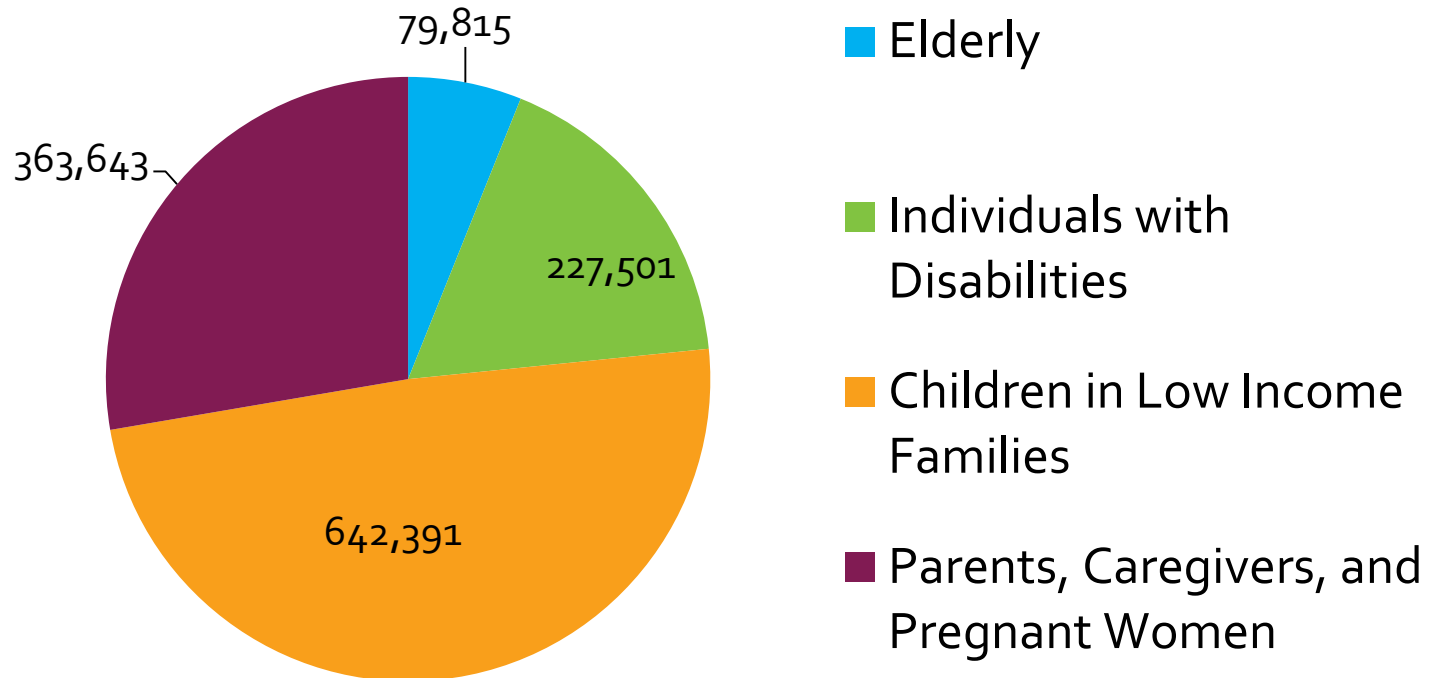
- Behavioral Health
- Long-term Services and Supports (LTSS)
- Addiction and Recovery Treatment Services (ARTS)
- Early and Periodic Screening, Diagnostic, and Treatment Benefits (EPSDT)

Nearly 50% of DMAS expenditures are for services not covered in commercially available health insurance

About Medicaid...

Medicaid Population

Coverage in Virginia
SFY 2016



About Medicaid...

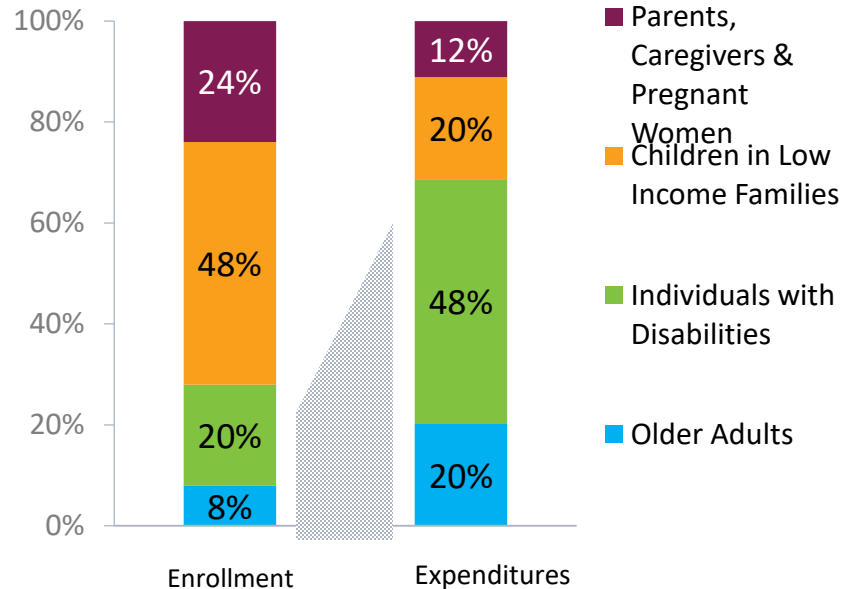
Virginia Medicaid: Enrollment & Expenditures

Virginia is 46th in the nation for per-resident spending on Medicaid

The national average annual growth in per-enrollee Medicaid spending was 3.1% for 2007-2013, while Virginia's growth averaged just 2.0%

The vast majority of Medicaid spending increases are from new waiver enrollment

Enrollment vs. Expenditure SFY 2017



28% of the Medicaid population

Drives

68% of total expenditures

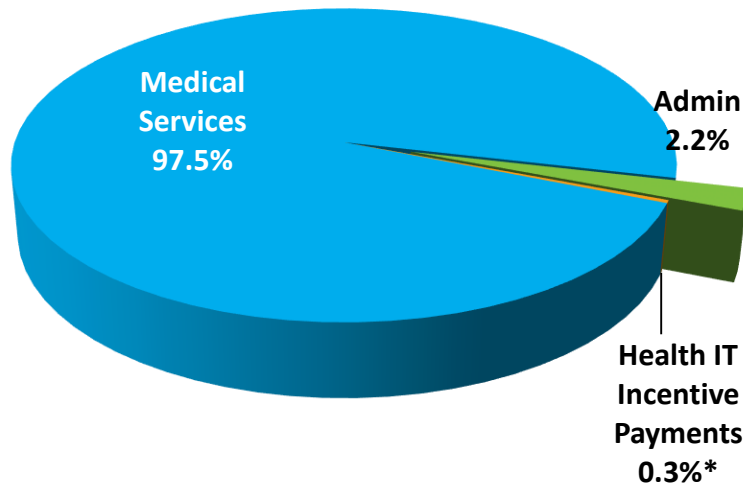
Expenditures are disproportionate to the population where services for older adults and individuals with disabilities drive a significant portion of Medicaid costs

About Medicaid...

Medicaid Budget:

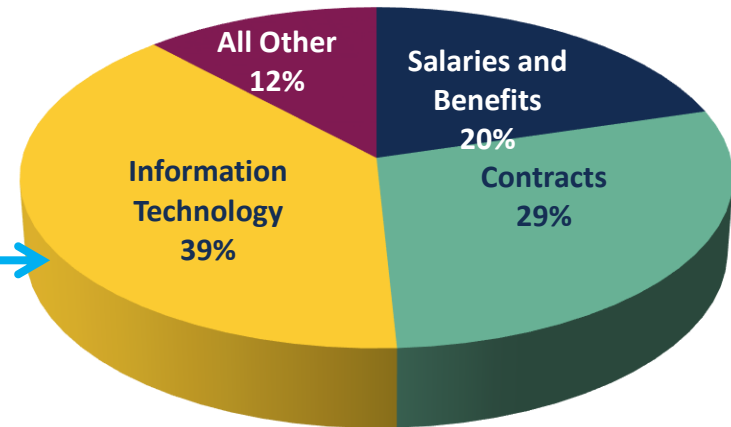
Only 2.2% of the total DMAS budget is for administrative expenses

Total FY17 Budget



97.5% of the DMAS budget funds medical expenses

Administrative Budget Breakdown

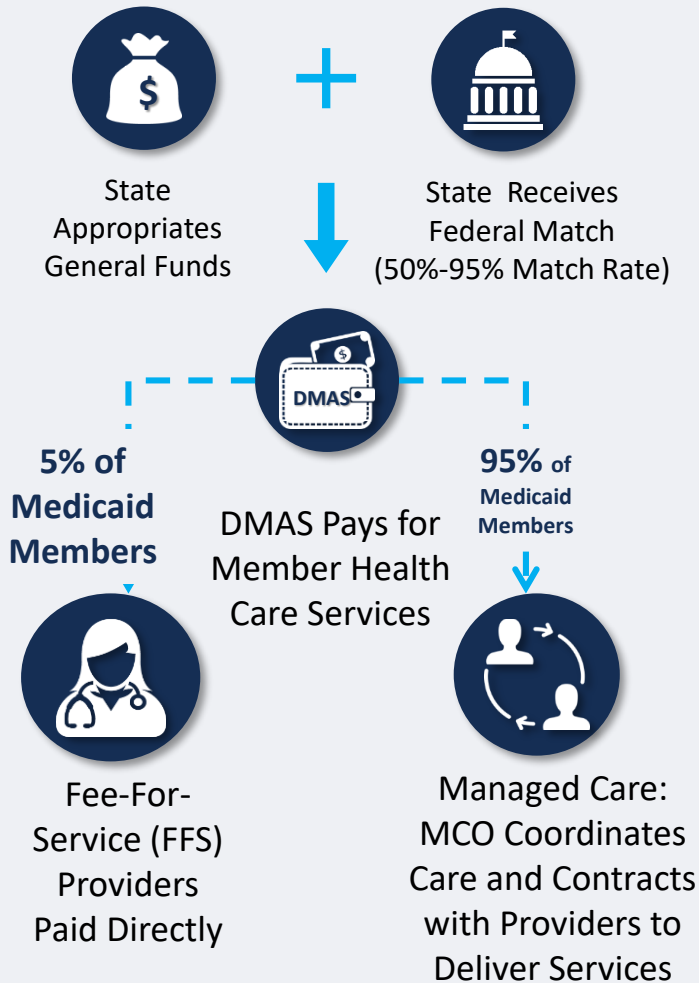


68% of Administration funds are for IT and contract expenses

*Note: Health IT Incentive Payments are funded by 100% federal funds.

About Medicaid...

Funding Medicaid Coverage



About Medicaid...

We'll talk more about eligibility specific to the waivers

Medicaid eligibility is based on...

- countable income
- membership in a covered group
- Virginia residency
- citizenship status

eligibility is reviewed annually

What is an HCBS Medicaid Waiver?

Medicaid HCBS waivers provide opportunities for individuals eligible for an institutional level of care to receive services in their own home or community rather than an institutional setting.

What is an HCBS Medicaid Waiver?

States can **waive** certain Medicaid program requirements under HCBS Waivers, including:

- **Statewideness:** Lets States target waivers to areas of the state where need is greatest, or where certain types of providers are available.
- **Comparability of services:** Lets States make waiver services available only to certain groups of people who are at risk of institutionalization.
- **Income and resource rules applicable in the community:** Lets States provide Medicaid to people who would otherwise be eligible only in an institutional setting, often due to the income and resources of a spouse or parent.

What is an HCBS Medicaid Waiver?

State HCBS Waiver programs must:

- Demonstrate that providing waiver services won't cost more than providing these services in an institution
- Ensure the protection of people's health and welfare
- Provide adequate and reasonable provider standards to meet the needs of the target population
- Ensure that services follow an individualized and person-centered plan of care

What is an HCBS Medicaid Waiver?

Virginia has four (4) 1915(c) HCBS waiver programs. DMAS is the state Medicaid authority for each of the four waivers.

- In addition to being the administrative authority, DMAS is also the operating agency for the CCC Plus Waiver. In 2017 the Elderly or Disabled with Consumer Direction (EDCD) Waiver and the Technology Assisted Waiver (Tech Waiver) were combined to become the CCCPlus Waiver. This waiver is the community alternative to the a nursing facility placement.

What is an HCBS Medicaid Waiver?

- The Department of Behavioral Health and Developmental Services (DBHDS) is the operating agency for the three DD waivers: Community Living, Family and Individual Supports and the Building Independence Waivers. These waivers are the community alternative to the institutional setting of an ICF/IID.

Waivers for people with DD



New DD Waivers were implemented September 1, 2016:

- New DD definition
- Single statewide waiting list
- Streamlined access
- Progressive levels of support
- Rate methodologies
- Enhanced reimbursement that incentivizes smaller settings

Integrated DD Waiver Redesign

Day Support Waiver

Building Independence Waiver

For adults (18+) able to live independently in the community.

Individuals own, lease, or control their own living arrangements and supports are complemented by non-waiver-funded rent subsidies.

DD Waiver

Family & Individual Supports Waiver

For individuals living with their families, friends, or in their own homes, including supports for those with some medical or behavioral needs. Available to both children and adults.

ID Waiver

Community Living Waiver

Includes residential supports and a full array of medical, behavioral, and non-medical supports. Available to adults and children. May include 24/7 supports for individuals with complex medical and/or behavioral support needs through licensed services.

DD Waivers

DD Waivers' Eligibility Factors

- ✓ Possess a diagnosis of DD
- ✓ Meet level of care criteria (determined by the Virginia Individual DD Eligibility Survey (VIDES))
- ✓ Meet Medicaid financial eligibility
- ✓ Accept services within 30 days

DD Waivers

§ 37.2-100. Definitions

"Developmental disability" means a severe, chronic disability of an individual that (i) is attributable to a mental or physical impairment, or a combination of mental and physical impairments, other than a sole diagnosis of mental illness; (ii) is manifested before the individual reaches 22 years of age; (iii) is likely to continue indefinitely; (iv) results in substantial functional limitations in three or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, or economic self-sufficiency; and (v) reflects the individual's need for a combination and sequence of special Interdisciplinary or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated.

An individual from birth to age nine, inclusive, who has a substantial developmental delay or specific congenital or acquired condition may be considered to have a developmental disability without meeting three or more of the criteria described in clauses (i) through (v) if the individual, without services and supports, has a high probability of meeting those criteria later in life.

DD Waivers

DD Waivers' Waiting List Criteria

Three Priorities

DD Waivers

Priority One Status

At least one of the following:

- An immediate jeopardy exists to the health and safety of person due to primary caregiver condition (and no other caregivers).
- An immediate risk to the health or safety of the individual, primary caregiver, or other person living in the home due to either of the following:
 - behavior presenting a risk/cannot be managed
 - physical/medical needs, presenting a risk/cannot be managed
- Lives in an institution with a viable discharge plan OR
- A young adult who is no longer eligible for IDEA services (<27)

DD Waivers

Priority Two Status

At least one of the following:

- Health and safety of person likely to be in future jeopardy due to
 - unpaid primary caregiver(s) having a declining chronic or long-term physical or psychiatric condition that limit ability
 - no other unpaid caregivers available; and
 - skills are declining as a result of lack of supports;
- At risk of losing employment supports;
- At risk of losing current housing due to a lack of adequate supports and services; or
- Needs or desired outcomes that with adequate supports will result in a significantly improved quality of life.

Priority Three Status

At least one of the following:

- Receiving a service through another funding source that meets current needs;
- Is not currently receiving a service but is likely to need a service in five or more years; or
- Has needs or desired outcomes that with adequate supports will result in a significantly improved quality of life.

DD Waivers

Priority I Projected to need services in a year	Priority II Expected to need services in 1-5 years	Priority III Expected to need services in five years or more
3,150 Individuals	5,385 Individuals	3,934 Individuals
Total Waiting List = 12,469 (3/30/2018)		

DD Waivers

To be considered for slot assignment, an individual must:








- ✓ Be determined to meet one of the Priority One criteria
- ✓ Accept the specific Waiver if it were offered

And continue to...

- ✓ Meet diagnostic and functional eligibility requirements
- ✓ Be willing to accept services within 30 days

DD Waivers

Seven levels and four tiers for adults

Reimbursement Tier 1		Mild Support Needs Individuals have some need for support, including little to no support need for medical and behavioral challenges. They can manage many aspects of their lives independently or with little assistance.
Reimbursement Tier 2		Moderate Support Needs Individuals have modest or moderate support needs, but little to no need for medical and behavioral supports. They need more support than those in Level 1, but may have minimal needs in some life areas.
Reimbursement Tier 3		Mild/Moderate Support Needs with Some Behavioral Support Needs Individuals have little to moderate support needs as in Levels 1 and 2. They also have an increased, but not significant, support needed due to behavioral challenges.
		Moderate to High Support Needs Individuals have moderate to high need for support. They may have behavioral support needs that are not significant but range from none to above average.
Reimbursement Tier 4		Maximum Support Needs Individuals have high to maximum personal care and/or medical support needs. They may have behavioral support needs that are not significant but range from none to above average.
		Intensive Medical Support Needs Individuals have intensive need for medical support but also may have similar support needs to individuals in Level 5. They may have some need for support due to behavior that is not significant.
		Intensive Behavioral Support Needs Individuals have intensive behavioral challenges, regardless of their support needs to complete daily activities or for medical conditions. These adults typically need significantly enhanced supports due to behavior.

DD Waivers

Tiered Services

- Group Home Residential
- Sponsored Residential
- Supported Living
- Independent Living Residential (2 tiers)

- Group Day
- Community Engagement
- Group Supported Employment

DD Waivers

Levels & Tiers:
Reimbursement increases based on

The support need level

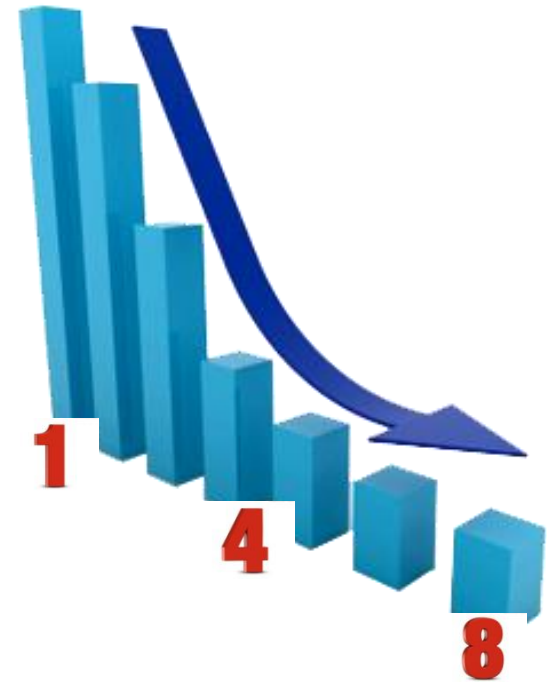


DD Waivers

Levels & Tiers:

Reimbursement may decrease based on

**The size of the
licensed home or
number of people
supported**



Services & Support Options

Services and supports available in the DD Waivers can be considered across these categories.

Employment
and Alternate
Day Options



Self-Directed
Options



Residential
Options



Crisis Support
Options



Medical and
Behavioral
Support
Options



Additional
Options



Services & Support Options

Employment and Day Options	Building Independence	Family & Individual	Community Living
Individual Supported Employment	✓	✓	✓
Group Supported Employment	✓	✓	✓
Workplace Assistance Services		✓	✓
Community Engagement	✓	✓	✓
Community Coaching	✓	✓	✓
Group Day Services	✓	✓	✓



Services & Support Options

Self-Directed and Agency-Directed Options	Building Independence	Family & Individual	Community Living
Consumer-Directed Services Facilitation		✓	✓
CD Personal Assistance Services*		✓	✓
CD Respite*		✓	✓
CD Companion*		✓	✓



* Can be consumer or agency-directed

Services & Support Options

Residential Options	Building Independence	Family & Individual	Community Living
Independent Living Supports	✓		
Shared Living	✓	✓	✓
Supported Living		✓	✓
In-home Support Services		✓	✓
Sponsored Residential			✓
Group Home Residential			✓



Services & Support Options

Crisis Support Options	Building Independence	Family & Individual	Community Living
Community-Based Crisis Supports	✓	✓	✓
Center-based Crisis Supports	✓	✓	✓
Crisis Support Services	✓	✓	✓



Services & Support Options

Medical and Behavioral Support Options	Building Independence	Family & Individual	Community Living
Skilled Nursing		✓	✓
Private Duty Nursing		✓	✓
Therapeutic Consultation		✓	✓
Personal Emergency Response System (PERS)	✓	✓	✓



Services & Support Options

Additional Options	Building Independence	Family & Individual	Community Living
Assistive Technology	✓	✓	✓
Individual and Family Caregiver Training		✓	
Electronic Home-Based Services	✓	✓	✓
Environmental Modifications	✓	✓	✓
Transition Services	✓	✓	✓
New Services (7/1/2018)	Building Independence	Family & Individual	Community Living
Community Guide	✓	✓	✓
Benefits Planning	✓	✓	✓
Peer mentor Supports	✓	✓	✓
Employment & Community Transportation	✓	✓	✓

DD Waivers

Compatible/Incompatible Combinations of Services in the DD Waivers

IF an individual is authorized to receive a service in this column;	THEN, the services in this column MAY NOT be authorized.
In-Home Supports (H2014)	<p>Group Home Residential</p> <p>Sponsored Residential</p> <p>Supported Living Residential</p> <p>Note: In-Home Supports can be requested for individuals also approved for Group Home or Sponsored Residential services in limited circumstances when an individual regularly spends time away from the licensed residential services site visiting family on the weekends.</p>
Independent Living Supports (T2032)	<p>None</p> <p><i>Only available in the BI waiver.</i></p>
<p>Shared Living (T1020)</p> <p>AGE LIMIT: 18 years of age and older</p>	<p>Group Home Residential</p> <p>Sponsored Residential</p> <p>Supported Living Residential</p>
Group Home Residential (H2022)	<p>Agency-Directed Respite</p> <p>Consumer-Directed Respite</p>

Resource



Plus

**Commonwealth
Coordinated Care Plus**

Your Health. Your Care.



CCC Plus

Primary goal is to improve health outcomes

- New statewide Medicaid managed care program beginning Aug 2017 for over 214,000 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

CCC Plus



- 65 and older
- Adults and children living with disabilities
- Individuals living in Nursing Facilities (NFs)
- Individuals in Tech Assisted Waiver
- Individuals in 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

CCC Plus

- Individuals on a DD Waiver receive their acute and primary care medical services through CCC Plus
- **DD waiver services** are carved out of CCC Plus and covered through fee for service
- **EPSDT services** that are available in the DD waiver are carved out of CCC Plus and covered through fee for service
 - Personal Care
 - Private Duty Nursing
 - Assistive Technology
- DD Waiver services are managed by the DD Support Coordinator

CCC Plus Waiver

- In 2017 the Elderly or Disabled with Consumer Direction (EDCD) Waiver and the Technology Assisted Waiver (Tech Waiver) were combined to become the CCCPlus Waiver.
- This waiver is the community alternative to a nursing facility placement and individuals must meet the nursing facility eligibility criteria.
- A local preadmission and hospital screening teams complete the Virginia Universal Assessment Instrument (UAI) to determine eligibility.



CCC Plus Waiver Services

- CCC Plus Waiver service may be used while on a wait list for a DD Waiver (one must meet criteria for both waivers); and
- CCC Plus Waiver offers two methods of service delivery 1) agency-directed and 2) consumer-directed*

- Adult Day Health Care
- Personal Assistance Services*
- Private Duty Nursing
- Respite care*
- Services Facilitation*



- Assistive Technology
- Environmental Modifications
- Personal Emergency Response System and Medication and Monitoring (PERS)
- Transition Services

EPSDT and CCC Plus Waiver

- Personal Care, Private Duty Nursing, and Assistive Technology are available through EPSDT for members under age 21
- Members may be authorized for personal care services through EPSDT, the waiver, or both
- EPSDT may be used to authorize all personal care services for eligible members

Private Duty Nursing in CCC Plus

- Continuous in-home nursing services, not covered under home health
- Provided by a RN or LPN
- Participants must be technology dependent and require continuous skilled nursing care
- Must meet criteria on the Technology Assisted Waiver Pediatric Referral form 109

Questions?

thank
thank
you!