



# Virginia Medicaid Updates VALHSO Fall Conference September 30, 2024

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Department of Medical Assistance Services



# Agenda

❖ Medicaid 101

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❖ Cardinal Care Managed Care

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❖ Right Help, Right Now and Behavioral Health Redesign

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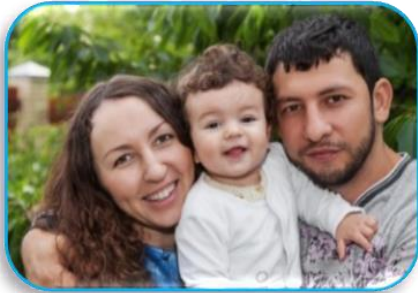
❖ ID/DD Waiver Investments

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❖ Eligibility Improvements

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# What is Virginia Medicaid?



**Nearly 1 in 4 Virginians are Medicaid members**



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



**1 in 3 Medicaid members have a Behavioral Health Diagnosis**

Virginia Medicaid, now known as Cardinal Care, plays a critical role in the lives of nearly 2 million Virginians, providing high-quality health care coverage, disability services, and long-term services and supports for those most in need.

The Department of Medical Assistance Services (DMAS) is a State executive branch agency that administers Virginia's Medicaid program and Children's Health Insurance Program (CHIP) for nearly 1 in 4 Virginians.

Joint partnership and accountability between the Governor, General Assembly, and Centers for Medicare and Medicaid Services (CMS).

# Who Do We Cover?

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



**789,542**  
Children



**773,240**  
Adults



**189,282**  
Limited Benefits  
Individuals



**138,272**  
Individuals with  
Disabilities



**89,532**  
Older  
Adults



**38,782**  
Pregnant &  
Postpartum

# Children

Children birth to 21 years of age

Foster Care

Children with Special Needs

Children in Crisis



# Adults

Up to 138% FPL Gross Income  
(\$20,783 for an individual)

Behavioral Health and Substance Use  
Disorder Needs

Prevention Services

Complex and Specialty Care



# Individuals with Disabilities and Older Adults

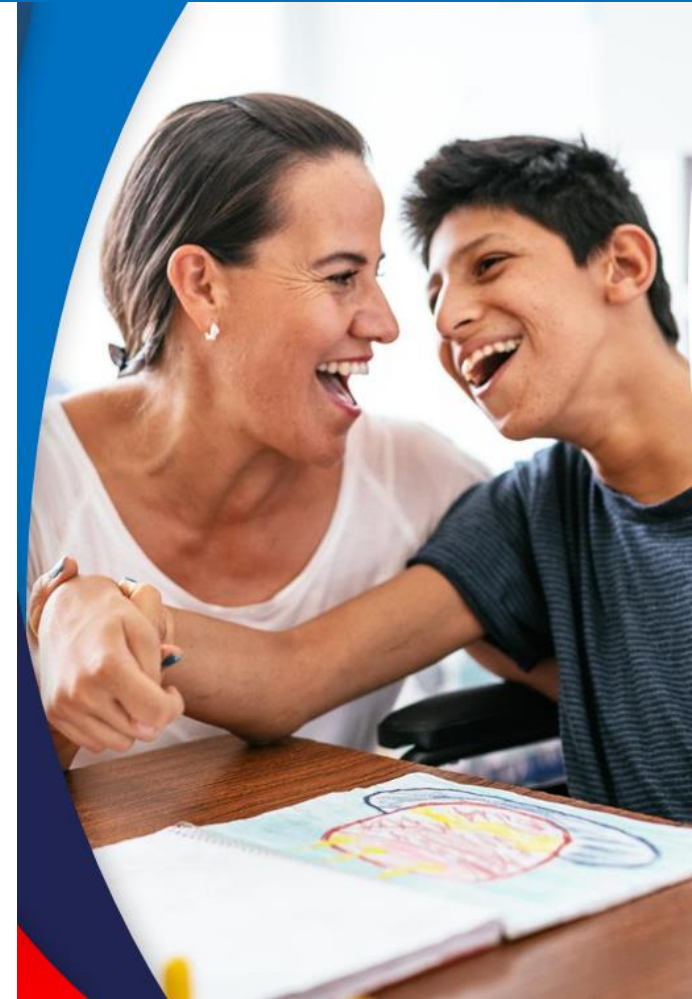


Specialized Care Nursing Facilities and  
Value Based Purchasing

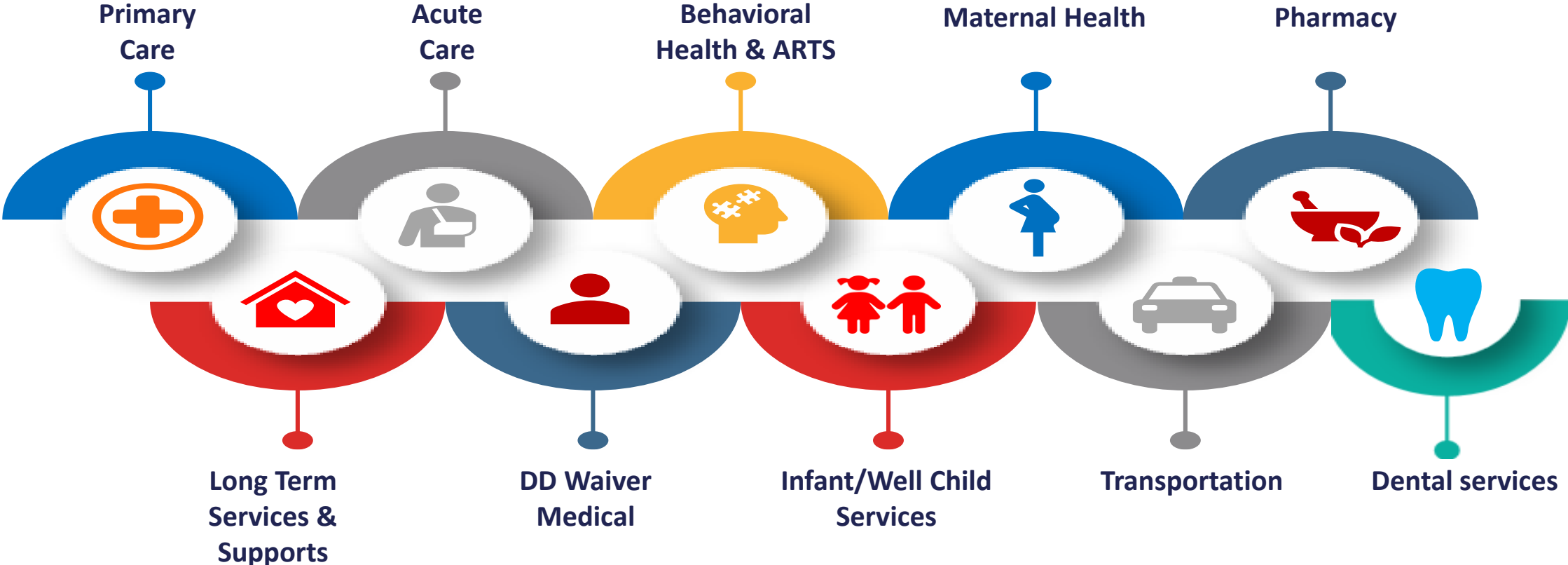
Home & Community-Based Services  
and ID/DD Waiver Services

Program of All-Inclusive Care (PACE)

Limited Benefits

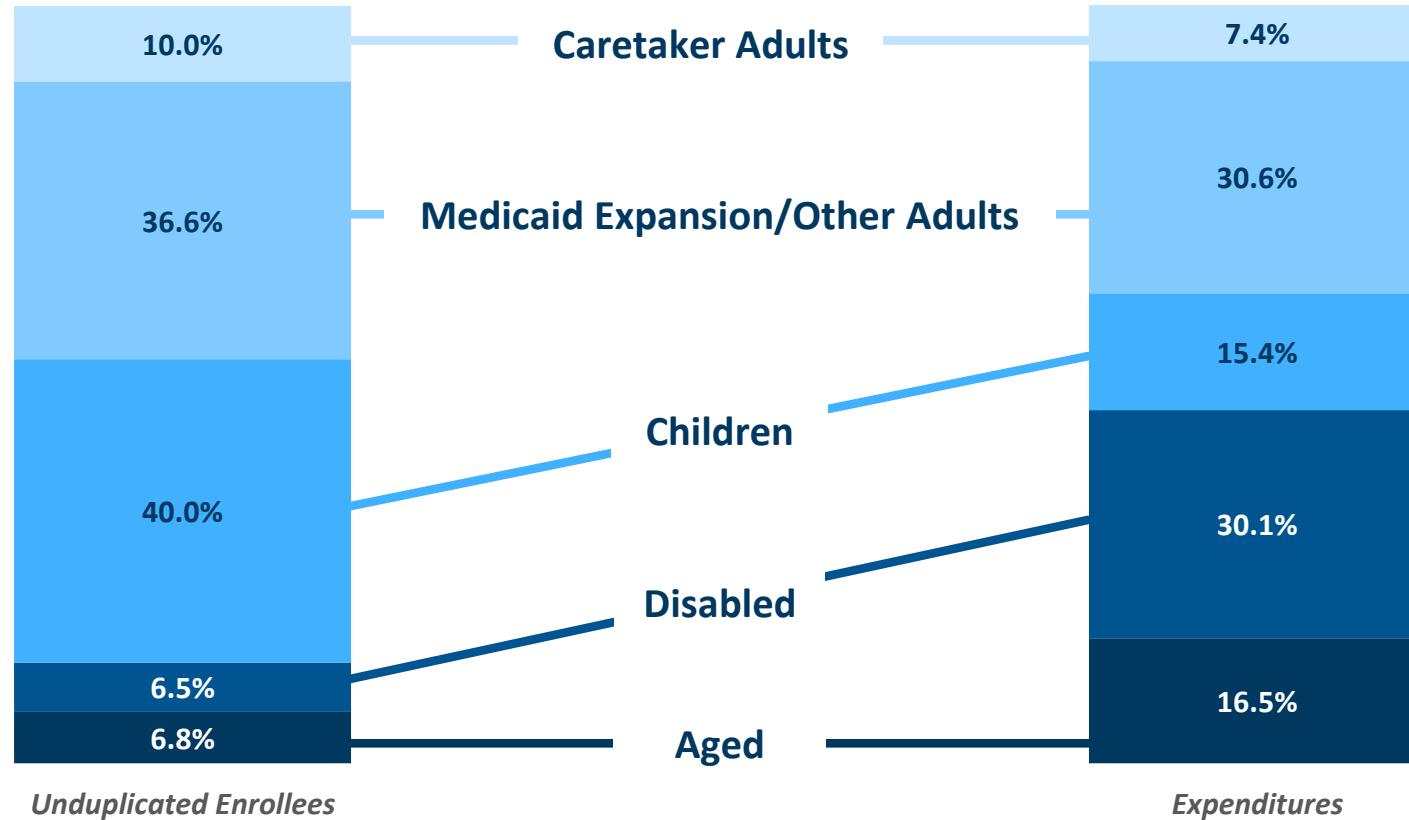


# Virginia Medicaid Covered Services





# Enrollee Groups & Percent of Related Expenditures





# Cardinal Care Managed Care



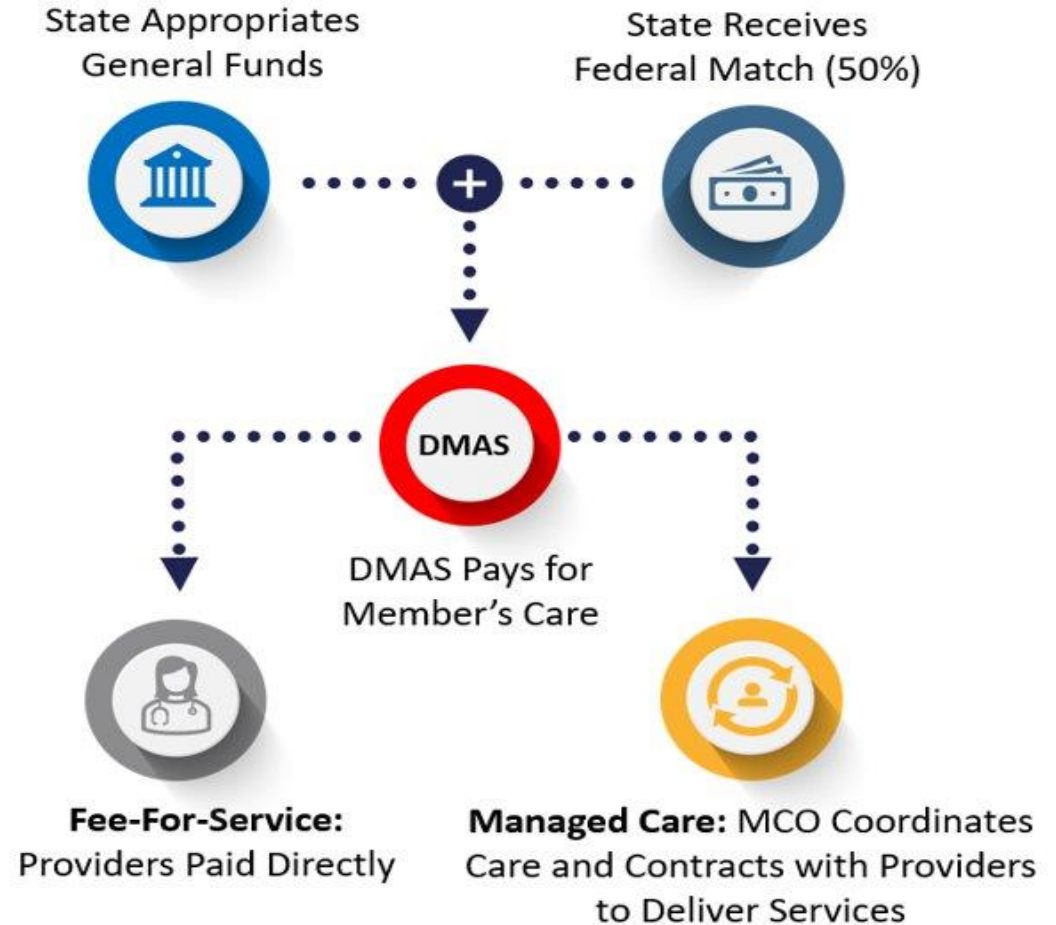
# Virginia Medicaid is Cardinal Care

Cardinal Care is DMAS' program name that includes all health coverage programs for all Medicaid members served through managed care and fee-for-service delivery systems



# Delivery System

*Managed care serves 89% of our members through five accredited health plans*





# What is Managed Care?

- Managed Care is a health care delivery system organized to manage care, cost, utilization, and quality.
- A Managed Care Organization (MCO) is a health plan with a group of doctors and other providers working together to give health and other services to its members.
- The MCO covers all Medicaid services, including doctor visits, behavioral health services, nursing facility services and “waiver” services for community-based long-term care.
- MCOs are paid a single per member/per month capitation rate that is actuarially sound.

# Foster Care Specialty Plan

## *What is changing?*

- ✓ One MCO will cover all eligible members statewide.
-  All eligible members will be automatically enrolled into the **Foster Care Specialty Plan** unless they elect to "opt out."
-  Members will have the choice to opt out.
  - **Foster Care:** Members may opt out to Fee-For-Service.
  - **Adoption Assistance & Former Foster Care:** Members may opt out and select a different health plan.

## *Who is eligible?*

- ✓ **Foster Care:** Members under age twenty-one (21) who are in foster care.
- ✓ **Adoption Assistance:** Members under age twenty-one (21) who receive adoption assistance.
- ✓ **Former Foster Care:** Members under age twenty-six (26) who were in foster care until their discharge at age eighteen (18) or older.



# Right Help, Right Now Behavioral Health Services Redesign



# Project Overview

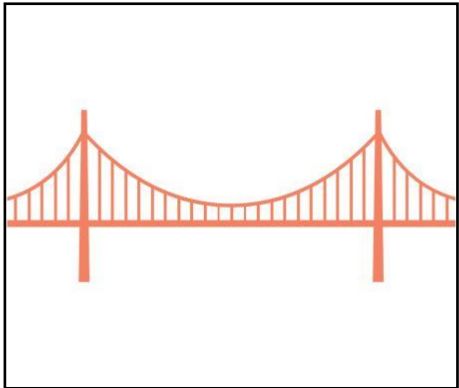
DMAS, in coordination with DBHDS, DHP and DMAS health plans, is employing an integrated and comprehensive approach to address rate, service, and workforce/provider roles for Medicaid over the next two years.

The project seeks to redesign DMAS' youth and adult legacy services: Intensive In-home, Therapeutic Day Treatment, Mental Health Skill Building, Psychosocial Rehabilitation, and Targeted Case Management.

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



# Medicaid Behavioral Health Services Redesign Priorities



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



Promote earlier intervention and increase access through tiered service design



Design services for Virginia's managed care service delivery system and multipayer system



Integrate workforce priorities and workforce supports into service design and implementation

# Six Pillars of Right Help. Right Now. Plan

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

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

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

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

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

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

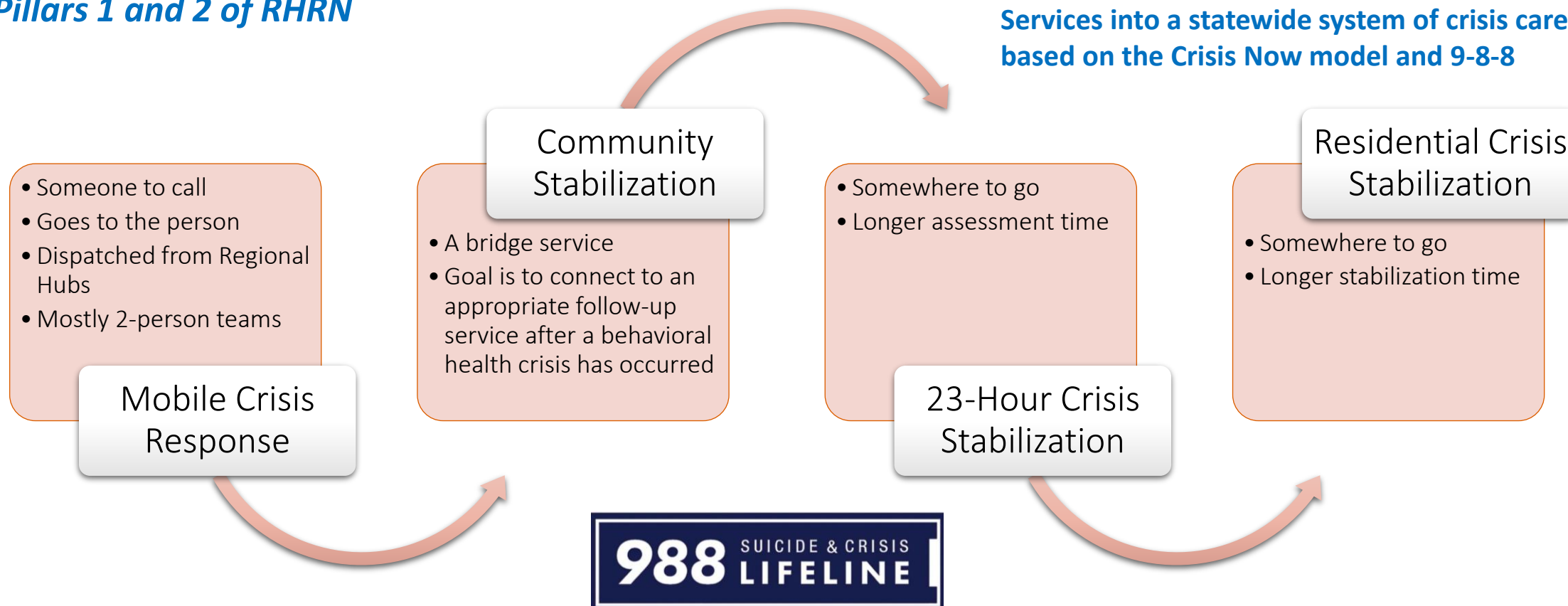
**6:** We must **identify service innovations and best practices** in pre-crisis prevention services, crisis care, post-crisis recovery and support and develop tangible and achievable means to close capacity gaps

**Initiatives to redesign adult (Pillar 3) and youth (Pillar 6) Medicaid services arose in two Pillars**

# Crisis Continuum of Care in Medicaid

## Pillars 1 and 2 of RHRN

RHRN integrates the four Medicaid BRAVO Crisis Services into a statewide system of crisis care based on the Crisis Now model and 9-8-8



# Serving Medicaid Members in Behavioral Health Crisis

RIGHT HELP.  
RIGHT NOW.

Transforming Behavioral Health Care for Virginians

- New DBHDS regulations for crisis services went into effect 7/17/24
  - Creates a separate license for Crisis Receiving Centers (CRCs) which provide Medicaid service "23 Hour Crisis Stabilization"
  - All current 23 Hour Crisis Stabilization providers must have a CRC license by 10/17/24
- DMAS memo requires all crisis providers to update their enrollment by 10/17/24, including but not limited to submitting any active MOUs for Mobile Crisis and Community Stabilization and submission of a new CRC license, if applicable

**988** SUICIDE & CRISIS  
LIFELINE

# ID/DD Waiver Investments

# Virginia has four 1915(c) waivers

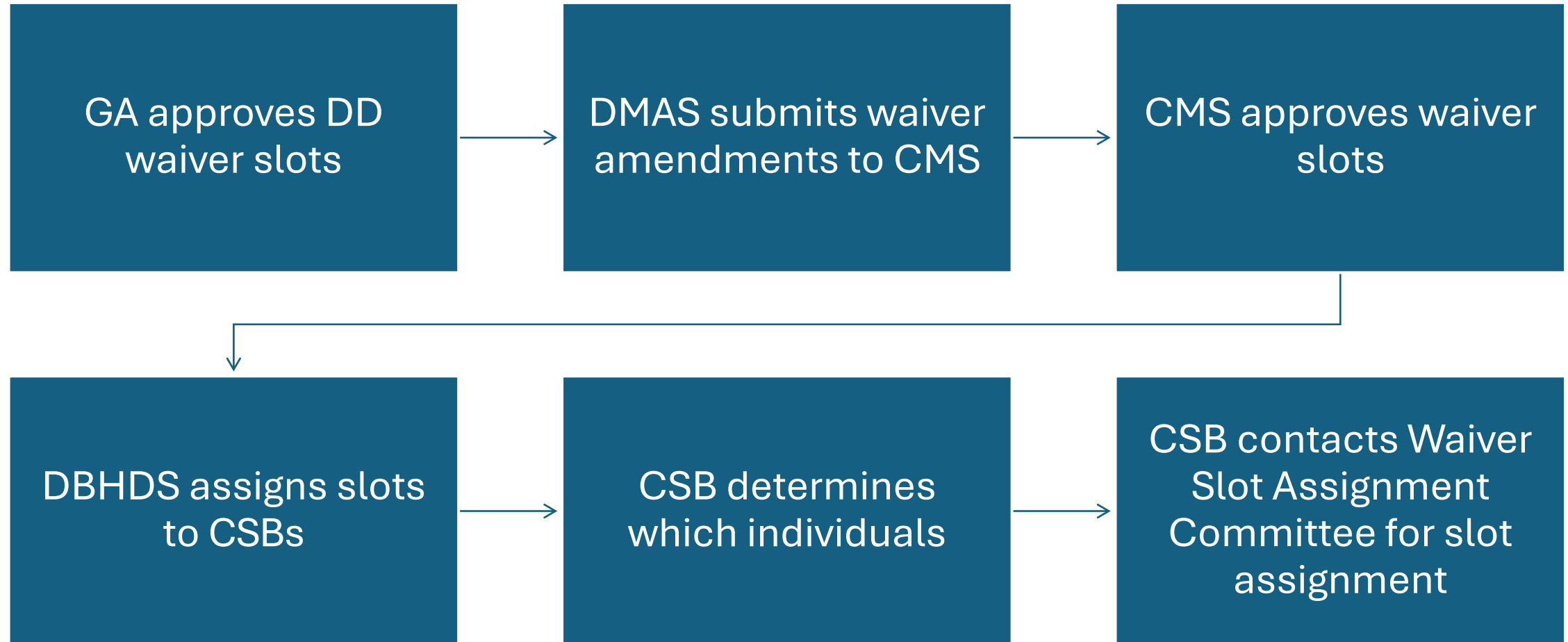
- Developmental Disability Waivers

- Names of the Waivers:
  - Building Independence (BI)
  - Community Living (CL)
  - Family and Individual Supports (FIS)
- Alternative Institution: ICF/IID
- For persons with a diagnosis of an intellectual and/or developmental disability
- Waivers have a limited number of "slots"
- All waiver services are fee-for-service

- Commonwealth Coordinated Care Plus (CCC Plus) Waiver

- Alternative Institution: Nursing Facility (NF), specialized care facility, or long-stay hospital
- Covered populations:
  - Older adults (65 and older)
  - Individuals who have a physical disability
  - Individuals who are chronically ill or severely impaired, having experienced loss of a vital body function, and who require substantial and ongoing skilled nursing care
- No waitlist
- Waiver has combined 1915(b)/1915(c) authority: individuals can receive waiver services either through fee-for-service or through managed care

# DD Waiver Slot Allocation Process



# 2024 Investments in ID/DD waiver services

- As part of Right Help, Right Now, the Governor proposed \$300M to eliminate the Priority 1 waitlist.
- The 2024 General Assembly agreed to a phased approach to add 3,440 slots and provide a 3% rate increase in each year of the biennium.

| Currently served on DD Waivers                             | Over 18,000 |
|--|-------------|
| <b>Waiting list:</b>                                       |             |
| <b>Priority 1</b> (Projected to need services in a year)   | Over 3,600  |
| <b>Priority 2</b> (Expected to need services in 1-5 years) | Over 6,500  |
| <b>Priority 3</b> (Expected to need services in 5+ years)  | Over 5,000  |

\*Approximation as of 08/01/2024





# Medicaid Eligibility Updates

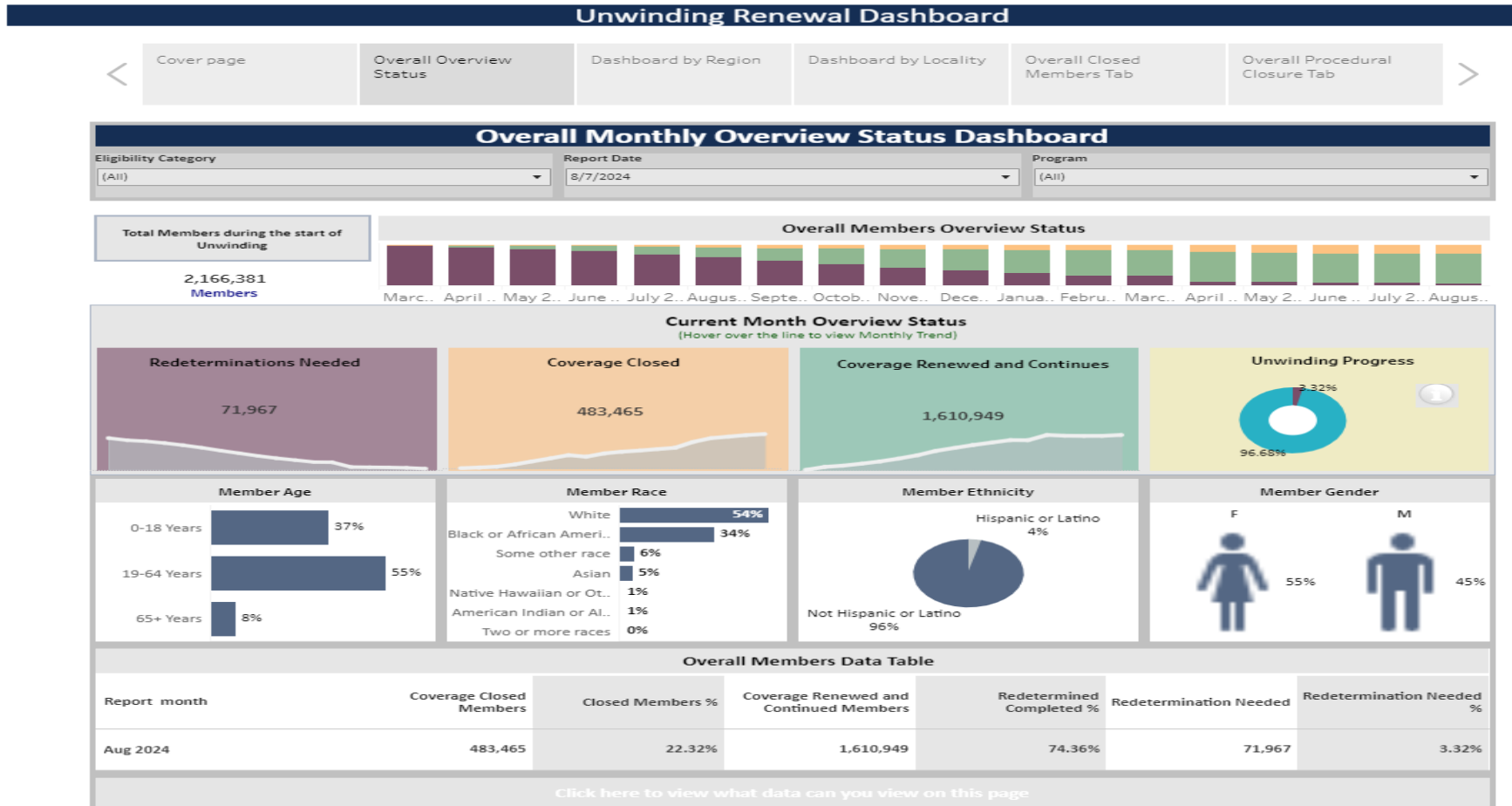


# LDSS and Eligibility Workers: Thank you!



# DMAS Website Eligibility Redetermination Tracker

The Eligibility Redetermination Tracker displays Virginia Medicaid's overall unwinding status.



# Eligibility and Enrollment: Improvements Ahead

## *Supporting Enhanced Eligibility Efficiency*



Centralized Mailroom



Increasing Automation



Study of Potential Improvements

Thank You!

