



COMMONWEALTH of VIRGINIA

KAREN KIMSEY
DIRECTOR

Department of Medical Assistance Services

SUITE 1300
600 EAST BROAD STREET
RICHMOND, VA 23219
804/786-7933
800/343-0634 (TDD)
www.dmas.virginia.gov

November 10, 2022

James Johnson
AVP, Health Plan Operations
Molina Complete Care of Virginia
3829 Gaskins Road
Henrico, VA 23233

Re: Commonwealth Coordinated Care Plus (CCC Plus) – Corrective Action Plan (CAP) –
Inappropriate Waiver Enrollment-Level of Care Entry – Case ID # 20627

Dear Mr. Johnson:

Department of Medical Assistance Services (DMAS) continually monitors the Commonwealth Coordinated Care Plus (CCC Plus) contractual compliance to ensure the plan's accurate and appropriate entry of Long-Term Services and Supports (LTSS) into the DMAS web portal. The CCC Plus Contract Section 4.7.1 Long-Term Services and Supports Screening Requirements states, "For all Members admitted to a Nursing Facility (NF) on or after July 1, 2019, the Contractor shall not reimburse a Nursing Facility for services until a screening has been completed for the Member by an appropriate screening team (described below), the screening has been entered into the ePAS system (also described below), and the individual is found to meet NF level of care criteria. Payment shall not be made to the NF until the Contractor receives a copy of the screening." In addition, "Individuals should not be approved to receive Medicaid funded Long-Term Services and Supports without having a screening on file that confirms the individual meets NF level of care."

Additionally, 12VAC30-60-302 states, "Access to Medicaid-funded long-term services and supports states, A. Medicaid-funded long-term services and supports (LTSS) may be provided in home, community or institutional based settings. To receive LTSS, the individual's condition shall first be evaluated using the designated assessment instrument, the Uniform Assessment Instrument (UAI), and other DMAS-designated forms. Screening entities shall also use the DMAS-designated forms (DMAS-95, DMAS-96, DMAS-97), if selecting nursing facility placement, the DMAS-95 Level I (MI/IDD/RC), as appropriate, the DMAS-108, and the DMAS-109. If indicated by the DMAS-95 Level I results, the individual shall be referred to DBHDS for completion of the DMAS-95 Level II (for nursing facility placements only). 1. An individual's need for LTSS shall meet the established criteria ([12VAC30-60-303](#)) before any authorization for reimbursement by Medicaid or its designee is made for LTSS."

Case ID # 20627

Molina was issued a Corrective Action Plan (CAP) on February 15, 2022, for multiple inappropriate LTSS entries into the DMAS portal. The project plan provided by Molina and approved by DMAS was successfully implemented and the CAP was closed on August 31, 2022.

However, on October 12, 2022, two Molina members had waiver lines added in the DMAS portal with start dates prior to completion of valid LTSS screenings. This is clear evidence the standards implemented with the CAP in February were not maintained. Inappropriate enrollments into the CCC Plus waiver have significant downstream effects. As part of the Federal 1915(c) Waiver application, DMAS has assured the Center for Medicare and Medicaid Services (CMS) that all individuals (100%) enrolled in the CCC Plus Waiver have a valid screening prior to admission to the Waiver. This could be a potential finding in a future CMS audit resulting in a retraction of the LTSS expenditures, including the LTSS capitation payment.

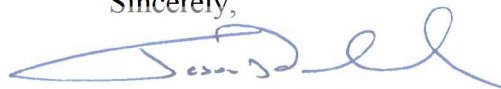
Due to the serious nature of members being enrolled in LTSS services without a valid screening, Molina shall submit a Corrective Action Plan (CAP) to DMAS for approval no later than 30 calendar days from the date of this letter. Please include a detailed plan for your internal monitoring of compliance with these requirements and strategies to ensure LTSS entries into the DMAS portal meet all requirements. Molina will need to identify the root cause(s) for the lack of compliance and develop a practicable project plan to ensure contractual compliance is met, monitored, and maintained. A weekly update to this project plan to DMAS is required to document ongoing progress. Failure to comply with the approved CAP will result in additional sanctions.

Molina will be issued 10 points pursuant to Section 18.0 of the CCC Plus Contract and the “failure to implement or comply with a CAP as required by Section 18.2.3.” Assessment of these points are pending.

If you have additional information and/or documentation that will affect this determination, please provide this information to Jason A. Rachel, Ph.D., Division Director, by close of business December 9, 2022 (“Comment Period”). Point violations will be finalized upon the expiration of the Comment Period. After this time, no additional communication will be provided by DMAS regarding the point issuance.

If you have any questions regarding these concerns, contract standards or CAP requirements, please contact ccpluscompliance@dmas.virginia.gov. Please sign, date and return acknowledging receipt to ccpluscompliance@dmas.virginia.gov.

Sincerely,



Jason A. Rachel, Ph.D
Integrated Care Division Director

cc: Elizabeth Smith, RN

Exhibit 1 – Molina– 2022 Point Schedule

<u>MCO</u>	<u>Area(s) of Violation</u>	<u>Previous Balance</u>	<u>Point(s) Expired</u>	<u>Point(s) Incurred</u>	<u>Current Balance</u>	<u>Sanctions pursuant to 18.2.2</u>
Molina	18.1.2	20	0	10	30	\$15,000

18.1.2 Escalating Compliance Enforcement Points Violations

Ten (10) Point Violations:

6) Failure to implement or comply with a CAP as required by Section 18.2.3, Corrective Action Plans.