



Department of Medical Assistance Services
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HEALTH AND ACUTE CARE PROJECT (HAP) FACT SHEET

<p>Background: ALTC Phase 1</p>	<p>Currently, the managed care health plans provide acute care coverage for approximately 4,600 home and community-based (HCB) waiver individuals through the Acute and Long-Term Care (ALTC) Phase 1 program. This includes individuals enrolled in the Elderly or Disabled with Consumer Direction (EDCD), the Intellectual Disability (ID) Waiver, the Individuals and Family Developmental Disabilities Support (IFDDS) Waiver, the Day Support (DS) Waiver, and the Alzheimer's Assisted Living (AAL) Waiver.</p> <p>ALTC Phase 1 was created in 2007. Under the Phase 1 program, if an managed care enrolled Medicaid member subsequently becomes eligible and enrolled into one of five HCB waivers, they remain enrolled with the health plan for primary and acute care services. All long-term care services are covered under the fee-for-service waiver program.</p> <p>ALTC Phase 1 members have been easily maintained in the managed care model because they were in managed care prior to enrollment into HCB waiver services and preferred to remain in that model for acute care services where they continue to access their health care providers.</p>
<p>What's New: HAP</p>	<p>Effective December 1, 2014, the Department will launch the Health and Acute Care Program (HAP). The Health and Acute Care Program will include Medicaid individuals who will be concurrently enrolled in the managed care delivery system and one of five home and community-based waivers. Home and community-based individuals currently enrolled with the managed care health plans as part of the ALTC Phase 1 Project will remain in their current health plan.</p> <p>As part of this new initiative, the Department will begin the process to transition individuals in the Elderly or Disabled with Consumer-Direction (EDCD) waiver, who currently receive acute and primary medical services in the fee-for-service program and who are eligible for managed care, i.e., do not have any managed care exclusions, into one of the six (6) Medallion 3.0 managed care health plans for acute care services only. The December transition will affect approximately 2700 EDCCD individuals.</p> <p>This initiative will allow eligible HCB waiver individuals to receive their acute and primary medical care through one of the managed care health plans. The individual's home-and-community based care waiver services, including transportation to the waived services, will be paid through the Medicaid fee-for-service system as a "carved out" service.</p> <p>With this transition, we anticipate there will be some disruption in access to the individual's current acute care provider, as some acute care providers will not be in the health plan's network. The Medallion 3.0 managed care health plans will facilitate the effective transition of members from the fee-for-service system.</p>

<p>Who is Not Eligible?</p>	<p>This initiative does not apply to:</p> <ul style="list-style-type: none"> • Individuals in the Technology Assisted Waiver • Dual Eligibles (receiving Medicare and Medicaid) and other comprehensive insurance (TPL) • HIPP Enrollees • PACE Individuals • Nursing Facility Residents • Out of State Placements
<p>Provision of Services</p>	<p>Under the new initiative, HAP individuals will receive their primary and acute care services through the managed care delivery model. Their home and community-based care waiver services will continue to be provided through the Medicaid fee-for-service program.</p> <p>The managed care health plans will be responsible for the coordination of acute care services. The health plans will not be responsible for the coordination of acute services with any necessary waiver services and there will be no case management of waiver care services.</p> <p>All current service authorization requirements and limitations remain in place:</p> <ul style="list-style-type: none"> • MCOs shall authorize and provide acute and primary medical care services, pharmacy related services, and transportation to medical appointments and acute care services. • Waiver enrollments, authorization, and provision of waiver services will be handled under the current contractors, processes, and providers {KePRO or DBHDS}. • Magellan shall continue to authorize and process all community mental health services. • DentaQuest shall continue to authorize and process all dental related services. • LogistiCare shall continue to authorize and perform all waiver related transportation services. • PPL shall continue to handle all consumer directed fiscal/employer agent responsibilities.
<p>Enrollment</p>	<p>Individuals can participate as a Medallion 3.0 HAP member in one of two ways:</p> <ul style="list-style-type: none"> ➤ If an MCO enrolled Medicaid member subsequently becomes eligible and enrolled into one of five HCB waivers, they remain enrolled with the MCO for acute care services. ➤ EDCD individuals who currently receive acute medical services in the fee-for-service program and who are eligible for managed care, i.e., do not have any managed care exclusions, will be enrolled into managed care. <p>Maximus, the Department’s contracted managed care enrollment broker, will handle inquiries and enrollment into the health plans.</p> <p>All current policies regarding the individual’s choice of MCO shall apply.</p>
<p>Questions</p>	<p>Contact</p> <ul style="list-style-type: none"> ➤ HAP@dmas.virginia.gov