

Commonwealth Coordinated Care
Medicare & Medicaid working together for you

Virginia Advisory Committee*

Creating a Coordinated Delivery System for Medicare-Medicaid Enrollees

October 22, 2014 from 1:00 to 3:00 pm
Conference Room 7A&B, DMAS
600 East Broad Street
Richmond, VA 23219

Meeting 7

I. Welcome and Introductions	Cindi Jones Director, Virginia Department of Medical Assistance Services (DMAS)	1:00 pm
II. National Updates	Lindsay Barnette Technical Director, Medicare- Medicaid Coordination Office CMS	1:10 pm
III. Virginia Updates	Tammy Whitlock Director, Division of Integrated Care and Behavioral Services, DMAS Long-Term Care Ombudsman Update: Department for Aging and Rehabilitative Services	1:20 pm
IV. Committee Member Focus Session 1: <i>Medicare-Medicaid Plans Provide Implementation Update</i>	Representatives from Anthem Healthkeepers, Humana, & Virginia Premier	1:35 pm
V. Committee Member Focus Session 2: <i>Quality Update</i>	Fuwei Guo, MPH Integrated Care Quality Analyst Office of Coordinated Care, DMAS	2:15 pm
VI. Committee Member Focus Session 3: <i>Evaluation Update</i>	Gerald Craver, PhD Senior Research Analyst Policy and Research Division, DMAS	2:30pm
VII. Wrap Up and Next Steps	Cindi Jones	2:50 pm

*The Department will not hold a public comment period during this meeting; however, stakeholder input is very important to the Department and the Advisory Committee. If you have follow up questions or comments that you would like discussed during a future meeting, please submit them to CCC@dmass.virginia.gov.



Advisory Committee Members

1. Alzheimer's Association (Carter Harrison)
2. Medical Society of Virginia (Mike Jurgensen)
3. Self-Advocate (Joan Manley)
4. State Long Term Care Ombudsman (Joani Latimer)
5. Virginia AARP (Bill Kallio)
6. Virginia Adult Day Services Association (Lory Phillippo)
7. Virginia Association for Home Care and Hospice (Marci Tetterton)
8. Virginia Association of Area Agencies on Aging (Sarah Henry)
9. Virginia Association of Centers for Independent Living (Maureen Hollowell)
10. Virginia Association of Community Services Boards (Jennifer Faison)
11. Virginia Association of Health Plans (Doug Gray/Laura Lee Viergever)
12. Virginia Health Care Association (Steve Ford)
13. Virginia Hospital and Health Care Association (Chris Bailey)
14. Virginia Poverty Law Center (Kathy Pryor)
15. Arc of Virginia (Jamie Liban)



VIRGINIA UPDATE



Commonwealth Coordinated Care
Medicare & Medicaid working together for you

Tammy Whitlock, Director
Division of Integrated Care & Behavioral Services

Virginia Update for Advisory Committee
October 22, 2014

Overview

- **Enrollment**
- **MAXIMUS**
- **Networks**
- **Stakeholder Feedback**
- **Systems**
- **Ombudsman**



Virginia Enrollment

**Total Current
Enrollees
10/04/2014**

26,795

Opt-ins By Plan and Opt-outs Oct. 4, 2014

	Active	Passive	Total
VaPremier	533	6436	6969
HealthKeepers	1919	9972	11891
Humana	1126	10801	11927
Total Opt ins	3578	27209	*30787
Total Opt outs			21744

*This figure includes passive assignment effective dates for October 1st and November 1st

Virginia Enrollment

CCC Enrollee Participation CCC Opt ins and Opt out By Region Oct 4 , 2014

CCC Region	Total Population	Active Opt ins	Passive Opt ins	Total Opt ins	Total Opt-outs	Optout Total %
Central VA	23520	1537	9793	11330	8019	10.65%
Northern VA	14151	246	1805	2051	1132	1.50%
Roanoke	12007	420	5001	5421	3192	4.24%
Tide Water	19418	1103	7692	8795	7666	10.18%
Western/ Charlottesville	6215	272	2915	3187	1718	2.28%
Total Members	75311	3578	27206	30784	21727	28.85%

MAXIMUS

Maximus report: 9/1-10/3

Calls Received	12,519
Calls Answered	11,880
Abandon Rate	4.62%
Average Wait Time	44 seconds
Average Call Time	6 minutes 20 seconds

Networks



- Medicare-Medicaid Plan (MMP) participation has been updated for the following localities:
 - Roanoke Region
 - City of Radford is now open to automatic assignment.
 - Henry County and City of Martinsville now available for opt-in.
- The following localities have **1 MMP approved**: Eligible beneficiaries in these localities can opt-in to CCC but will not be automatically assigned while there is only one plan available.
 - Western/Charlottesville Region
 - Cities of Harrisonburg and Staunton
 - Northern Virginia Region
 - City of Alexandria
 - Arlington
 - City and County of Fairfax
 - City of Falls Church
 - Fauquier
 - Loudoun
 - Manassas Park City

****Please Note:** In Northern Virginia-Culpeper, Prince William and City of Manassas have at least 2 MMPs available and will move forward with automatic assignment as scheduled for November 1, 2014.



Stakeholder Feedback

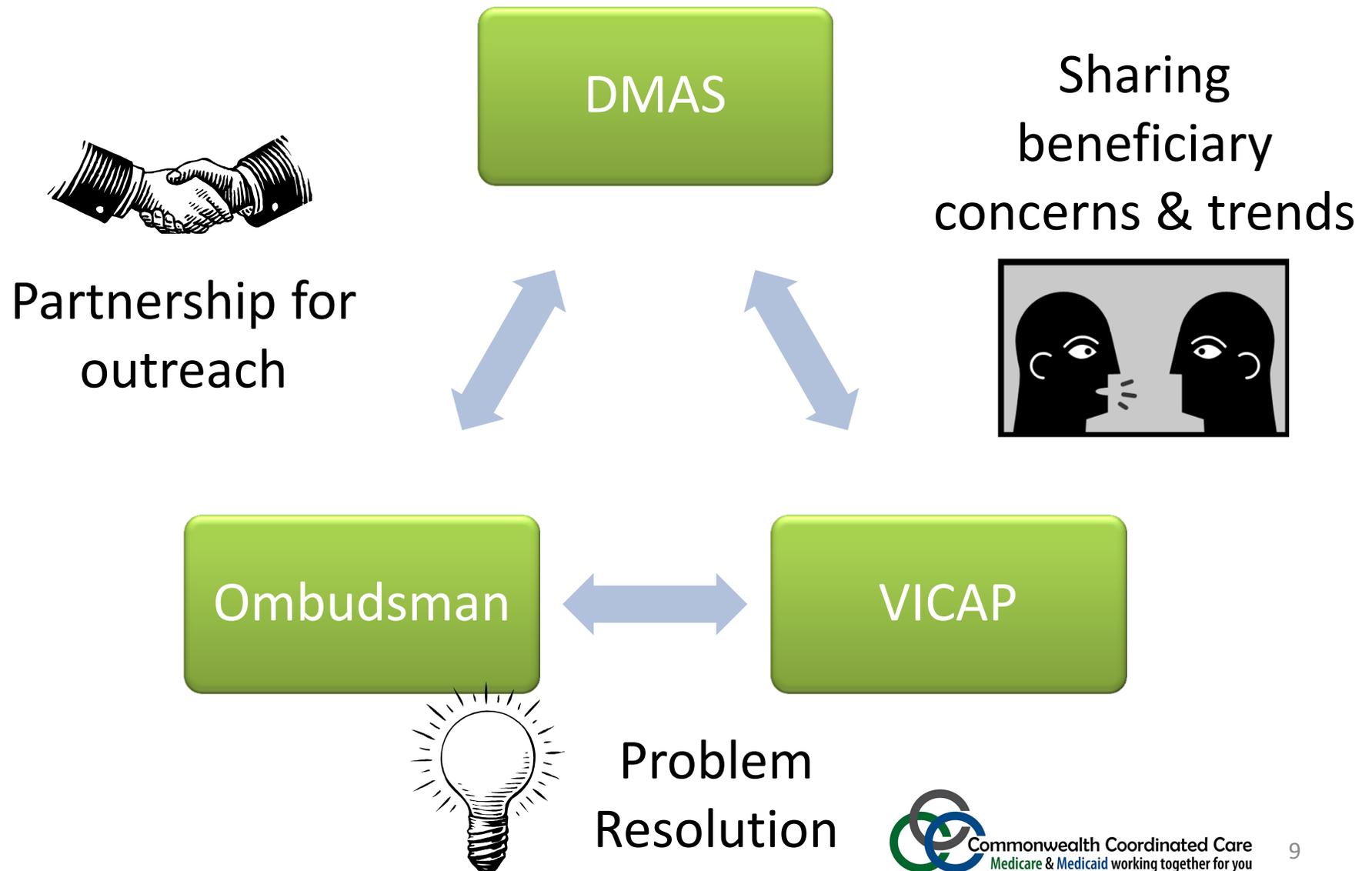


- Changes with KePRO Effective Immediately:
- Providers communicated confusion that occurs when an individual disenrolls from CCC and returns back to traditional fee-for-service (FFS) Medicaid and Medicare.
- Given the difficulties providers have had, DMAS is implementing a new service authorization request time frame for continuity of care authorizations upon return to FFS
 - ***Effective immediately:*** KePRO will honor the CCC approval up to the last approved date but no more than 60 calendar days from the date of CCC disenrollment under continuity of care provisions. For continuation of services beyond the 60 days, KEPRO will apply medical necessity/service criteria. Should the request be submitted after the continuity of care period, it will be reviewed as a retrospective review for the dates of service outside of the dates honored and timeliness will be waived.

Systems

- Per CMS mandate, DMAS excluded dual eligibles from CCC's passive assignment who were passively assigned to a Prescription Drug Plan (PDP) by Medicare during calendar year 2014
- This totaled approximately 7,500 dual eligibles (aka 2014 PDP Exclusion members)
- In October 2014, DMAS conducted the required ad-hoc processes to determine CCC eligible and passively assigned these 2014 PDP Exclusion members
- As a result, 2,860 of the 2014 PDP Exclusion members were passively assigned to CCC with an effective date of 1/1/15

VICAP & Ombudsman



DARS OMBUDSMAN & CCC

**Beneficiary
Rights &
Problem
Solving**

Enrollee rights, responsibilities and benefits; investigate complaints and resolve beneficiary problems with their MMP; empower CCC enrollees to resolve problems with their health services

**Assistance
Resolving
CCC Issues**

Assist individuals in nursing facilities and assisted living facilities as well as persons receiving community-based services at home. Coordinated Care Advocates assist individuals in the community.

**Resource
for
members
& their
Advocates**

Enrollment and disenrollment, continuity of care, accessibility and information, timeliness of plan responses to beneficiary inquiries, covered services and appeals and grievances



DARS

VIRGINIA DEPARTMENT FOR AGING
AND REHABILITATIVE SERVICES

*Supporting Virginians' efforts
to secure independence and employment*



Ombudsman Program Update Commonwealth Coordinated Care

Virginia CCC Advisory Committee
October 22, 2014



VIRGINIA DEPARTMENT FOR AGING
AND REHABILITATIVE SERVICES

STARTING POINT: KEY OBJECTIVES

- **Improve** beneficiary experience in accessing care
- **Deliver** person-centered care
- **Promote** independence in the community
- **Improve quality**





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BACKGROUND

- **DMAS's proposal** to CMS for CCC included ombudsman component
- **Subsequently CMS** announced potential grants for demonstration ombudsman programs
- **Virginia is 1 of 5** demonstration ombudsman programs currently receiving CMS ombudsman grant funding





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CMS MANDATE

- **Ensure beneficiary access** to person-centered assistance
- **Inform** states, plans, CMS, and other stakeholders of beneficiary experience with CCC
- **Make recommendations to improve systems, policies, services, access, etc.**





VIRGINIA DEPARTMENT FOR AGING
AND REHABILITATIVE SERVICES

VIRGINIA DEMONSTRATION OMBUDS MODEL

Builds on existing network:

21 programs

32 local ombudsmen

Hybrid

- Training / supporting existing network
- Developing new component: CC Advocates
- Staffing status





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KEY CHARACTERISTICS OF EFFECTIVE OMBUDS

- **Independent**
- **Person-centered**
- **Conflict free**
- **Accessible**
- **Strong community links**
- **In-depth** program knowledge





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Demonstration Ombudsman Requirements

Purpose of the Demonstration:

- ✓ Work to empower beneficiaries and support their engagement in resolving problems they have with their health care, behavioral health care, and long-term services and supports
- ✓ Investigate and work to resolve beneficiary problems with Plans; and
- ✓ Provide systems-level analysis and recommendations





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What are some issues the CCC Ombudsman can assist with?

- Beneficiary problems with enrollment/disenrollment
- Assistance with coverage / authorizations
- Assistance with access to needed health care services such as behavioral health services, prescriptions and long term services
- Coordination with other agencies
- Grievances and appeals





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Sample Ombudsman Cases

- Client is confused about information in enrollment letter and disenrollment options under CCC.
- Enrollee needs immediate assistance getting therapy covered after a hospital discharge.
- Advocate reports CCC enrollee needs assistance getting respite and personal assistance hours/payment to continue.
- Billing issues for enrollee during coverage transition period.
- Family member cannot get needed prescriptions after making a change in plans.





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Overview of CCC Ombudsman Issues July – October 2014

- 10 Number of Beneficiaries Served
(Resident/Care Recipient)
- 43 Number of Beneficiary's Representative Served
(Relative, friend, advocate of resident/care
recipient - may or may not be legal
representative).
- 18 Number of Providers Served
- 71 Total Cases/Activities**





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CCC Advocate Cases

- 18 - Involved assistance with plan authorizations for enrollees and/or their providers**
- 8 - Were related to Enrollment / Disenrollment problems**
- 7 - Issues related to Part D – prescription drug coverage not working and CCC enrollment or disenrollment**
- 5 - Help accessing health care services like therapy, increase in service hours or coordinating with care managers.**
- 3 - LTC discharge / placement issues.
- 2 - Assistance in resolving an enrollee billing/claims issues
- 2 - Customer service issue with Maximus
- 1 - Transition coverage assistance for discharge community placement

www.vadars.org



[facebook/vadars](https://facebook.com/vadars)

*(June 24 – 2014 – October 21, 2014)

CCC Advocate Activities

25 CCC Inquiries /Technical Assistance provided.

(CCC requests for information and questions received from local AAA staff, VICAP and local ombudsmen, CIL's, APS staff and health providers).

Attended 2 Community Education Events and 6 regional CCC Town Hall events.

- Listen/participate on weekly CCC Conference Calls for Enrollees, Advocates and Providers.
- Meet with VICAP Educator and DMAS staff to discuss issues and resolve issues/referrals.

Issues / Recommendations

- Client / Advocates confused about auto-enrollment letters and disenrollment process.
- Disenrollment notices to beneficiaries about their Part D plans and enrollment into CCC and perceived loss of drug coverage.
- Confusion about disenrollment and how to re-enroll in original Medicaid/Medicare.
- The need for a simplified referral sheet for CCC information and referrals for enrollees and regional advocates.
- Billing issues for enrollee during coverage transition period.
- Computer generated letters about respite services and attendant care services ending with DMAS but continuing with a new CCC plan-misconception that services have ended.
- Confusion about the processes for assisting nursing home residents with enrollment decisions



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Issues Resolution/Referral

- 28 Resolved with MMP assistance
- 26 Resolved with DMAS assistance
- 14 Resolved by CCC Advocate (Ombudsman)
- 2 Resolved by Referral to VICAP for further benefits counseling
- 1 Resolved by Maximus



Summary

Method of Contact

50 Complaints/Inquiries handled by telephone

21 Complaints/Inquiries handled by email.

- ❖ All cases referred to DMAS and the MMP Plans have been resolved within a 12-24 hour period. (The CCC Advocate Manager calls to confirm issues have been resolved with enrollee, advocate or MMP plan contact).
- ❖ The LTCOP / CCC Advocate is working in partnership with DMAS to include CCC Ombudsman information on the DMAS website in addition to LTCOP information on the CCC enrollee letters.
- ❖ The LTCOP / CCC Advocate continues to work in partnership with DMAS on a regular basis to discuss CCC issues, make systems recommendations and share CMS complaints/data reports.



VIRGINIA DEPARTMENT FOR AGING
AND REHABILITATIVE SERVICES

LTCOP Contact Information

Susan Johnson, CCC Advocate Manager

Office of the State Long-Term Care Ombudsman

Virginia Department for Aging & Rehabilitative Services

8004 Franklin Farms Drive

Henrico, Virginia 23229

804-662-7162

1-800-552-3402

Susan.Johnson@dars.virginia.gov

www.vadars.org



[facebook/vadars](https://facebook.com/vadars)

Humana Gold Plus Integrated, A Commonwealth Coordinated Care Plan

Humana Gold Plus Integrated H3480-001
(Medicare-Medicaid Plan)

October 22, 2014



Humana

Serving more than 12 million Members across the country, Humana delivers primary care, specialty care and occupational healthcare services through a network of more than 300 wholly owned medical centers and clinics and more than 2,300 contracted providers.

Helping people achieve lifelong well-being

- **Founded in 1961**
- **Long term commitment to serving the frail, elderly, disabled and the chronically ill**
- **5M Medicare Advantage and Part D Members**
- **550K Dually Eligible Medicare-Medicaid Members**
- **18 Years Medicaid Experience**

Humana's Values

- Thrive Together
- Cultivate Uniqueness
- Pioneer Simplicity
- Inspire Health
- Rethink Routine

Network Development - LTSS

(July 2014-Sept 2014)		Total	
Training Confirmations		22	
Town Halls, VHCA & VAPCP Conferences		10 events (Est. 250 Providers)	
Provider Training (Office Visits / Telephonic)		92 / 100	
Regionally Located P.R. Team (NOVA, Roanoke, Central, Tidewater)			
Claims Payment Update	July	Aug	Sept
LTSS	\$2,513,320	\$3,288,644	\$5,790,374
Unique Providers	55	81	126
CD Members	83	89	231
Care Coordinators	HRAs Completed		Care Plans Completed
107 (47 are dedicated LTSS)	3,785		3,473

Network Development –BH Providers

(July 2014-Sept 2014)		Total	
Training Confirmations – WebEx		40	
Open Training Calls - Completed		Aug 13, 28 / Sept 10, 25 / Oct 8	
Open Training Calls - Upcoming		Oct 23 / Nov 5, 20 / Dec 3, 12, 18	
Additional BH provider agencies in Contracting/Credentialing		59	
Claims Payment Update	Received	Paid	Denied
BH	6,747	1,497	3,760

Interdisciplinary Care Team

Coordination and Continuity of Care

The Interdisciplinary Care Team (ICT) supports a holistic, coordinated and individualized Member experience as enrollees move along their life and health continuum



At the center of the ICT model are the persons who serve at the core and most closely interact with one another: the Member and caregiver, the Care Manager and the service providers.

The Interdisciplinary Care Team facilitates coordination of a full range of services and interventions such as:

- Member education, *self care* management and *informed* healthcare decision making/ consumer direction
- Access and connections to community resources
- Reinforcement and coordination of provider treatment and medication plan(s)
- Preventive screenings, chronic condition management and wellness support
- Care coordination and care transitions
- Appropriate advanced illness and end of life planning

A Typical Care Coordination Story

- While making a routine call to member, the Humana Care Coordinator reported the member expressed serious depression and potential to harm herself. CC was able to get the member to agree to a BH referrals and immediately called her PCP. An ICT was convened and it was decided the member should visit the ER, where she was able to re-start her medications for stabilization. About a week later the member committed to keeping her PCP appointment while agreeing to assistance from BH team for case management as primary.

A Typical Care Coordination Story

- Recently, a 58 year old male member reported being so excited about the plan, that he read the member handbook from cover to cover. He had not had an eye exam in 10 years and needed glasses desperately. An appointment was attained with the assistance of his care coordinator and eye exam and glasses were obtained. The member has seen his PCP several times through encouragement of the Care Coordinator, and he has verbalized that the program has changed his life.



VA Premier CompleteCare

a Commonwealth Coordinated Care Plan



Provider Outreach

Engagement & Interaction from 7/17 – 10/21

- 35 Provider Events
- 60+ Weekly Provider DMAS Calls
- 7 Association Meetings/ Conferences
- 5 MMP/ DMAS Town Halls
- Daily Site Visits and Recruitment
- Provider In-Services
- Provider Education Meetings

*Over 400 Unique Portal Accounts Created



CCC/ CompleteCare Training



- Provider Resource Guides
- Website
 - <https://www.vapremier.com/providers/provider-resources>
- FAQs
- In-Services
- CompleteCare Provider Point of Contact –
 - Rick Gordon, Director of Long Term Services & Support
rgordon@vapremier.com OR 804-819-5151 Ext. 55075
 - Rashard Grier, Manager of Long Term Services & Support (Tidewater)
rgrier@vapremier.com OR 757-461-0064 Ext. 55501
 - Rebecca Frango, Manager of Long Term Services & Support (Roanoke)
rfrango@vapremeir.com OR 540-344-8838 Ext. 55876
 - Nicole Williams, Provider Service Representative (Central)
nwilliams2@vapremier.com OR 804-819-5151 Ext. 55118



Magellan Behavioral Health Services

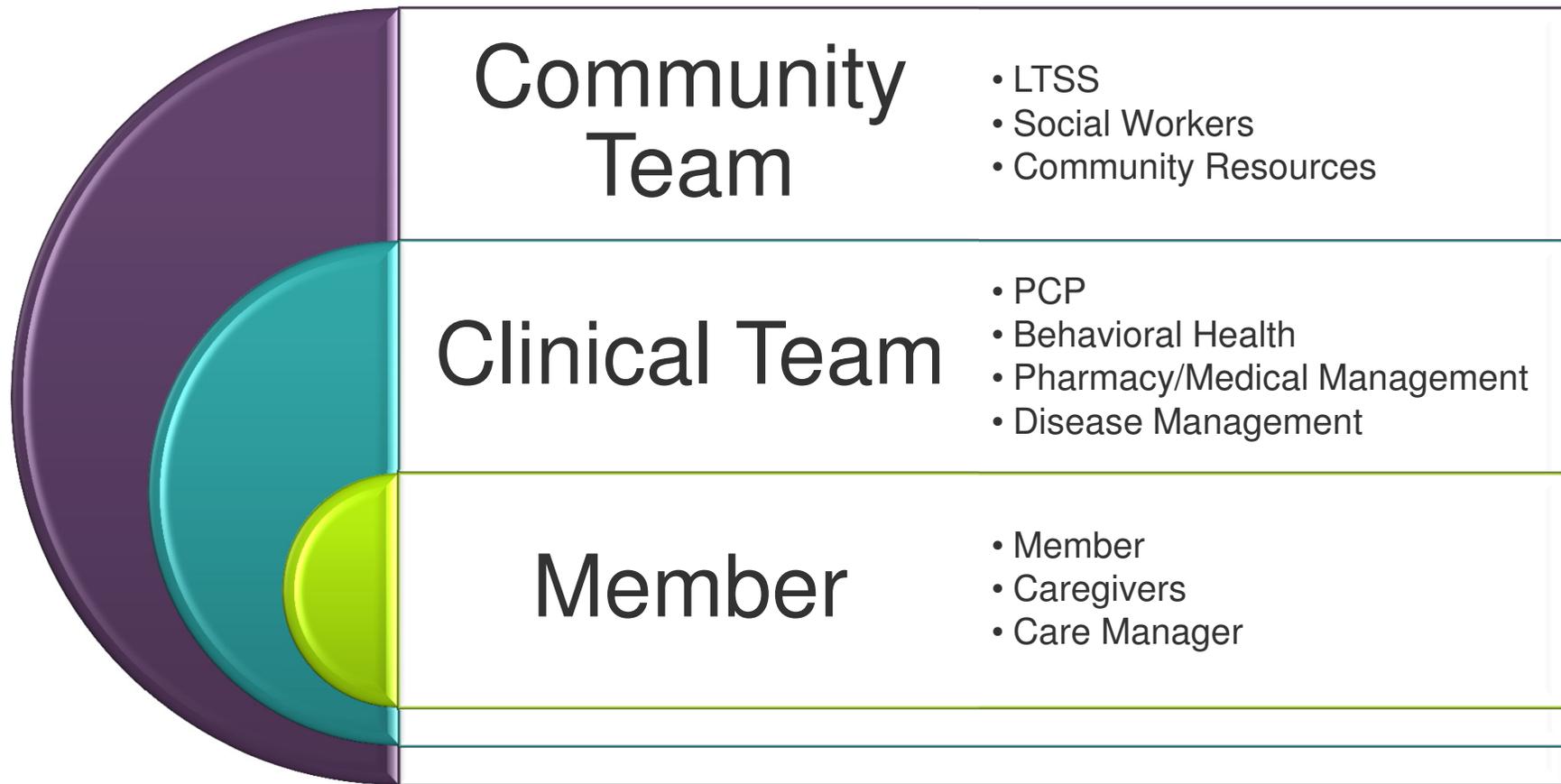


- Virginia Premier has Partnered with Magellan Health Services.
- Effective October 6, 2014, all **behavioral health** and **substance abuse** authorizations should be directed to Magellan Healthcare, Inc. at **1-800-424-4971**
- Authorization request forms are available on the Virginia Premier CompleteCare website:
www.vapremier.com/providers/complecare-overview/provider-forms-library
- Service Authorization Requests should be faxed directly to Magellan: 1-866-354-8758
Mental Health Skill Building
Psychosocial Rehabilitation
Intensive Community Treatment
- Virginia Premier Behavioral Health Webpage
<https://www.vapremier.com/providers/complecare-overview/behavioral-health-services>



Working Together

Interdisciplinary Care Team





CCC Data & Analytics Overview



Commonwealth Coordinated Care
Medicare & Medicaid working together for you

Fuwei Guo, MPH

Integrated Care Quality Analyst

Office of Coordinated Care

Virginia Department of Medical Assistance Services

Data is Wealth

CCC Data Wealth Key Sources:

- DMAS Medicaid Management Information System (MMIS)
- CMS Reports for CCC
- MMP Reporting
- CCC Evaluation
- CCC Quality Management Program
- Enrollment Broker Maximus Reports
- Ombudsmen
- Provider and provider groups

CCC Data Analytics

- Internal Reporting for Decision Making and Program Operation Monitoring
- External Reporting for MMPs and Stakeholders
- Enrollment Balancing -MMIS and CMS Reports
- Performance Management
- Program Evaluation

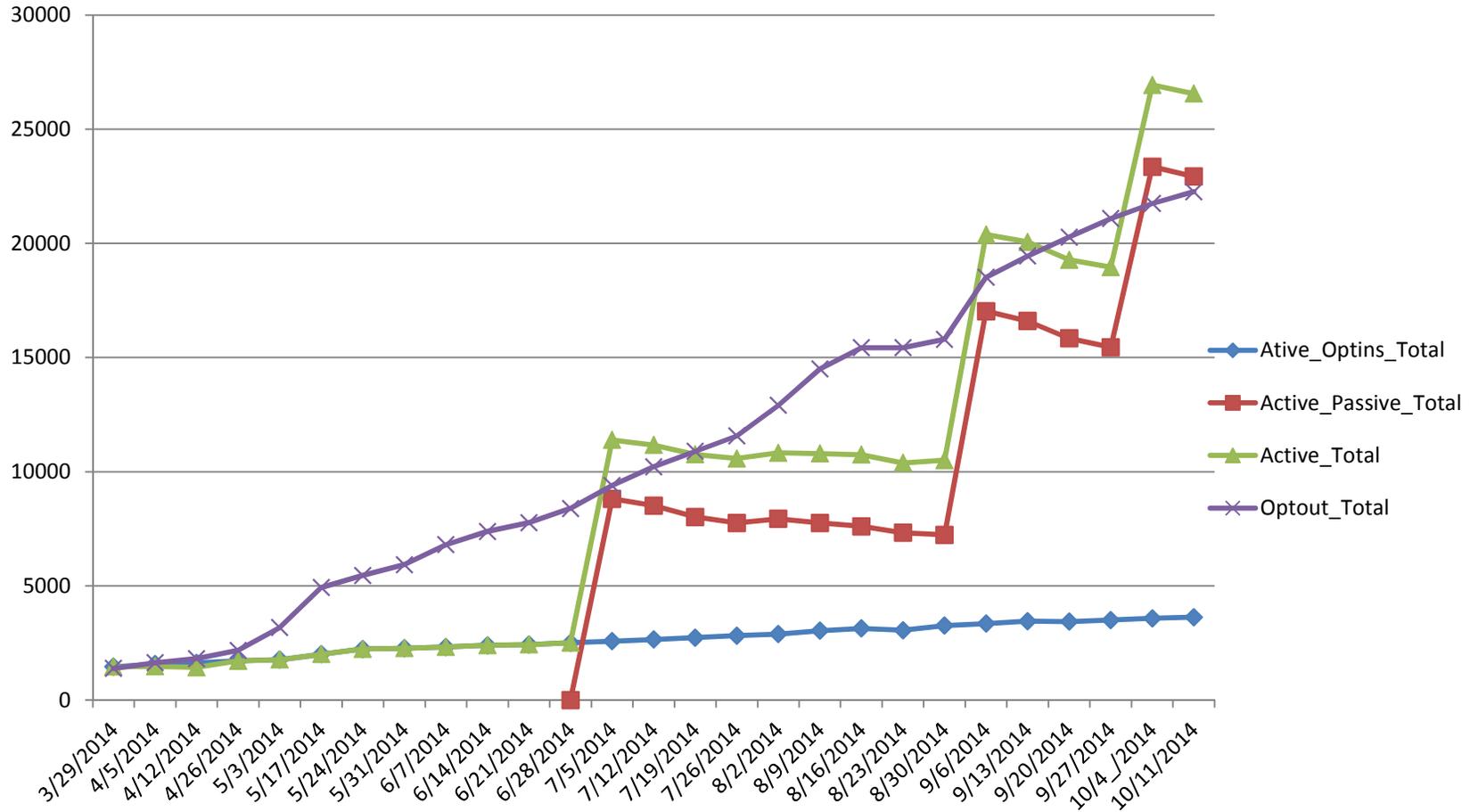


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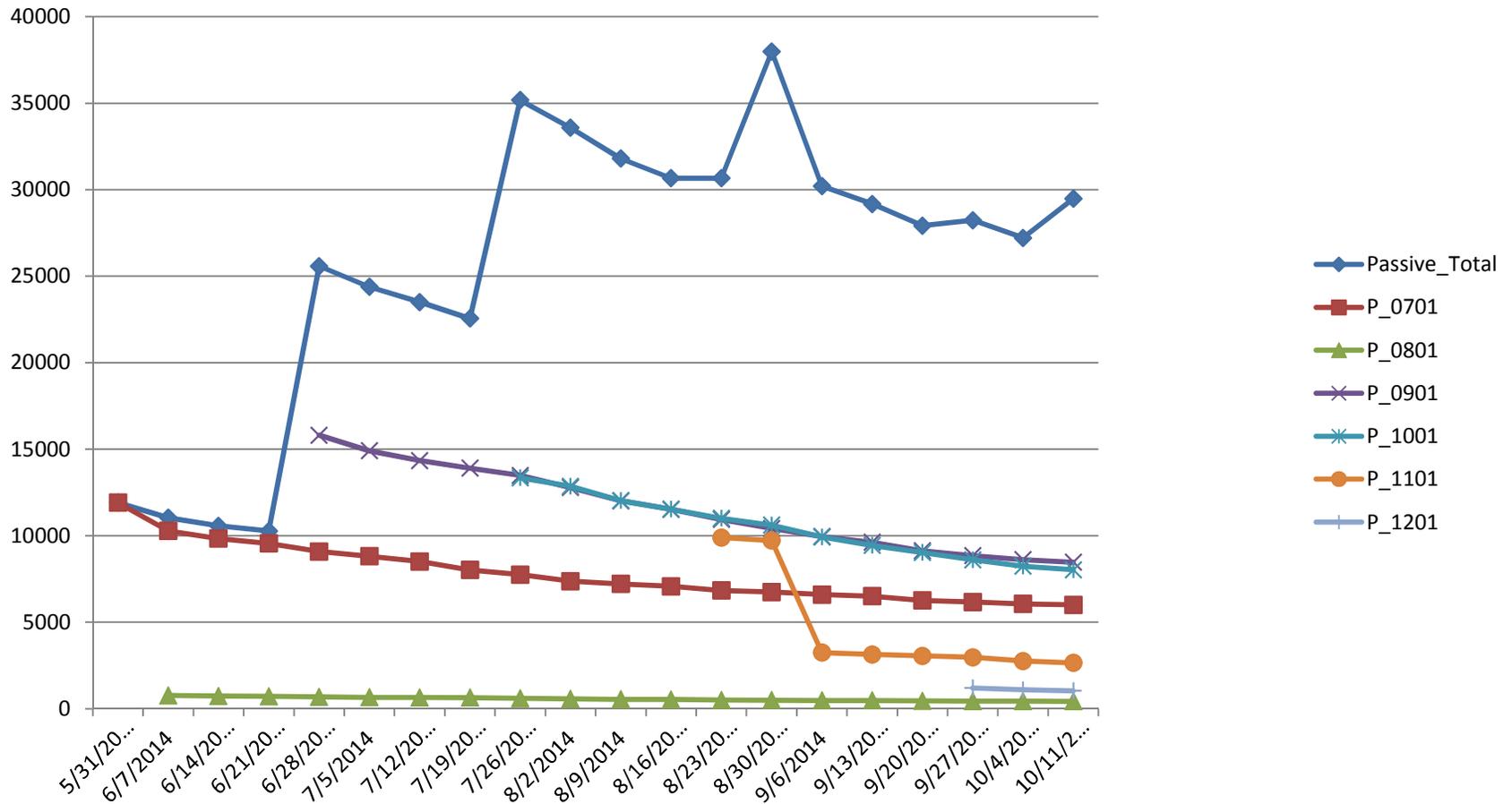
EXAMPLES OF CCC DATA ANALYTICS

CCC Weekly Enrollment and Optout



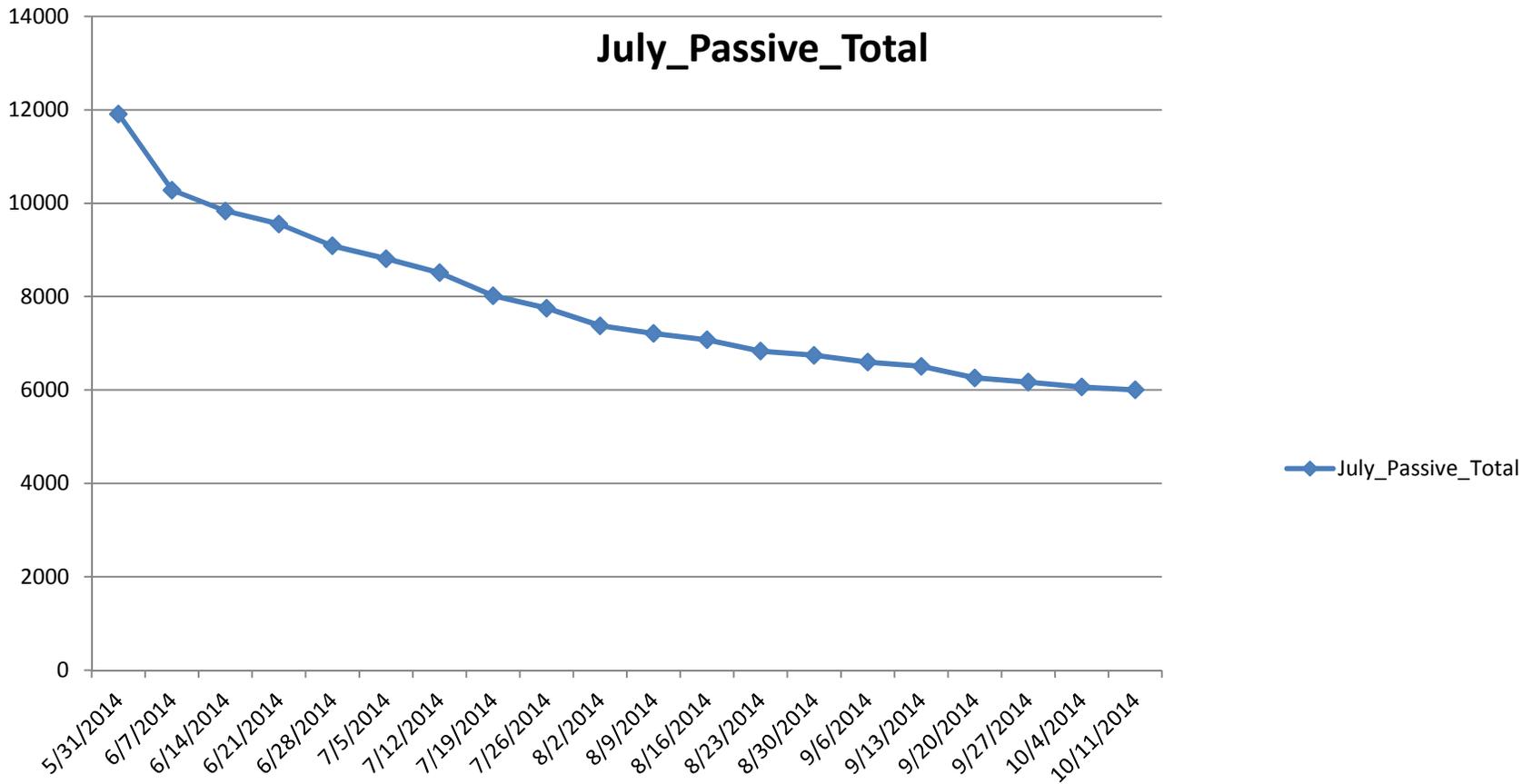
Data Source: CCC Management Reports

Automatic Enrollment



Data Source: CCC Management Reports

July 01 Automatic Enrollment

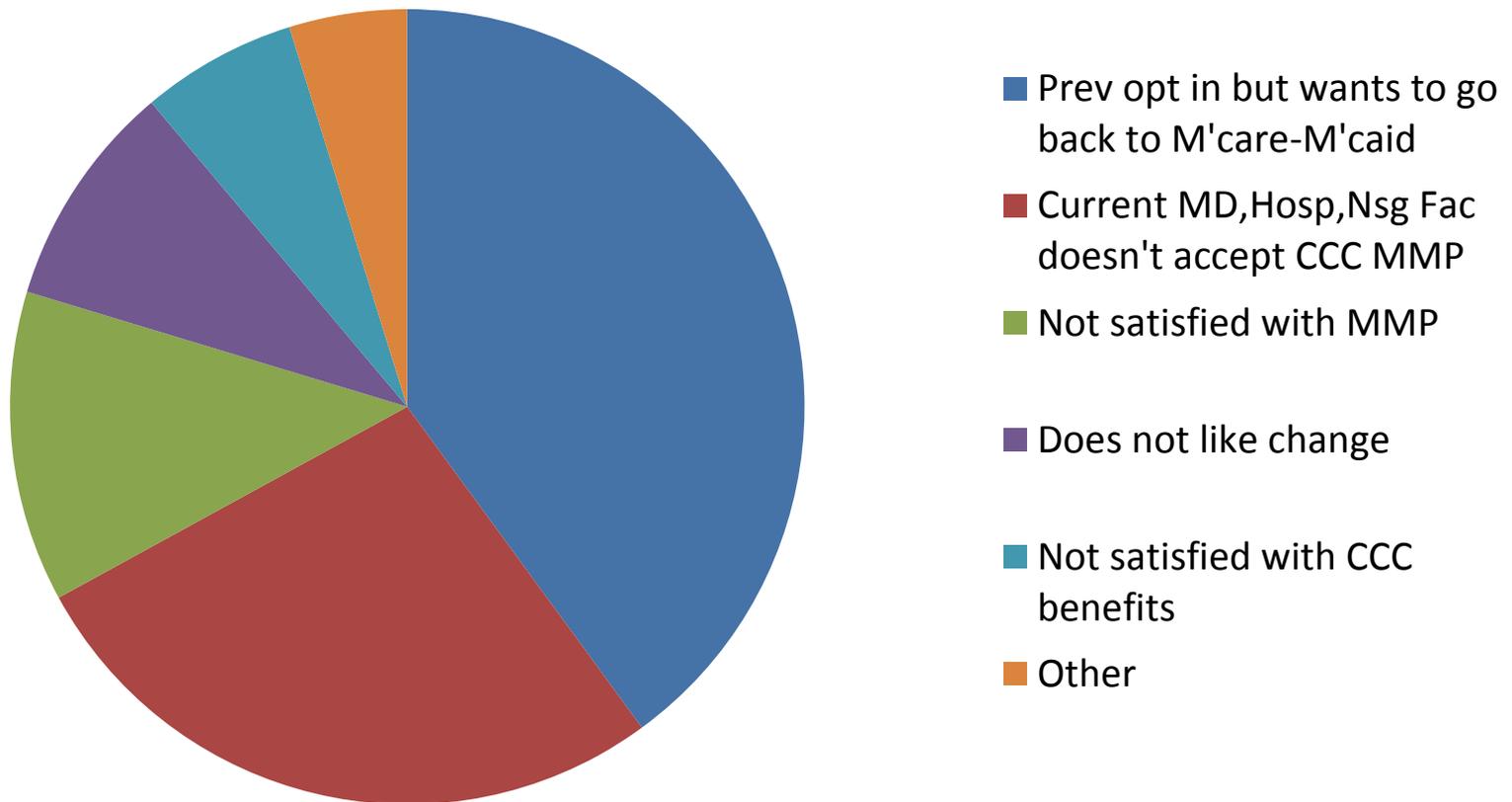


Data Source: CCC Management Reports

Total by Reason during 06/14/14 to 09/20/14

Disenrollment Reasons

Counts

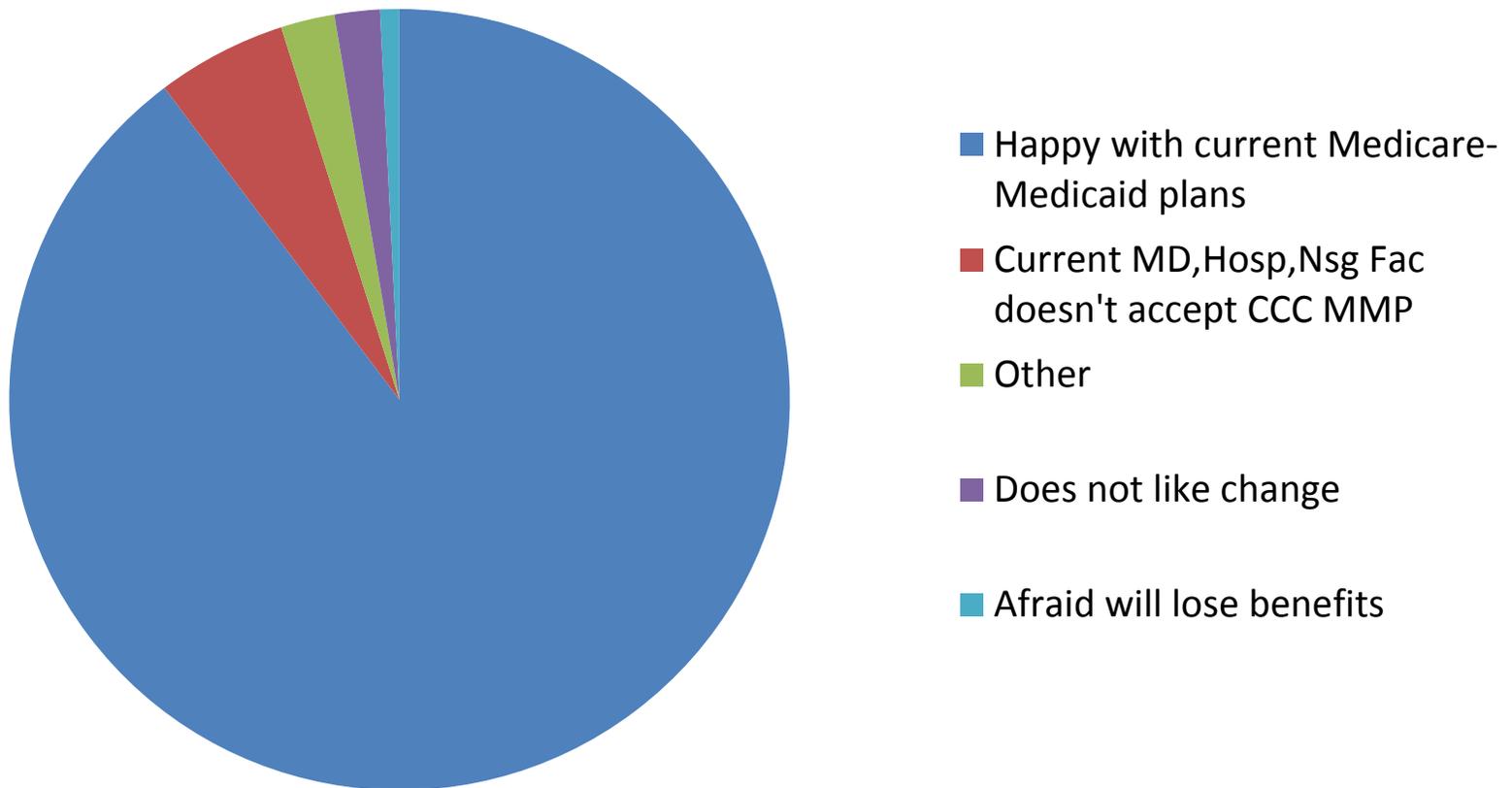


Data Source: Maximus weekly reports to DMAS

Total by Reason during 06/14/14 to 09/20/14

Optout Reasons

Counts



Data Source: Maximus weekly reports to DMAS

Logistic Regression

The SAS System LOGISTIC Procedure Model Information

Data Set WORK.T_5
 Response Variable R_VAR
 Number of Response Levels 2
 Model binary logit
 Optimization Technique Fisher's

scoring

Number of Observations Read

9149

Number of Observations Used

9149

Response Profile

Ordered Value	R_VAR	Total Frequency
1	0	6323
2	1	2826

Probability modeled is R_VAR=1.

Model Convergence Status

Convergence criterion (GCONV=1E-8) satisfied.

The LOGISTIC Procedure

Model Fit Statistics

Criterion	Intercept Only	Intercept and Covariates
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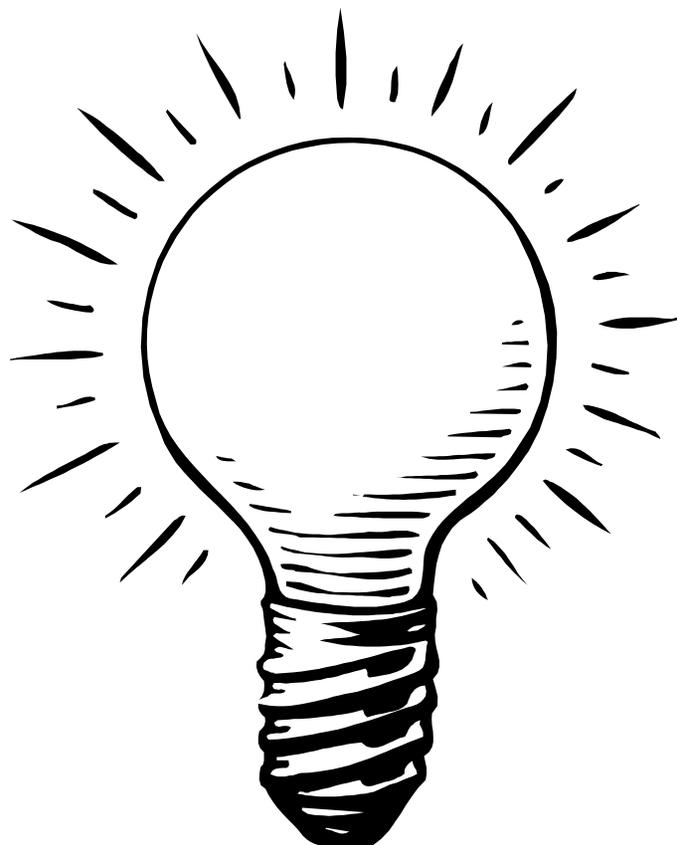
AIC	11313.944	9915.040
SC	11321.066	12478.744
-2 Log L	11311.944	9195.040

Testing Global Null Hypothesis: BETA=0

Test	Chi-Square	DF	Pr > ChiSq
Likelihood Ratio	2116.9041	359	<.0001
Score	1984.2008	359	<.0001
Wald	1370.3174	359	<.0001

Type 3 Analysis of Effects

Effect	DF	Chi-Square	Pr > ChiSq
FACILITY	261	893.1680	<.0001
FIPS	98	135.6843	0.0071



THANK YOU!
ANY QUESTIONS?





Department of Medical Assistance Services



Commonwealth Coordinated Care Program Evaluation Update

Stakeholder Advisory Committee
October 22, 2014

Gerald A. Craver, PhD





Overview

- **Focus Group Study Overview**
- **Participant Recruiting Strategy, Discussion Questions, and Schedule**
- **Preliminary Focus Group Findings**
- **Beneficiary Surveys**
- **Next Steps**
- **Questions, Comments, or Concerns**



Focus Group Study Overview

- The purpose is to describe the early impact of the CCC Program by soliciting accounts of experiences from dual eligibles with LTSS and/or BH needs and to identify areas for program improvement
- Implemented using a plan developed by the evaluation team and reviewed by evaluation advisory committee and other stakeholders (http://www.dmas.virginia.gov/Content_pgs/cc-c-eval.aspx)



Participant Recruiting Strategy and Discussion Questions

- Currently partnering with VaCIL to recruit beneficiaries meeting certain criteria
 - receiving services from one of the five CILs assisting with this project
 - enrolled in CCC for at least three months and have experience working with a care coordinator
 - capable of communicating experiences in a group setting
- Discussion questions cover enrollment, care coordination, and quality of health care and life



Focus Group Schedule – CILs

- **Peninsula Center for Independent Living**
– October 8, 2014
- **Endependence Center, Inc.**
– October 21, 2014
- **Resources for Independent Living, Inc.**
– October 29, 2014
- **Disability Resource Center**
– November 5, 2014
- **Independence Empowerment Center**
– January 7, 2015



Characteristics of Focus Group Participants

- To date, one focus group consisting of six participants (two authorized representatives)
 - Two females and four males
 - Five African Americans
 - All enrolled in EDCD Waiver
 - Five high school/GED graduates
 - Average age 53.7 years (range: 41-90 years)
 - Three CCC enrollees and three CCC disenrollees
 - Four received HRAs
 - Three participated in ICTs



Preliminary Focus Group Findings

- Two broad categories of participant experiences were identified
 - Positive Features of the CCC Program
 - Enhanced Benefits
 - Care Coordination
 - Customer Service
 - Areas for Improving the CCC Program
 - Enrollment
 - Personal Care
 - Coverage
- ***These findings are subject to change***



Positive Features of the CCC Program

Enhanced Benefits

- **Additional benefits (e.g., dental and vision) are attractive**

Care Coordination

- **Relationships, listening to enrollees and explaining benefits, assistance obtaining services**

Customer Service

- **Good information that facilitates enrollment decisions**



Areas for Improving the CCC Program

Enrollment

- **Opted-out, but enrolled anyway**

Personal Care

- **Incorrect authorizations and personal care attendants not getting paid**

Coverage

- **Providers not in network and prescriptions not covered**



CCC Enrollee Telephone Survey

- Survey CCC enrollees who are also EDCD Waiver participants and receiving consumer-directed or agency-directed personal care services
 - Administered as a 30 minute telephone survey approximately six months after enrollment
- Questions cover medical care, personal care, demographics, and health status
 - Includes questions from existing surveys and look-back questions to compare to previous experience



CCC Decliner Telephone Survey

- Survey EDCD Waiver participants who declined enrollment in CCC Program
 - Administered as a 10 minute telephone survey approximately six months after receiving letters from DMAS
- Questions cover DMAS information materials, reasons for declining, concerns about lost services, who helped make decision, demographics, and health status



Next Steps

- Continue working with VaCIL to conduct focus groups
- Follow up with V4A and VaCSB to discuss focus group implementation plan
- Contact nursing facilities that expressed interest in assisting with the evaluation
- Work with MMPs to plan additional interviews and observations of care management activities



Department of Medical Assistance Services



Questions, Comments, or Concerns

- ***THANK YOU!***