



COMMONWEALTH of VIRGINIA

Department of Medical Assistance Services

September 15, 2015

DMAS Stakeholders:

The intent of this notification is to provide updated information on the Department of Medical Assistance Services' (DMAS') proposed Medicaid Managed Long Term Services and Supports (MLTSS) initiatives. This summer, DMAS requested stakeholder input on its proposed MLTSS plan to transition approximately 107,000 fee-for-service (FFS) Medicaid enrollees, the majority of whom receive long term services and supports, into a coordinated and integrated managed care program. As explained below, DMAS originally proposed transitioning enrollees in two phases. **However, based on stakeholder input, DMAS has revised the two-phased approach and will now transition these FFS Medicaid enrollees through a single comprehensive procurement and implementation plan.**

DMAS originally proposed a two phased implementation plan for MLTSS. Specifically, DMAS proposed:

- MLTSS – Phase I: Beginning July 1, 2016, enroll approximately 36,000 members who choose to opt out of the Commonwealth Coordinated Care (CCC) program into mandatory Medicaid managed care. Through this proposed MLTSS-I initiative, members who opt-out of the CCC program for their Medicare and Medicaid combined services would have been mandatorily enrolled with one of the three existing CCC health plans for their Medicaid services only. (Medicaid coverage for dual eligible members primarily includes the member's long term services and supports and community-based behavioral health treatment services; Medicare covers the majority of their medical services); and
- MLTSS - Phase II: Beginning July 1, 2017, transition approximately 70,000 individuals, including dual eligible members not eligible for the CCC program, and individuals receiving long term services and supports either through a waiver or who reside in a nursing facility, into mandatory managed care (known as MLTSS-II). The CMS duals demonstration rules governing the CCC program preclude DMAS from expanding the CCC program to include new populations, regions, and/or services. Therefore, consistent with State procurement rules, DMAS proposed to competitively procure health plans for MLTSS-II via a Request for Proposal (RFP).

In June 2015, as a part of DMAS' commitment to stakeholder involvement, DMAS released an opportunity to provide public comment on the proposed design and implementation of DMAS' proposed MLTSS initiatives. DMAS received input from 53 stakeholders, totaling over 137 pages of comments. A resounding theme that emerged from the public comment period was that numerous stakeholders requested that DMAS delay implementing mandatory managed care initiatives until after the CCC program ends on December 31, 2017 (new individuals will no longer be able to enroll in CCC starting June 30, 2017).

DMAS takes stakeholder input seriously. Accordingly, DMAS has decided to revise its proposed MLTSS plan. The revised MLTSS approach, described in the attached fact sheet, merges the originally two phased proposal into one comprehensive implementation design. As a result, DMAS will implement a single mandatory Medicaid MLTSS program beginning mid-year 2017. Under this single MLTSS program, the majority of the remaining fee-for-service populations, including those eligible for the CCC program, dual eligible members currently not eligible for the CCC program, and individuals receiving long term services and supports either through a waiver or who reside in a nursing facility, will be mandatorily enrolled in managed care. In December 2017, when the CCC program ends, DMAS will enroll these individuals into the MLTSS program on a phased-in basis.

DMAS will procure health plans to administer the MLTSS program through a competitive procurement. The MLTSS program will operate state-wide and will be phased-in regionally. Health plans may vary by region and at least two or more health plans will be selected to participate in each region. MLTSS health plans must be NCQA accredited or be in the process of acquiring NCQA accreditation and have the legal capacity to enter into a contract with the Department and have current certificates of authority to operate in the Commonwealth of Virginia, as determined by the Virginia Bureau of Insurance and the Virginia Department of Health. MLTSS plans must also have a contract approved by the Centers for Medicare & Medicaid Services (CMS), or be in the process of being approved by CMS, to operate as a Dual Eligible Special Needs Plan (D-SNP) in the localities where the health plan operates as an MLTSS plan.

DMAS appreciates your continued support and collaboration with the MLTSS initiative. DMAS also needs your help in assuring that this updated plan is shared with other interested individuals. DMAS will continue to share additional details on the MLTSS initiative to assure that stakeholders are fully informed and engaged. This notice and future updates regarding the MLTSS program will be posted on the DMAS MLTSS home page at: http://www.dmas.virginia.gov/Content_pgs/mltss-home.aspx.

DMAS welcomes input on the revised proposed MLTSS design and implementation plan. If you or your organization would like to submit comments, please send them to VAMLTSS@dmas.virginia.gov. Thank you for your dedication and continued service on behalf of all individuals who benefit from Virginia's Medicaid programs.

Fact Sheet: Virginia’s Managed Long Term Services and Supports (MLTSS) Initiative
(Revised September 15, 2015)

Consistent with Virginia General Assembly directives in years 2011 through 2015, over the next couple of years, the Department of Medical Assistance Services (DMAS) will transition the majority of the remaining Medicaid fee-for-service populations into a managed long-term services and supports (MLTSS) program. DMAS intends to launch an MLTSS program that provides a coordinated system of care that focuses on improving quality, access, and efficiency.

The MLTSS populations will include: (1) individuals with full Medicaid and Medicare benefits (known as dual eligibles) and (2) individuals who receive Medicaid and long term services and supports (LTSS) either through an institution or through one of DMAS’ six (6) home and community based services (HCBS) waivers. At this time, Medicaid managed care for individuals enrolled in the Day Support for Persons with Intellectual Disabilities (DS); Intellectual Disabilities (ID); and, Individual and Family Developmental Disabilities Support (DD) Waivers is being considered for their acute and primary care services, only. While DMAS is exploring the feasibility of managed or integrated care models for the ID, DD, and DS Waivers, these individuals will continue to receive their home and community-based LTSS through Medicaid fee-for-service until the Department of Behavioral Health and Developmental Services (DBHDS) completes the redesign of these Waivers.

The DMAS MLTSS program design is briefly described in the table below.

Managed Long-Term Services and Supports (MLTSS) Program Design			
Included Populations	Integrated Benefit Design	Health Plans	Program Roll-Out
<ul style="list-style-type: none"> ✚ Approximately 50,000 duals with full Medicaid benefits ✚ Approximately 20,000 non-dual individuals receiving long-term services and supports* ✚ CCC participants when the CCC demonstration ends (December 2017) 	<ul style="list-style-type: none"> ✚ MLTSS will operate using an integrated benefit design ✚ Services will include primary and acute, long-term services and supports, behavioral health, and substance use disorder services** ✚ Care coordination will be available through the health plans. 	<ul style="list-style-type: none"> ✚ Health plans will be selected through a competitive (RFP) procurement process ✚ Selected plans must have or be working towards obtaining: 1) NCQA accreditation, and 2) approval by CMS to operate as a Dual Special Needs Plan (D-SNP) ✚ MLTSS will operate state-wide; plans may vary by region; there must be at least two health plans per region 	<ul style="list-style-type: none"> ✚ MLTSS will be phased-in regionally beginning in the Spring of 2017 ✚ CCC demonstration participants will be transitioned when the CCC demonstration program ends on December 2017. <i>(Individuals who opt-out of CCC may transition into MLTSS earlier, i.e., when CCC ceases to enroll new participants starting June 30, 2017)</i>
<p><i>*Individuals enrolled in the ID, DD, and DS Waivers will continue to receive their home and community-based LTSS through Medicaid fee-for-service until the Department of Behavioral Health and Developmental Services completes the redesign of these Waivers. Individuals residing in ICF-IID facilities will be excluded from MLTSS until after the completion of the redesign.</i></p> <p><i>**Services that will be carved-out of the health plan contract include: dental services, which will be covered through the DMAS Smiles for Children program, school health services, which will be provided through the DMAS fee-for-service program, and ID, DD, and DS Waiver services (per above). Other carved-out services are being considered.</i></p>			

Please visit the DMAS website at http://www.dmas.virginia.gov/Content_pgs/mltss-home.aspx for more information about the MLTSS program. Updates regarding the status of the program will be posted to the website on a regular basis. For questions, contact DMAS at VAMLTSS@dmas.virginia.gov.