

Fact Sheet: Virginia's Managed Long Term Services and Supports (MLTSS) Initiative
(Revised October 5, 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 31, 2017
<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.