

Effective July 1, 2020, the Department of Medical Assistance Services shall have the authority to include the following modifications to the Commonwealth Coordinated Care Plus and the Medallion 4.0 contracts.

The following list was reviewed by DPB, approved by the Governor and/or the General Assembly as contract amendments that we will be working on in conjunction with our health plans:

1. Expanding care coordination for adoption assistance members that mirrors services currently provided to foster care children as both need special assistance.
2. Requiring that foster care children receive a physician and dental visit within the first 30 days of plan enrollment.
3. Providing cultural competency training and case management initiatives specific to the LGBTQI community.
4. Requiring Patient Utilization Management and Safety (PUMS), which keeps a member, with either a history of prescription drug abuse or other utilization abuse, with one provider. Requires PUMS Program “lock-in” re-evaluations for members changing plans.
5. Requiring additional care coordinators for the early intervention population as we continue to mature the program.
6. Developing advisory groups for member feedback and engagement surrounding maternal, child, and women's health as part of our work on the Governor's maternal projects.
7. Developing strategies to keep mom and baby together during residential SUD treatment as studies show that there are clinical and behavioral benefits of keeping mom and baby together.

8. Identifying and addressing racial disparities in maternal, reproductive and child health, as part of the Governor's charge to eliminate disparity by 2025.
9. Improving care coordination of the high-risk maternity programs as we develop more initiatives.
10. Requiring maternal screenings for substance abuse (SBIRT).
11. Require maternal screenings for mental health.
12. Requiring CCC Plus plans to upgrade from Medicare Dual Special Needs Plans (D-SNPs) to Medicare Fully Integrated Dual Eligible Special Needs Plans (FIDE-SNPs).
13. Waiving the signature requirement for non-emergency transportation providers in support for transportation options such as Uber and Lyft.
14. Establishing payment targets for the total portion of medical spending covered under a value based payment arrangement.
15. The General Assembly also has a initiated number of initiatives that we are evaluating for incorporation into the July 1 contracts

### Some examples:

- New services: smoking cessation, adult dental
- New payment models: PBM spread pricing, ER triage, hospital readmission
- Rate increases: DME, personal care
- Language clarification: Community Mental Health service authorizations
- Workgroups that require plan participation
- Elimination of EVV requirement for live-in caregivers