COMMONWEALTH COORDINATED CARE PLUS

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Deputy Director for Complex Care and Services
Department of Medical Assistance Services
- Populations
- Services
- Open Enrollment
- Care Coordination
- Waiver Services Update
- Resources
Managed Long Term Services and Supports

- Medical, behavioral health and long-term services and supports
- Health Plans cover services within at least equal amount, duration, and scope as Medicaid
- Health Plans provide additional benefits and linkages to resources to address social determinants of health
- Very few carved-out services (e.g., dental, school health, and Developmental Disabilities Waiver services)
- Care coordination for all enrollees
CCC Plus Populations

Approximately 240,000 individuals, including:

- Adults and children living with disabilities
- Individuals living in Nursing Facilities (NFs)
- Individuals in the CCC Plus Waiver (formerly the Technology Assisted Waiver and Elderly and Disabled with Consumer Direction Waiver)
- Individuals in the 3 waivers serving the Developmental Disabilities populations for their non-waiver services
- Medically complex individuals eligible through Medicaid Expansion
- Governor’s Access Plan members transitioned to CCC Plus on January 1, 2019
What Services are Covered?

• Doctor, hospital and emergency services, including primary and specialty care
• Prescription drugs
• Laboratory and X-ray services
• Maternity and newborn care
• Home health services
• Behavioral health services, including addiction & recovery treatment services (ARTS)
• Rehabilitative services, including physical, occupational and speech therapies
• Family planning services
• Medical equipment and supplies
• Long-term services and supports (within DMAS coverage criteria and guidelines)
• And more

See your health plan member handbook for more information.
Open Enrollment

CCC Plus open enrollment period is from October 1, 2019 – December 18, 2019. Health plan changes are effective on January 1, 2020.

CCC Plus open enrollment for Medicaid Expansion members is from November 1, 2019 – December 18, 2019. Health plan changes are effective on January 1, 2020.

Continuity of Care period – 30 days to see existing health care providers.
Comparison Chart – Added Benefits

[Table with plans and benefits listed]

https://cccplusva.com/member-materials
### Added Benefits, Limits and Rules

**Anthem HealthKeepers Plus**

**Commonwealth Coordinated Care Plus (Anthem CCC Plus)**

**2019 Enhanced Benefits**

**Member Services:** 1-855-323-4687 (TTY 711)

Select option 4 to connect to the 24/7 NurseLine.

<table>
<thead>
<tr>
<th>Added benefit</th>
<th>Services and limits</th>
<th>Qualifying members</th>
<th>Approval criteria</th>
</tr>
</thead>
</table>
| **DENTAL**    | * One routine exam and cleaning every six months*  
                * One set of bitewing x-rays every 12 months* | Members 21 and older | No preapproval required |
| **VISION**    | * One exam per year*  
                * Up to $100 for one pair of glasses (lenses and frames) every 12 months* | Members 21 and older | No preapproval required |
| **AIR PURIFIER** | * One table top air purifier delivered to your home* | Members diagnosed with asthma or similar pulmonary concerns | Approval by a care coordinator required |
| **SMARTPHONE** | * Free smartphone and monthly plan through the Safelink program, which includes:*  
                o 350 minutes  
                o 1 GB of data  
                o Unlimited texts  
                o Unlimited calls to Member Services  
                o Text message reminders about upcoming doctor visits | Members 18 and older  
                *Limit one benefit per household* | Members must apply through SafeLink |

[https://cccplusva.com/member-materials](https://cccplusva.com/member-materials)
Implementation of Common Core Formulary in the CCC Plus Managed Care Program

• CCC Plus health plans adopted a Common Core Formulary
• Uniform drug coverage for CCC Plus enrolled Medicaid members
• Health Plans required to cover all ‘preferred’ drugs on Virginia Medicaid’s PDL
  ▪ May add drugs to formulary
  ▪ May not remove drugs or place additional restrictions
• Does not apply to Medicare and Medicaid beneficiaries
  ▪ Drug benefits governed by Medicare Part D guidelines
• Medicaid Memo dated July 17, 2017
Care Coordinator Role

Every member is assigned an MCO Care Coordinator who performs the following functions

Assess
- Conduct/coordinate Health Risk Assessment
- Identify barriers to optimal health

Plan
- Drive the development of person-centered, individualized care plan
- Include plan to support social determinants of health

Communicate
- Establish collaborative relationships that connect the enrollee, MCO, and providers

Coordinate
- Help navigate the health care system
- Coordinate team of health care professionals
- Support care transitions

Monitor
- Track progress towards goals
- Monitor status to avoid disruption in care
- Update plan of care
Care Coordinator Contact Information

- CCC Plus Members are assigned a Care Coordinator to personally assist members and their treating providers.
- For assistance identifying a member’s Care Coordinator, please contact the assigned health plan directly at:

<table>
<thead>
<tr>
<th>Aetna</th>
<th>Anthem</th>
<th>Magellan</th>
<th>Optima</th>
<th>UnitedHealthCare</th>
<th>VA Premier</th>
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</table>
CCC Plus Waiver Services

- Adult Day Health Care
- Personal Assistance Services
- Private Duty Nursing
- Respite care
- Services Facilitation

- Assistive Technology
- Environmental Modifications
- Personal Emergency Response System and Medication and Monitoring
- Transition Services
Medicaid Memo issued July 11, 2018 indicating that as of September 1, 2018, the following services for members under age 21 must go through EPSDT for authorization:

- Personal Care
- Private Duty Nursing
- Assistive Technology
• As of May 1, 2019, personal care can be authorized through the CCC Plus Waiver for members under age 21
• Private Duty Nursing and Assistive Technology will continue to be authorized through EPSDT for members under age 21
Requests for CCC Plus Waiver Review

• For members who experienced personal care hour reductions under EPSDT and indicate their needs are not met, the provider may submit a new authorization request to have hours reviewed under the CCC Plus Waiver criteria.

• Reminder: Providers are required to ensure that services are adequate to meet the member’s needs.
Client Appeals Process

2 Levels

1. CCC Plus Health Plan
   - Appeal any adverse benefit determination or medical decision, including denial or partial approval of service authorizations or claims

2. DMAS State Fair Hearing
   - After exhausting the health plan’s appeal process member can appeal through the State fair hearing process
Office of the State Long-Term Care Ombudsman: Role of the CCC Plus Advocate

CCC Plus Advocates can help with:

• Enrollment and Disenrollment
• Continuity of Care
• Access to covered benefits, urgent needs, prescription drugs, behavioral health care and long-term services and supports
• Timeliness of Plan Responses to Member Questions and Needs
• Questions about Bills, Care Coordination, and Plan Benefits
• Information and Assistance with Grievances and Appeals

Office of the State Long-Term Care Ombudsman
Department for Aging & Rehabilitative Services
1-800-552-5019 TTY Toll-free 800-464-9950
www.ElderRightsva.org
CCC Plus Waiver Resources

- For CCC Plus Waiver Policy-Related Questions: cccpluswaiver@dmas.virginia.gov

- For Consumer-Directed or Service Facilitation Questions or Issues: cdfs@dmas.virginia.gov
QUESTIONS OR CONCERNS: CCCPLUS@DMAS.VIRGINIA.GOV

Thank you!