

High Needs Employment And Housing Supports

Virtual Town Hall

Wednesday, October 14, 2020

Virginia Department of Medical Assistance Services (DMAS)
600 E Broad St., Richmond, VA 23219

Meeting Objective



- **Status update on High Needs Supports negotiations and policy development.**
- **Walk through the proposed policy and operational design for the High Needs Supports benefit.**
- **Solicit and incorporate feedback on the High Needs Supports benefit design.**

Agenda

- **Context for the High Needs Supports Benefit**
- **High Needs Supports Program Overview**
- **High Needs Supports Policy and Operational Design**
- **Next Steps**

- **Context for the High Needs Supports Benefit**

Overview of the 1115 Waiver Negotiations

On June 7, 2018, Governor Northam signed the 2018 Virginia Acts of Assembly Chapter 2 (2018 Appropriations Act), which authorized Medicaid expansion and directed DMAS to submit an 1115 waiver application, inclusive of a supportive housing and employment benefit (“High Need Supports”).

September 20, 2018 –
November 20, 2018



DMAS released the 1115 waiver, inclusive of the High Needs Support benefit, for public notice, receiving over 1,800 comments. DMAS submitted the waiver to the federal government.

December 7, 2018 –
January 6, 2019



The federal government released the 1115 waiver for the federal public comment period; the public provided additional input on High Needs Supports.

January 6, 2019 –
July 9, 2020



DMAS and the federal government negotiated 1115 waiver Special Terms and Conditions (STCs), which established the High Needs Supports benefit design.

Due to COVID-19 priorities, CMS formal approval of HNS STCs was delayed.

July 9, 2019



DMAS received final approval from the federal government.

The existing Addiction Recovery and Treatment Services (ARTS) and former foster youth coverage provisions as well as the new High Needs Supports program remain part of Virginia’s 1115 demonstration waiver.

July 2020
Present



Prior to implementation of the High Needs Supports benefit in July 2022, DMAS will continue to finalize policy and operational decision making while engaging stakeholders.

Virginia’s 1115 demonstration waiver is now titled Building and Transforming Coverage, Services, and Supports for a Healthier Virginia.

*ARTS = Addiction and Recovery Treatment Services.

Status of Policy and Operational Design for the High Needs Supports Benefit



DMAS has developed a High Needs Supports (HNS) Policy Paper* through:

- **Multiple working sessions and iterating with internal stakeholders and state agency partners.**
- **Interviews with and comprehensive reviews of best practices from other states with similar supportive housing and/or employment benefits authorized under 1115 waivers.**
- **Negotiating and iterating with the federal government.**

The program design decisions memorialized in the Policy Paper reflect the agreed upon special terms and conditions negotiated with the Centers for Medicare and Medicaid (CMS) as well as input from state agency partners.

DMAS will continue to seek stakeholder input to further guide the operational and implementation design of the High Needs Supports program.

***The HNS Policy Paper has been posted for your review
<http://www.dmas.virginia.gov/#/highneedssupport>**

High Needs Supports Program Overview

High Needs Supports Eligibility

The High Needs Supports benefit targets Medicaid enrollees age 18 or older enrolled in the managed care delivery system.

High Needs Supports Eligibility

Individual must meet at least one:

- Needs-Based Criteria:** _____
- Behavioral health need (i.e., mental health or substance use need (SUD))
 - Need for assistance with activities of daily living
 - Complex physical health need

And individual must meet at least one:

- Housing Risk Factor(s):** _____
- At risk of homelessness
 - Homelessness
 - History of frequent or lengthy stays in an institutional setting, assisted living facility, or residential setting
 - History of frequent emergency department (ED) visits and/or hospitalizations
 - History of involvement with the criminal justice system
 - History of frequent moves or housing loss due to behavioral health symptoms

High Needs Supports Eligibility (Continued)

Or:

- Employment Risk Factor(s):** _____
- Unable to be employed for at least 90 consecutive days due to mental or physical impairment
 - Unable to obtain or maintain employment resulting from age, disability, or brain injury
 - More than one instance of inpatient or outpatient SUD service in the past two years
 - At risk of deterioration of mental illness and/or SUD

And be expected to benefit from housing and/or employment supports.

To ensure there is no duplication of federal funding and to promote access to the benefit, DMAS will limit the High Needs Supports benefit to individuals who are not receiving services through an existing Section 1915(c) developmental disability (DD) waiver. Being on a DD waitlist, however, will not preclude eligible individuals from receiving the High Need Supports benefit.

High Needs Supports Services

High Needs Supports services will allow individuals to secure and maintain housing and employment, thereby meaningfully impacting health outcomes.



Housing Supports Service Examples

- **Individual Housing and Pre-Tenancy Services** (e.g., assisting in budgeting for housing/living expenses, identifying and securing rental assistance).
- **Individual Housing and Tenancy Sustaining Services** (e.g., providing assistance with securing and maintaining entitlements and benefits, providing education on roles/responsibilities of the tenant and landlord).
- **Community Transition Services*** (i.e., supports that cover expenses necessary to enable individuals to obtain independent, community-based living).



Employment Supports Service Examples

- **Pre-Employment Services** (e.g., training to improve executive functioning skills, individualized job development and placement, mentoring and career coaching).
- **Employment Sustaining Services** (e.g., financial and health literacy, follow-along services, payment for public transportation, assistance with linking to high quality child care and after-school programs).

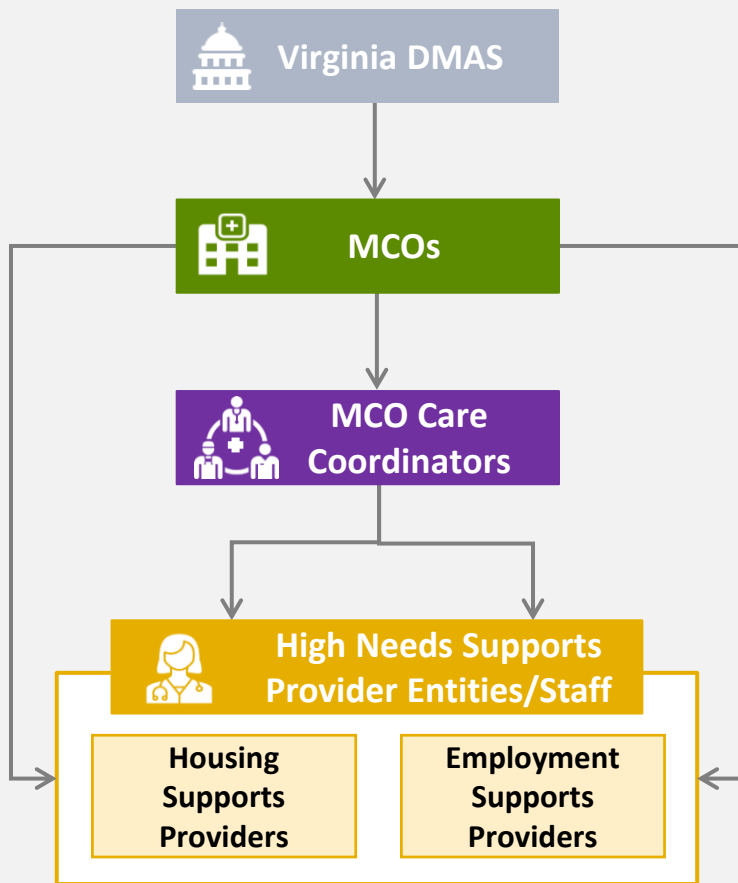
DMAS developed the list of services through an assessment of Virginia's Medicaid enrollees' needs, reviewing best practice models in other states, and iterating with stakeholders and CMS. Detailed descriptions of the HNS services are available beginning on page 81 of the Special Terms and Conditions, which is available on the DMAS HNS webpage.

* Community Transition Services are only available to High Needs Supports enrollees transitioning out of an institutional setting and/or provider-owned and operated congregate living arrangement.

High Needs Supports Program Administration

MCOs administering the CCC Plus managed care program will be responsible for the High Needs Supports benefit with DMAS overseeing the program administration.

Key Entities



Key Roles and Responsibilities

Virginia DMAS

- Accountable for High Needs Supports program operations, oversight, implementation, monitoring, and evaluation to ensure program integrity, as well as compliance with federal and state requirements and Medicaid managed care contractual obligations.
- Contract with and pay CCC Plus managed care organizations (MCOs) for providing approved High Needs Supports services and related activities.

MCOs

- Facilitate the launch of and administer the High Needs Supports program at the plan level, consistent with DMAS requirements.
- Identify and screen potentially eligible members, and manage referrals.
- Oversee MCO care coordinators providing care management.
- Contract with and pay claims for providers of housing and employment supports who deliver services to High Needs Supports enrollees.

MCO Care Coordinators

- Coordinate care for High Needs Supports enrollees, including managing their physical, behavioral, and non-medical care needs.
- Assess and reassess the needs of enrollees determined eligible.
- Develop and maintain person-centered care plans.

High Needs Supports Provider Entities and Staff

- Deliver housing and employment supports services to enrollees.
- Comply with provider requirements as determined by federal regulations, CCC Plus contract requirements, and provider agreements.

Managed Care Organizations

Aetna Better Health of Virginia

- **Goals for implementation:**

- Develop housing & employment provider network
- Training for provider relations on network requirements
- Training for case management department on referral process and program requirements
- Enhance current internal housing & employment referrals by case managers to include eligibility criteria

- **How will this benefit impact outcomes:**

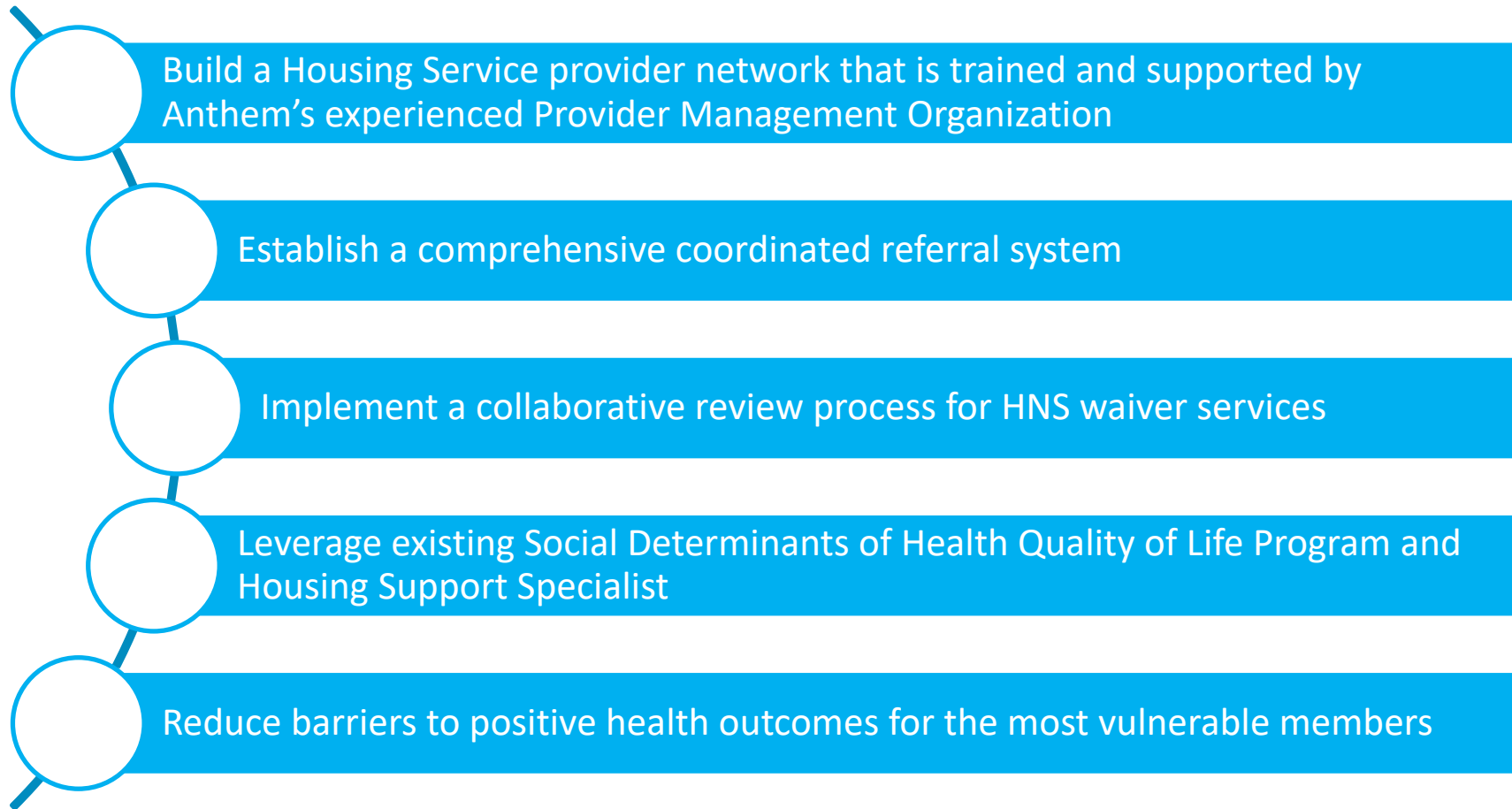
- Improve communication & expand capacity with our housing service providers
- Expand our outreach and assistance to members with job application process
- Provide additional short-term educational trainings for members to access their employment interests & preferences available in their area
- Provide opportunities for competitive employment beyond entry level/minimum wage to our members

- **Current work of housing and employment specialist roles:**

- Housing specialist:
 - Identifies through CM referrals members to reside in permanent housing
 - 2020 Housing Placements:
 - 4 members obtained permanent housing
 - 171 members placed on variety of housing wait lists
 - Promote financial self-sufficiency by equipping members with tools needed to make informed housing and financial decisions
 - Find members affordable, safe, and stable housing and ensure renter's rights has not been violated, which reduces homelessness
- Employment Specialist:
 - Identifies through CM referrals members seeking employment assistance/information:
 - 2020 Employment placements:
 - 60 referrals
 - 30 members have obtained new employment
 - Provides educational training sessions across the state for members to learn how to access employment opportunities of their interest and preferences available in their area

Anthem

Implementation Goals: To implement a collaborative program that fosters improved health outcomes by connecting Housing and Employment Community Supports and Anthem Care Coordination for our most vulnerable members.



Magellan Complete Care (MCC) of VA

- **Goals for HNS Implementation:**
 - Enhanced care coordination addressing the whole person (SDOH, complex BH/SUD/PH needs)
 - Utilization of EBP to address housing and employment
 - Enhanced outcomes/program quality through use of EBP, training, and partnership with providers and members
- **Current MCC of VA Housing and Employment Program:**
 - **Goals:**
 - Members to gain and maintain safe & affordable housing, employment, financial stability, and enhanced community tenure
 - **Priorities:**
 - Engage and enhance relationships:
 - Members
 - Providers (CSBs, shelters, furniture/food banks, workforce centers, etc.)
 - Local planning groups, outreach providers, DARS, VEC, ESOs, financial resources, legal aid, etc.
- **Housing:**
 - **May 2020-current**
 - 430 members engaged
 - 145 members - no longer in need of housing assistance
 - May-July 2020: 8 members living with family/friends, 14 members secured independent apartment/room for rent, 1 member moved to PSH, 28 members no longer need assistance.
- **Employment:**
 - **May 2020-current**
 - 101 members engaged
 - 41 members achieved their goals.
 - May-July 2020: 3 members gained full-time employment during the midst of a global pandemic
 - Others continue to engage with community resources in hopes of future employment

Optima Health Plan

How HNRP will make an impact:

- Maslow introduced the concept of “The Hierarchy of Needs,” a theory that is expressed in the form of a five-tiered pyramid. The five tiers represent hierarchical human needs. Human needs that are lower down in the hierarchy must first be satisfied in order to successfully progress through the hierarchy.
- When applying these five tiers within health care, this hierarchy translates into what’s described as Social Determinants of Health (SDOH). Most would agree that meeting basic needs, such as housing & employment, gives members the foundation & stability to focus on improving health, well-being & quality of life.

Current work in housing & employment:

- Optima partners with local community leaders to identify resources such as housing & employment via Community Partnerships, Community Advisory Boards & resources such as the Unite Us platform.
- Many outreach team members are Community Health Workers.
- Optima employs Regional Housing Specialists who understand the challenges and available resources to work with members to locate housing in their communities.
- Sentara, OPH & LISC \$10 million partnership for SDOH, including low cost housing development and career training.

Implementation Goals:

- Develop a dedicated Project Management Team by Q2 2021.
- Build a robust network of housing & employment providers by Spring 2022.
- Train Care Coordination teams how to assess, refer & apply the benefit by Spring 2022.
- Build the internal infrastructure to support the program by Q1 2022.
- Leverage existing outreach team & programs to assist members on waiting list by Q1 2022.

UnitedHealth Community Plan of Virginia

■ Integrity ■ Compassion ■ Relationships ■ Innovation ■ Performance

■ Keys to Successful Implementation

- Leveraging existing community resources
- Assisting potential HNS providers navigate becoming a billing Medicaid provider
- Sharing our experiences with community HNS providers to produce the outcomes for members

■ Benefit Impacting Health Outcomes

- SDoH are interfering with health status of members and reducing the effectiveness of medical interventions.

■ United's Efforts to Impact SDoH

- Proposing 23 new SDoH codes to the ICD-10 governing committee
- Invested more than \$300M in low-income tax credits aligned to communities where we support Medicaid beneficiaries
- United has a local dedicated navigator focused on leveraging community resources
- Working with a local housing partner on a "Housing First" pilot
- Partnership with ResCare to integrate health and wellness into individual employment assessments
- Embedded Community Health Workers at the Roanoke Job Center
- Tracking referrals into our care coordination systems for improved coordination

Goals to address housing and employment

- Create a designated team to support SDoH strategy
 - Housing Specialist
- Embed questions initial and follow-up assessments
- Expand Resources
 - Databases
 - Social Workers
 - Partnership/Community Relationships
- Track and trend data with regional split
 - Targeted resource allocation

- **High Needs Supports Policy and Operational Design**

Minimum Provider Staff Qualifications

High Needs Supports provider staff (employed by certified provider entities – e.g., Community Services Boards, Employment Service Organizations) who deliver housing and employment supports services must maintain the following minimum qualifications, negotiated with and approved by the federal government:

Provider Staff Type	Education and Experience	Skills	Services
Housing Supports	<ul style="list-style-type: none"> Education (e.g., Bachelor’s degree, Associate’s degree, certificate) in a human/social services field or a relevant field; and/or 	Knowledge of principles, methods, and procedures of services included under housing supports services, or comparable services meant to support an individual’s ability to obtain and maintain stable housing.	Individual Housing Transition Services; Individual Housing and Tenancy Sustaining Services; and Community Transition Services.
Employment Supports	<ul style="list-style-type: none"> At least one year of relevant professional experience and/or training in the field of service. 	Knowledge of principles, methods, and procedures of services included under employment supports services, or comparable services meant to support an individual’s ability to obtain and maintain stable employment.	Pre-Employment Services (individual and small group); and Employment Sustaining Services (individual and small group).

Note: Credentialing is an industry-standard, systemic approach to the collection and verification of professional qualifications. Credentialing

High Needs Supports Provider Entities

DMAS will require MCOs to contract with a network of housing and employment supports provider entities by leveraging existing providers in the community that are experienced and qualified to address the health-related needs of the population. Provider entities will also be enrolled in Medicaid, credentialed, and expected to meet DMAS-determined standards (e.g., National Committee for Quality Assurance (NCQA)).



Housing Supports Providers

- **Homeless Service Providers:** In their current capacity, they organize and deliver housing and services to meet the specific needs of people who are homeless as they move to stable housing and maximum self-sufficiency.
- **Community Services Boards:** In their current capacity, they serve as the single point of entry into publicly funded mental health, SUD, and developmental services.²
- **Other:** Organizations and entities with experience obtaining and sustaining independent housing for individuals with disabilities including but not limited to Centers for Independent Living, Public Housing Authorities and other housing providers to be developed.



Employment Supports Providers

- **Employment Service Organizations:** In their current capacity, they are approved by the Department for Aging and Rehabilitative Services (DARS) to provide employment and vocational rehabilitation services to individuals with disabilities.³
- **Community Services Boards:** In their current capacity, they serve as the single point of entry into publicly funded mental health, SUD, and developmental services.²
 - Some Community Services Boards act as Employment Service Organizations in their region/area.
- **Other:** Other employment providers to be developed.

High Needs Supports Provider Credentialing

Provider entities will be enrolled in Medicaid, credentialed, and expected to meet DMAS-determined standards (e.g., National Committee for Quality Assurance (NCQA)).

- Credentialing is an industry-standard, systemic approach to the collection and verification of professional qualifications. Credentialing includes a review of relevant training, licensure, accreditation, certification and/or registration to practice in a healthcare field as well as academic background.
- DMAS and the MCOs (contingent upon DMAS approval) may also impose credentialing requirements beyond the minimum provider qualifications stated in the STCs (e.g., Commission on Accreditation of Rehabilitation Facilities).
- While some of providers already contract with Medicaid, DMAS realizes the majority have limited exposure to Medicaid managed care and will require initial and ongoing support from DMAS and the MCOs.

Network Adequacy and Provider Training

To ensure successful program implementation, MCOs will need to build new partnerships with community based organizations, contracting with provider entities, and staff with a range of expertise and experience.

Network Adequacy Requirements

To ensure the High Needs Supports population receives needed services, DMAS will leverage existing network adequacy contractual requirements, including:

- Requiring MCO networks to meet the CCC Plus access to care standards.
- Asking MCOs to describe the provider types and new time and distance standards.
- Holding MCOs accountable for identifying gaps and assessing the adequacy of their provider networks.

Provider Training Requirements

- Staff providing High Needs Supports services will receive DMAS-approved trainings on evidence-based principles and practices, as well as other applicable trainings in accordance with the CCC Plus contract.
- Provider training and education may include topics, such as:
 - Compliance with the Home and Community-Based Services (HCBS) Settings Rule;
 - Contractual obligations (e.g., reporting, billing, data collection/submission); and
 - The special needs of the High Needs Supports population.
- MCOs will conduct/ensure the provision of ongoing High Needs Supports training for providers.

HNS Provider Qualifications-Provider Trainings

Phase I

- HNS Program Implementation Training
 - HNS services
 - MCO credentialing process and maintenance
 - Best practices for HNS services
- HNS Provider Network Development Training
 - Billing for Medicaid services

Phase II

- HNS Certification Program
- HNS Learning Collaborative

High Needs Supports Enrollment Cap and Waitlists

Virginia's High Needs Supports program will include an enrollment cap established by the General Assembly, as well as separate waitlists for housing and employment supports. The General Assembly will allocate High Needs Supports "slots" annually.



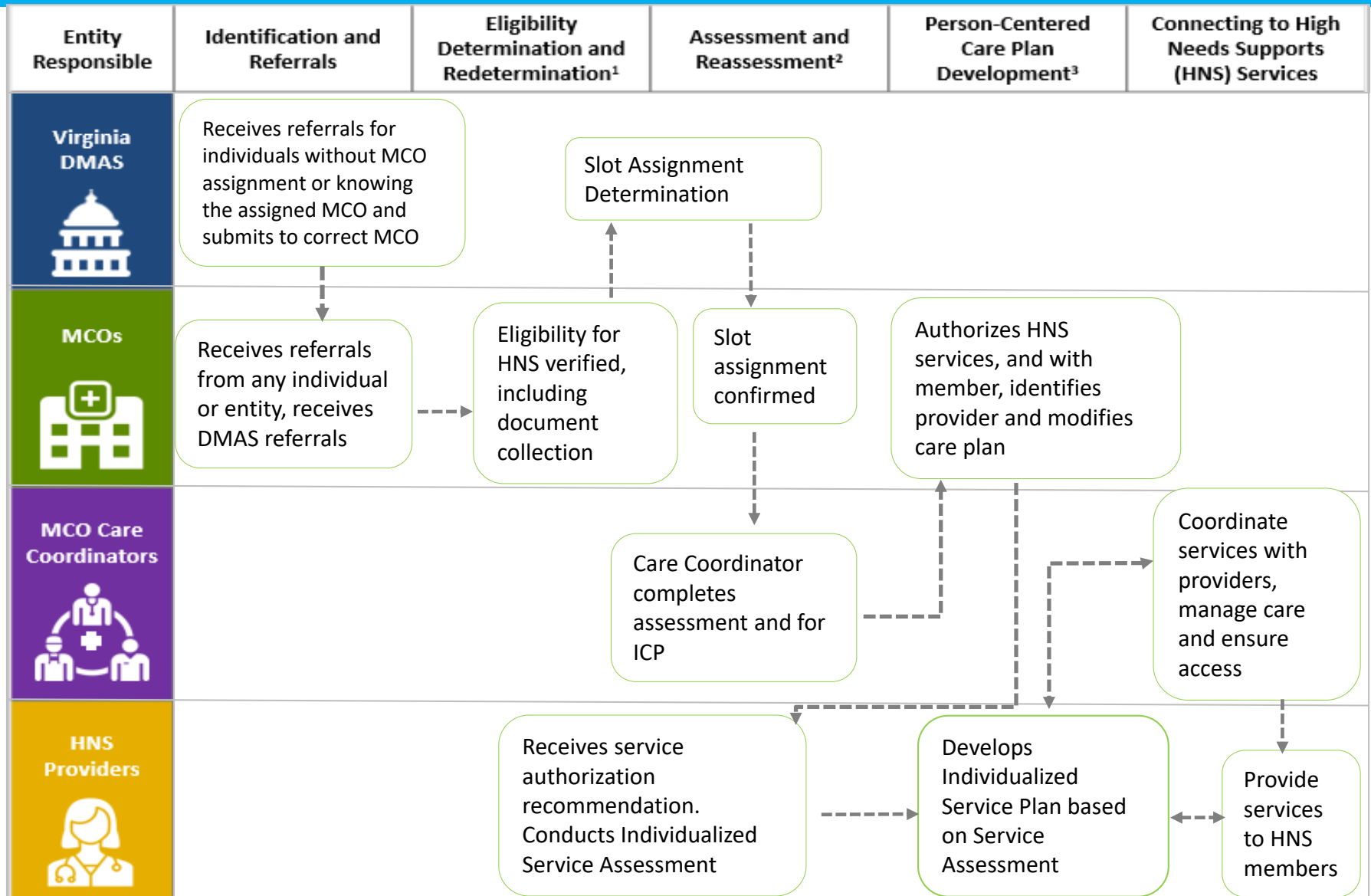
- DMAS will manage the High Needs Supports enrollment cap and waitlists.
- DMAS will operate the enrollment cap/waitlist processes on a statewide basis.
- Prioritization criteria will be flexible, allowing DMAS to quickly implement changes (e.g., to respond to COVID-19 or other unforeseen circumstances), and will prioritize individuals based on level of need as required by state and federally-funded programs that serve homeless individuals.
- DMAS will continue to work with critical stakeholders to operationalize the High Needs Supports waitlist, including considerations for aligning with other waitlists and defining emergency prioritization criteria.
- DMAS and the MCOs will communicate on a set monthly schedule to confirm slot assignments.

Identification and Referrals of Potentially Eligible Enrollees

DMAS will leverage multiple pathways to ensure a “no wrong door” approach to identifying enrollees who may be eligible for High Needs Supports. Information regarding enrollees identified as potentially eligible will be referred by DMAS to MCOs to confirm eligibility for the benefit.

Entity	Sources of Identification
<p>State Agencies</p>	<ul style="list-style-type: none"> ▪ Claims/Encounter Data Review. The data review will include individuals found to be medically complex and enrolled in or slated for enrollment in CCC Plus; individuals participating in a state-certified drug court program; individuals with a disability determination based on Social Security Act; and individuals with frequent emergency department visits. ▪ Other State Agency Processes. Other state agencies will identify enrollees who may be eligible for High Needs Supports in addition to DMAS.
<p>MCOs</p>	<ul style="list-style-type: none"> ▪ Member Screening. MCOs will use the MCO Member Health Screening (MMHS) tool to identify potentially eligible individuals. ▪ Risk Stratification. MCOs will leverage and enhance existing risk stratification processes in CCC Plus to identify members who require High Needs Supports.
<p>MCO Care Coordinators</p>	<ul style="list-style-type: none"> ▪ Care Coordination. Care coordinators providing care coordination to CCC Plus enrollees will identify Medicaid enrollees who may be eligible.
<p>Providers</p>	<ul style="list-style-type: none"> ▪ Provider Attestations. Providers (contracted and non-contracted) will attest to individuals meeting certain needs-based criteria and risk factors (particularly when MCOs have limited claims history). ▪ Workforce Centers and CBOs Processes. Workforce centers that already refer enrollees to DARS, and community based organizations will identify and refer high need enrollees to DMAS. ▪ Local Agency Process. Local agencies will identify enrollees who may be eligible for High Needs Supports through local referral networks.
<p>Individual</p>	<ul style="list-style-type: none"> ▪ Self-Referrals. Individuals will self-refer to providers, MCOs/MCO care coordinators, and state agencies. ▪ Consumer Advocacy Organizations. Advocacy organizations will identify enrollees who may be eligible for High Needs Supports through consumer engagement.

Pathway to High Needs Supports Services



High Needs Supports Eligibility Determination and Redetermination

Pause for Questions

To determine High Needs Supports eligibility, MCOs will screen new members and existing CCC Plus members using a one page High Needs eligibility screening tool (to be developed by DMAS).

- MCOs will use the information gathered through the screening to determine and document an enrollee's eligibility for High Needs Supports.
- The documentation will provide the rationale for the enrollee meeting the needs-based eligibility criteria and risk factors.
- MCOs will be responsible for tracking the number of enrollees determined eligible and sharing screening/prioritization information with DMAS. DMAS will ultimately confirm eligibility and waitlist prioritization.
- MCOs may redetermine High Needs Supports eligibility for members on the waitlist(s) when a "slot" becomes available, pending DMAS' development of requisite rescreening timeframes for members on the waitlist(s).
- MCOs will redetermine High Needs Supports eligibility for all members immediately following the member's annual Medicaid eligibility redetermination.
- MCOs will also conduct ongoing data surveillance and identification of members to monitor any changes to members' High Needs Supports status.

Care Management: Assessment & Reassessment

Once a member obtains a HNS slot, MCO care coordinators will conduct a provide to enrollees determined eligible for the benefit a standardized High Needs Supports assessment of their housing and employment supports needs, goals, and preferences.

- The High Needs Supports assessment will be treated as a **supplement to Virginia's CCC Plus Health Risk Assessment (HRA).**
- **MCOs will be able to modify the assessment** (with DMAS review and approval) to collect additional information related to High Needs Supports.
- Over time, **the High Needs Supports Assessment and the CCC Plus HRA will be aligned** to the extent possible (e.g., delivered at the same time).
- MCO care coordinators will **reassess enrollees every 365 calendar days at minimum, or upon an enrollee's request/change in circumstances.**

High Needs Supports Assessment

At minimum, the assessment will address the following:

- ✓ Enrollees' immediate support needs and current services;
- ✓ Enrollees' support goals and preferences;
- ✓ Other state or local services currently used;
- ✓ Health conditions;
- ✓ Physical, intellectual or developmental disabilities (I/DDs);
- ✓ Medications;
- ✓ Informal caregiver or social supports, including peer supports;
- ✓ Current and past mental health and substance use status and/or SUD; and
- ✓ Social determinants of health.

Care Management: Person-Centered Care Plan Development

Together with the interdisciplinary care team, MCO care coordinators will develop and monitor the High Needs Supports person-centered care plan to reflect enrollees' housing and employment-related needs, goals, and preferences.



- MCO care coordinators will use the High Needs Supports person-centered care plan to:
 - ✓ Connect enrollees to services authorized by the MCO;
 - ✓ Refer enrollees to housing and employment supports providers; and
 - ✓ Monitor and track access to services and progress against enrollees' goals.
- The High Needs Supports person-centered care plan will be integrated, to the extent appropriate, with enrollees' comprehensive care plans for other Medicaid covered services.
- Updating the High Needs Supports person-centered care plan will not require a simultaneous update to the comprehensive care plan; however, MCO care coordinators will need to meet in-person with providers and members to make changes.
- High Needs Supports person-centered care plans will be reviewed and revised upon reassessment of functional need, at least every 365 calendar days at minimum, or upon a enrollee's request/change circumstance.
- Interdisciplinary care teams for High Needs Supports will be person-centered, and members will be encouraged to identify individuals for participation on the team.

Care Management: Contracting, Qualifications, and Training

High Needs Supports Care Coordinators

- DMAS will require MCOs to ensure that High Needs Supports care coordinators have specific expertise in housing and/or employment supports.
- DMAS will determine the care coordinator staffing ratios for the High Needs Supports population.
- MCOs may also leverage care coordinator “extenders” to play a support role.

Note: The CCC Plus contract includes provisions to comply with federal conflict of interest requirements related to care coordinator staffing/contracting.

High Needs Supports Care Coordinator Minimum Qualifications and Training

Education

- Bachelor’s degree in a health or human services field;
- Registered Nurse; or
- Licensed Practical Nurse.

+

Experience

At least one year working directly with individuals who meet the target population criteria.

+

Training

Complete a comprehensive training curriculum (e.g., related to the impact of housing/employment instability on health and well-being) to be developed by DMAS (at least initially).

DMAS may also leverage and build upon CCC Plus contract requirements for MCOs to submit their care coordination staffing structure, identify the function of each care coordinator and the relevant experience, and report compliance to DMAS.

Financing and Payment Methodology

Following the federal government's approval of the High Needs Supports benefit, DMAS will establish a payment approach that is transparent, fair, and sustainable for providers and MCOs.



- DMAS (together with Mercer) will establish a minimum payment floor for housing and employment supports services. MCOs will have the ability to negotiate payment rates above the floor.
- Rather than pricing each High Needs Supports service individually, DMAS is considering establishing a minimum payment floor for DMAS-determined groupings of housing and employment supports services.
- Illustrative example from Washington Foundational Community Supports model*:
 - Housing Supports Services: Per diem rate of \$105/day.
 - Employment Supports Services: \$25/unit of service (where 1 unit = 15 minutes of service).
- DMAS will require MCOs to reimburse network providers authorized to deliver High Needs Supports services based on the standards and requirements set forth by Virginia. DMAS will conduct periodic audits of payments to verify accurate reporting and spending.
- Once the High Needs Supports program is fully implemented, DMAS may consider revising the approach to remove the payment floor and allow MCOs to negotiate provider rates.
 - This will allow for DMAS, MCOs, and new providers to gain program experience – ensuring all parties involved are equipped to negotiate sufficient, actuarial sound capitation rates – and create a smooth transition into the benefit for members.

Coverage Policies

DMAS will apply its existing coverage policies in CCC Plus to the High Needs Supports program, including the following:

- ✓ MCO medical necessity criteria for High Needs Supports will be consistent with federal, state, and DMAS guidelines.
- ✓ MCOs will be required to provide services at least in equal amount, duration, and scope as available under Medicaid fee-for-service (FFS).
- ✓ Any service limits will be placed in a manner that is no more restrictive than FFS.
- ✓ Utilization management policies will reflect the standards from the most current NCQA accreditation standards.
- ✓ MCOs will be required to use licensed healthcare professionals to make utilization management decisions.
- ✓ Cost-sharing requirements will not apply to the High Needs Supports benefit.

Dispute Resolution/Appeals Processes and Program Disenrollment



Dispute Resolution and Appeals Processes

- MCOs will be required to adopt a dispute resolution process for High Needs Supports.
- In accordance with the CCC Plus contract, parties involved must make good faith efforts to resolve internally any dispute by escalating it to higher levels of management.
- MCOs must also have in place systems and processes to respond to standard and expedited appeals.
- High Needs Supports enrollees will have the ability to appeal adverse benefit determinations in accordance with federal regulations and the CCC Plus contract.



Program Disenrollment

- Under certain circumstances, DMAS will permit enrollees to disenroll from the High Needs Supports program:
 - The individual requests the disenrollment;
 - The individual is deceased;
 - The individual loses Medicaid eligibility; or
 - The individual no longer meets the High Needs Supports eligibility criteria.
- Non-use of services after a DMAS-specified timeframe (e.g., 30 days) will result in disenrollment, a redetermination of eligibility, or other action (still to be determined by DMAS).

Quality Improvement

To ensure High Needs Supports quality and enrollee protections, DMAS and the federal government agreed upon a High Needs Supports quality strategy inclusive of the following components.

Performance Measures That Will Track:

- All new enrollees receive an evaluation for High Needs Supports eligibility prior to receiving services.
- Providers meet licensure/certification/accreditation standards.
- Non-certified providers are monitored to assure adherence to demonstration requirements.
- Training is given to providers in accordance with the demonstration.
- Appropriate action was taken for participants for whom critical incidents were reported.
- Other (to be memorialized in the High Needs Supports STCs, along with the assurances).

DMAS will also:

- Monitor and oversee the High Needs Supports benefit.
- Design and implement an effective system for assuring HCBS participants' health and welfare.
- Submit a report to the federal government that (1) accompanies the quarterly and annual monitoring reports, and (2) includes evidence of compliance at or above 86% with the HCBS quality assurances and measures.

Next Steps: Public Comment Period & Stakeholder Engagement

Pause for Questions

- **September 2020:**
 - HNS Policy Paper available via DMAS website
- **October 14, 2020:**
 - HNS Virtual Townhall via live WebEx with forum for formal public comment
 - 30 day public comment period begins
 - <https://townhall.virginia.gov/L/generalnotice.cfm>
- **Other Dates To Be Determined:**
 - Stakeholder Workgroups based on Public Comment

Regularly check DMAS website for meeting dates, registration links, etc.

Check the DMAS Website for Implementation Updates

<http://www.dmas.virginia.gov/#/highneedssupport>

The screenshot displays the Virginia Department of Medical Assistance Services (DMAS) website. The top navigation bar includes 'Virginia.gov', 'Agencies | Governor', 'Select Language', and 'Search Virginia.Gov'. The main header features the DMAS logo and the text 'Department of Medical Assistance Services'. Below the header, there are three tabs: 'For Members', 'COVID Response', and 'For Providers'. The central content area shows a woman kissing a child on the cheek, with the text: 'DMAS administers the Medicaid program in Virginia, providing access to health care for 1.5 million people.' On the right side, there are portraits of the Virginia Governor, Ralph S. Northam, and the Agency Director, Karen Kimsey. A red arrow points to the 'High Needs Support' link in the left-hand navigation menu. The bottom of the page features a green bar with the page number '36' and the DMAS logo.

DMAS Contacts

- General Stakeholder Feedback
 - HNSProgram@dmas.virginia.gov
- Housing Questions
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Thank You!