



COMMONWEALTH of VIRGINIA

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DIRECTOR

Department of Medical Assistance Services

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February 14, 2022

James Johnson
AVP, Health Plan Operations
Molina Complete Care of Virginia
3829 Gaskins Road
Henrico, VA 23233

Re: Commonwealth Coordinated Care Plus (CCC Plus) – Corrective Action Plan (CAP) –
Inappropriate Waiver Enrollment-Level of Care Entry – Case ID # 20228

Dear Mr. Johnson:

Department of Medical Assistance Services (DMAS) continually monitors the Commonwealth Coordinated Care Plus (CCC Plus) contractual compliance to ensure the plan's accurate and appropriate entry of Long-Term Services and Supports (LTSS) into the DMAS web portal. The CCC Plus Contract Section 4.7.1 Long-Term Services and Supports Screening Requirements states, "For all Members admitted to a Nursing Facility (NF) on or after July 1, 2019, the Contractor shall not reimburse a Nursing Facility for services until a screening has been completed for the Member by an appropriate screening team (described below), the screening has been entered into the ePAS system (also described below), and the individual is found to meet NF level of care criteria. Payment shall not be made to the NF until the Contractor receives a copy of the screening." In addition, "Individuals should not be approved to receive Medicaid funded Long-Term Services and Supports without having a screening on file that confirms the individual meets NF level of care."

Additionally, 12VAC30-60-302 states, "Access to Medicaid-funded long-term services and supports states, A. Medicaid-funded long-term services and supports (LTSS) may be provided in either home and community-based or institutional-based settings. To receive LTSS, the individual's condition shall first be evaluated using the designated assessment instrument, the Uniform Assessment Instrument (UAI), and other DMAS-designated forms. Screening entities shall also use the DMAS-designated forms (DMAS-95, DMAS-96, DMAS-97), if selecting nursing facility placement, the DMAS-95 Level I (MI/IDD/RC), as appropriate, the DMAS-108, and the DMAS-109. If indicated by the DMAS-95 Level I results, the individual shall be referred to DBHDS for completion of the DMAS-95 Level II (for nursing facility placements only). 1. An individual's need for LTSS shall meet the established criteria ([12VAC30-60-303](#)) before any authorization for reimbursement by Medicaid or its designee is made for LTSS."

Case ID # 20228

In December 2021 Molina entered Member: [REDACTED] into the DMAS Web Portal for LTSS services with a start of services date of [REDACTED]

These actions occurred prior to a valid Level of Care (LOC) screening being conducted. The most recent LOC screening for this member was [REDACTED] which was no longer valid.

Additionally, member [REDACTED] had one LTSS screening uploaded with a [REDACTED] date. The Member had a Skilled Nursing Facility (SNF) stay from [REDACTED] [REDACTED]. No LTSS services are documented after the [REDACTED] discharge date. On 1/24/2022 Molina entered a waiver line effective 1/12/2022, however no screening was noted in the portal to support that a new screening was performed. Due to the gap in LTSS services, the previous screening was no longer valid, and a new one is required.

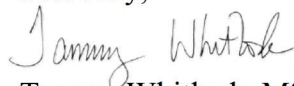
Molina was issued a Managed Care Improvement Plan (MIP) on July 20, 2021 which was closed on October 15, 2021 after completion of the submitted project plan. DMAS is requesting Molina provide information detailing strategies to ensure appropriate LTSS entries into the DMAS portal meet all requirements. Please include a detailed plan for your internal monitoring of compliance with these requirements. Molina shall submit a Corrective Action Plan (CAP) to DMAS for approval no later than 30 calendar days from the date of this letter. Molina will need to identify the root cause(s) for the ongoing lack of compliance and develop a practicable project plan to ensure contractual compliance is monitored and maintained. A biweekly update to this project plan to DMAS is required to document ongoing progress. Failure to comply with the approved CAP will result in additional sanctions.

Molina will be issued 10 points pursuant to Section 18.0 of the CCC Plus Contract. Assessment of these points are pending.

If you have additional information and/or documentation that will affect this determination, please provide this information to Jason A. Rachel, Ph.D., Division Director, by close of business March 1, 2022 ("Comment Period"). Point violations will be finalized upon the expiration of the Comment Period. After this time, no additional communication will be provided by DMAS regarding the point issuance.

If you have any questions regarding these concerns, contract standards or CAP requirements, please contact cccpluscompliance@dmas.virginia.gov. Please sign, date and return acknowledging receipt to cccpluscompliance@dmas.virginia.gov.

Sincerely,



Tammy Whitlock, MSHA
Deputy of Complex Care and Services

cc: Elizabeth Smith, RN

cc: Jason Rachel, PhD

Exhibit 1 – Molina– 2022 Point Schedule

| <u>MCO</u> | <u>Area(s) of Violation</u> | <u>Previous Balance</u> | <u>Point(s) Expired</u> | <u>Point(s) Incurred</u> | <u>Current Balance</u> | <u>Sanctions pursuant to 18.2.2</u> |
|-------------------|------------------------------------|--------------------------------|--------------------------------|---------------------------------|-------------------------------|--|
| Molina | 18.2.3.3 | 0 | 0 | 10 | tbd | tbd |

18.2.3.3 Ten (10) Point Violations

The Department may, at its discretion, assess ten (10) points per incident of noncompliance when the Contractor fails to meet an administrative and/or procedural program requirement, and the Contractor’s failure, as determined by the Department, has one of the following impacts: (1) affects the ability of the Contractor to deliver, or a Member to access, covered services; (2) places a Member at risk for a negative health outcome; or, (3) jeopardizes the safety and welfare of a Member.