CardinalCare
Virginia's Medicaid Program

Board of Medical Assistance Services Director's Update

Cheryl J. Roberts, J.D., DMAS Director

December 10, 2024

DMAS

Director’s Program Updates

- ❑ Financial Updates
- ❑ Upcoming CMS Changes
- ❑ Major Contracts and Procurements
- ❑ Behavioral Health
- ❑ Maternal Health
- ❑ ED Utilization
- ❑ BMAS Biennial Report
- ❑ Strategic Plan
- ❑ 2024 Wrap Up

CardinalCare
Virginia’s Medicaid Program

Board of Medical Assistance Services 2023-2024 BIENNIAL REPORT

LETTER FROM THE BMAS BOARD CHAIR

I am privileged to submit this Biennial Report on behalf of the Virginia Board of Medical Assistance Services (BMAS), highlighting the work of Virginia's Department of Medical Assistance Services (DMAS).

Fiscal Year 2023 – 2024 presented multiple opportunities and initiatives to serve the Commonwealth, carried out through the tremendous leadership of Director Cheryl Roberts and the DMAS staff, in collaboration with sister agencies, the legislature and Governor's offices.

There were a multitude of member centric initiatives, and the following name only a few. We are nearing the end of more than a year-long undertaking to redetermine the eligibility of over 2.1 million people enrolled in Medicaid, which entailed significant coordination, engagement, and outreach to the populations we serve. DMAS continued to play an integral role in Governor Youngkin's Right Help Right Now to reform our current behavioral health system in Virginia and support individuals in crisis.

The agency took a bold approach in the creation of the Cardinal Care Managed Care program, consolidating two previous programs (Commonwealth Coordinated Care Plus and Medallion 4.0) and created transformational goals through the reprocurement of the managed care delivery system. Improving health outcomes for all pregnant and postpartum women remains a top priority for DMAS, with a focus on reducing racial disparities and maternal mortality. In improving access to quality care, there was extended postpartum coverage, postpartum visits, wellness checks, postpartum mental health and post-delivery care.

DMAS has been a key player in the Partnership for Petersburg, with the mission to help Petersburg become one of the best cities to live, work, and raise a family. Significant funding was approved for additional waiver slots towards the Developmental Disability (DD) Waiver system, which allows people to receive home and community care rather than in a health care institution.

The Biennial Report will go into more detail to explain initiatives and services that are the result of the hard work by DMAS staff, countless stakeholders, and advocates to bring these services to reality for many Virginians.

I would like to thank the Board, our directors and DMAS staff and the Secretary's office for your continued commitment to improve the health and well-being of Virginians through access to high-quality healthcare coverage and services.

Tim Hanold, Chair
Board of Medical Assistance Services

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BMAS 2023-2024 Biennial Report is located on DMAS website

https://www.dmas.virginia.gov/about-us/boards-and-public-meetings/board-of-medical-assistance-services/

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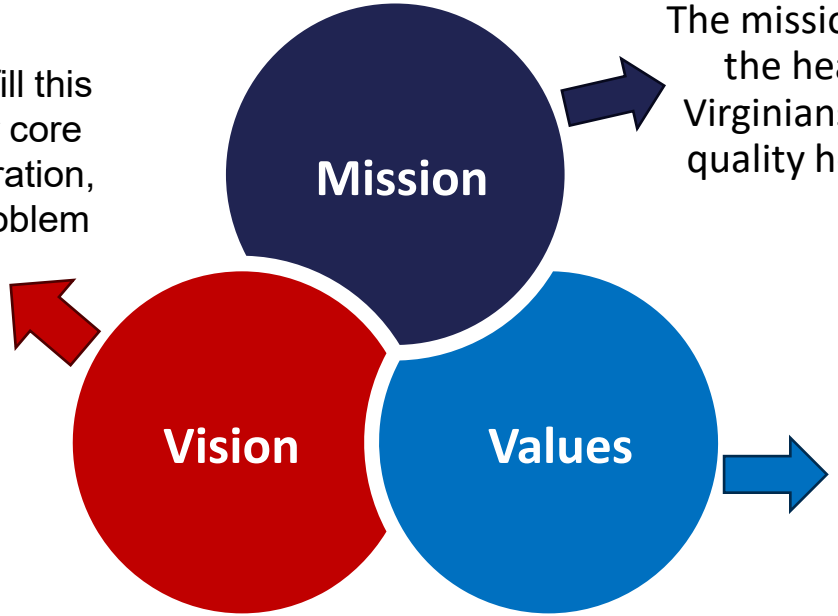
Virginia's Medicaid Program

DMAS Strategic Plan 2024-2026 Approved by HHR

Our agency strives to fulfill this mission by upholding our core values of service, collaboration, trust, adaptability, and problem solving



The mission of DMAS is to improve the health and well-being of Virginians through access to high quality health care coverage and services

Service, Collaboration, Trust, Adaptability, Problem Solving

DMAS Strategic Plan 2024-2026 Goals

- Goal 1: Medicaid Enrollment - Monitoring Enrollment and Understanding Potential Population Trends Post-Unwinding
- Goal 2: Behavioral Health
- Goal 3: Financial and Fiscal Stability
- Goal 4: Improve Managed Care Processes and Oversight of the Cardinal Care Program
- Goal 5: Improve Maternal and Child Health Outcomes
- Goal 6: Compliance with State and Federal Requirements

DMAS website link to strategic plan 2024-2026
https://www.dmas.virginia.gov/about-us/mission-and-values/strategic-plan/

2024 Wrap Up

DMAS Commitment

Committed to exploring, investing, and implementing best practices that fit our Virginia Medicaid members

S	O	A	R
Services for Members	Operations & Opportunities	Accountability	Results

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Virginia's Medicaid Program

Highlights of DMAS SOAR 2024 Achievements

- Completed the unwinding/ redetermination process for 2,140,288 Medicaid members (98.8%). No CMS penalties.
- Right Help, Right Now - Behavioral Health Services Redesign, Crisis Support Project, and new SMI 1115 waiver.
- Notice of Intent to Award Cardinal Care Managed Care (CCMC) program contracts.
- Obtained approval from CMS for 3400 DD Waiver slots. Distributing quarterly.
- 120 Hospitals and 268 Nursing Facility base payments rebased.
- Reprocuring DMAS core IT system that manages claims, payments, and member data.
- New Office of MCO Compliance and Monitoring and 360° Performance Review Process.
- Increased maternal health activities including Maternal Cardiovascular Roundtables - Ask About Aspirin Campaign
- Improved Medicaid member experience and engagement (redesigned website, social media etc.)
- Best-in-class workforce support with HHR recognition. Current turnover for 2024 is 2% with a retention rate of 98%.
- General Assembly Health and Human Services Boot Camp 101
- Second successful program year of the Nursing Home Value Based Purchasing ($100M worth of incentive payments)
- Only 4 findings in the FY2023 APA audit report.
- Increased dental network – 2255 enrolled dentists.

CardinalCare
Virginia's Medicaid Program


THRIVE in 2025
DMAS is committed to providing quality health care coverage and services efficiently to qualified Virginians in the Commonwealth
T
Trust
H
Health
R
Results
I
Integrity
V
Vision
E
Engagement

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Virginia's Medicaid Program

Budget Update

Truman Horwitz, Budget Division Director

DMAS

Overview

- Five-Year Expenditure comparison

- Forecast to actual for FY 2025

Expenditure Comparison

In Millions

Five Year Look-back (Through October)

	Actuals through October					FY24 vs. FY25	
Expenditures	**FY 2021**	**FY 2022**	**FY 2023**	**FY 2024**	**FY 2025**		
Cardinal Acute	1,664.9	1,903.1	2,226.5	2,089.7	2,257.1	167	8.0%
Cardinal LTSS	1,954.3	2,157.0	2,428.3	2,107.3	2,637.2	530	25.1%
Fee-For-service: General Medicaid	512.1	552.1	627.1	673.5	863.5	190	28.2%
Fee-For-service: BH & Rehabilitative	22.0	31.9	15.8	21.4	20.2	(1)	-5.8%
Fee-For-service: Long-Term Care Services	516.1	550.8	740.9	787.2	941.5	154	19.6%
Hospital Supplemental (DSH, IME/GME, Dx)	145.2	246.8	286.9	148.4	232.9	85	57.0%
Hospital Rate Assessment Payments	291.4	410.4	509.5	632.5	1,082.4	450	71.1%
Pharmacy Rebates	(444.9)	-	1.4	(0.1)	(18.7)	(19)	20532.3%
Title XIX Total	**4,661.2**	**5,852.2**	**6,836.4**	**6,459.8**	**8,016.1**	**1,556.3**	**24.1%**
Fund Type							
General	1,301.5	1,582.6	1,784.1	1,526.7	2,250.6	724	47.4%
Coverage Assessment	120.9	150.6	189.6	232.0	213.7	(18)	-7.9%
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VA Health Care Fund	100.0	195.8	215.0	248.0	125.1	(123)	-49.5%
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FY24 trends lower due to the July accelerated capitation payment into FY23 (only 11 capitation payments) to save general funds at a favorable FMAP. **FY25 added one additional capitation payment** to return back to 12 normal payments in a fiscal year

Expenditure Comparison

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This reflects the increase in **10% increase in IP/OP rates due to hospital rebasing and inflation,** growth in **tribal spending**, and **11.5% increase in Medicare Premiums ($200→$223/month per member)**, along with portion of one-time carryover costs from FY24

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Utilization of **500 DD Waiver slots** added in January plus **430 DD Waiver** slots added in Q1FY25 (part of 3,440 added in 24GA session) along with **3% DD Waiver provider rate increase**, as well as **9.6% increase in Nursing Facility per diems from rebasing and inflation**, and an increase in FFS bed days due to **return of churn** as members recycle in and out of MCOs

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Reflects **$21 million in Supplemental Payments** (physician) carried over into FY25 during the FY24 spend-down

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Decreasing Medicaid Expansion population leads to higher supplemental payments. Additionally, retroactive FY24 adjustments in Q1FY25 resulted higher-than-normal quarterly payment.

Expenditure Comparison

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Current Year **Pharmacy Rebates** do not typically appear until January – what you are seeing here are administrative adjustments.

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From Earlier: FY24 trends lower due to the accelerated capitation payment into FY23 (July to June) to save general funds at a favorable FMAP. **FY25 reflects a return to normal capitation spending.**

This also reflects the carried-over supplemental payments.

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Coverage Assessment and Rate Assessment are **inversely related.** When MedEX membership decreases, hospitals receive more supplemental rate payments. This was tilted toward Coverage Assessment during the public health emergency, now tilting back to Rate Assessment.

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Fee-For-service: Long-Term Care Services	516.1	550.8	740.9	787.2	941.5	154	19.6%
Hospital Supplemental (DSH, IME/GME, Dx)	145.2	246.8	386.9	148.4	232.9	85	57.0%
Hospital Rate Assessment Payments	291.4	410.4	509.5	632.5	1,082.4	450	71.1%
Pharmacy Rebates	(444.9)	-	1.4	(0.1)	(18.7)	(19)	20532.3%
Title XIX Total	**4,661.2**	**5,852.2**	**6,836.4**	**6,459.8**	**8,016.1**	**1,556.3**	**24.1%**
Fund Type							
General	1,301.5	1,582.6	1,784.1	1,526.7	2,250.6	724	47.4%
Coverage Assessment	120.9	150.6	189.6	232.0	213.7	(18)	-7.9%
Rate Assessment	81.9	109.6	135.8	179.6	285.1	106	58.8%
VA Health Care Fund	100.0	195.8	215.0	248.0	125.1	(123)	-49.5%
Federal	3,056.9	3,813.6	4,511.9	4,273.5	5,141.6	868.0	20.3%
Total	**4,661.2**	**5,852.2**	**6,836.4**	**6,459.8**	**8,016.1**	**1,556.3**	**24.1%**

This is mostly a product of timing of when revenues are received and reclassified into the fund.

Expenditure Comparison – Another way to Look at the Data

In Millions

FY 2025 Compared to November 1, 2024 Forecast

Expenditures	YTD FY 2025	YTD Forecast	Variance
Cardinal Acute	2,257.1	2,262.0	-0.2%
Cardinal LTSS	2,637.2	2,616.6	0.8%
Fee-For-service: General Medicaid	863.5	913.1	-5.4%
Fee-For-service: BH & Rehabilitative	20.2	19.2	4.9%
Fee-For-service: Long-Term Care Services	941.5	942.2	-0.1%
Hospital Supplemental (DSH, IME/GME, Dx)	232.9	264.9	-12.1%
Hospital Rate Assessment Payments	1,082.4	1,082.4	0.0%
Pharmacy Rebates	(18.7)	(3.7)	401.9%
Title XIX Total	**8,016.1**	**8,096.8**	**-1.0%**
Fund Type			
General	2,250.6	2,299.4	-2.1%
Coverage Assessment	213.7	207.9	2.8%
Rate Assessment	285.1	285.1	0.0%
VA Health Care Fund	125.1	158.5	-21.0%
Federal	5,141.6	5,145.9	-0.1%
Total	**8,016.1**	**8,096.8**	**-1.0%**

This compares Year-to-date actuals against the new **November 2024 Forecast.**

This shows spending remains on track to the recently released Forecast.

DMAS will continue to monitor trends to ensure preparedness.

Summary

- The new November Forecast was released on November 1
- Spending is on track to that Forecast
- DMAS will continue to monitor trends to react as needed

CardinalCare
Virginia's Medicaid Program

Enhancing Language and Disability Access in Virginia Medicaid

December 10, 2024

Montserrat Serra
Civil Rights Coordinator
Civil Rights Unit | Appeals Division
montserrat.serra@dmas.virginia.gov | (804) 482-7269

DMAS

Introduction to the DMAS Civil Rights Unit

- **Who We Are**:
  - John Stanwix, Appeals Division Director.
  - Montserrat Serra, Civil Rights Coordinator.
  - Jesus Perez, Civil Rights Compliance Specialist.
  - Teresa Roberts, Civil Rights Administrative Specialist.
- **What We Do**
  - Protect the rights of Medicaid applicants and members, ensuring equitable access to services regardless of language or disability.
  - Ensure compliance with federal and state civil rights laws across Medicaid programs and services.
  - Oversee the implementation of language and disability access programs.
  - Coordinate language and disability access services and accommodations within DMAS.
  - Handle discrimination complaints related to Medicaid.

Applicable Laws and Regulations

Title VI of the Civil Rights Act of 1964

Prohibits discrimination on the basis of race, color and national origin

Section 504 of the Rehabilitation Act of 1973:

Ensures individuals with disabilities have equal access to services.

ADA Title II

Requires state and local government to provide appropriate auxiliary aids and services where necessary to ensure effective communication with individuals with disabilities

Affordable Care Act Section 1557

Covered entities shall take reasonable steps to ensure meaningful access to its programs or activities by limited English proficient individuals. 45 CFR 92.101

How We Currently Inform the Public of Their Rights

- **Language and Disability Access Plan:**
  - Published on the DMAS website, providing detailed information on how we support language and disability access.
- **Notices:**
  - Nondiscrimination notices and language taglines are included in all major communications, ensuring that members know their rights.
- **Appeal Documents:**
  - Information about language and disability access rights is included in all appeal-related communications.
- **DMAS Virtual Forum:**
  - Regular discussions and updates on language and disability access are provided through our forum, engaging stakeholders and the public.

Resources for Providers

- Medicaid providers are required to provide language and disability access services since they are partially paid from federal funds.
- **Guidance and Tools**:
  - Detailed resources on language and disability access obligations are available for providers.
    - DMAS Language and Disability Access Plan
    - Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons
    - National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care
    - ADA.Gov

Soliciting Feedback

- Questions for the Board:
  - How can we enhance awareness among Medicaid applicants and members regarding their rights to language and disability access?
  - What additional resources or training would be beneficial for Medicaid providers and stakeholders to better understand their obligations?
  - Are there any gaps in our current outreach or resources that need addressing?

1115 Demonstration Waiver for Serious Mental Illness (SMI): Amendment Application

VIRGINIA BUILDING AND TRANSFORMING COVERAGE, SERVICES, AND SUPPORTS FOR A HEALTHIER VIRGINIA

1115 Demonstration Waiver

Amending Virginia's 1115 Demonstration Waiver

Building and Transforming Coverage, Services, and Supports for a Healthier Virginia (Number: 11-W-00297/3)

- Virginia submitted a renewal application to extend the existing Substance Use Disorder (SUD) and Former Foster Care Youth (FFCY) components to CMS August, 2024
- With this application, we are planning to add an additional amendment to seek a waiver program for Serious Mental Illness (SMI), an opportunity that was announced in 2018
- The intent of the amendment is to allow inpatient and residential crisis stabilization services for adults 21-64 in Institutions for Mental Disease (IMDs)

Overview of SMI 1115 Waiver Opportunity

The SMI demonstration opportunity allows states, upon CMS approval of their demonstrations, to receive Federal Financial Participation (FFP) for services furnished to Medicaid beneficiaries during short term stays for acute care in psychiatric hospitals or residential treatment settings that qualify as IMDs if those states are also taking action, through these demonstrations, to ensure good quality of care in IMDs and to improve access to community-based services.

Five Required Goals for 1115 SMI Waiver Opportunity

Goal #1:	1. Reduced utilization and lengths of stay in emergency departments among Medicaid beneficiaries with SMI or SED while awaiting mental health treatment in specialized settings.
Goal #2:	• Reduced preventable readmissions to acute care hospitals and residential settings
Goal #3:	• Improved availability of crisis stabilization services, including services made available through call centers and mobile crisis units, intensive outpatient services, as well as services provided during acute short-term stays in residential crisis stabilization programs, psychiatric hospitals, and residential treatment settings throughout the state;
Goal #4:	• Improved access to community-based services to address the chronic mental healthcare needs of beneficiaries with SMI or SED, including through increased integration of primary and behavioral health care; and
Goal #5:	• Improved care coordination, especially continuity of care in the community following episodes of acute care in hospitals and residential treatment facilities.

Six Pillars of Right Help. Right Now. Plan

An aligned approach to BH that provides access to **timely, effective, and community-based care** to reduce the burden of mental health needs, developmental disabilities, and substance use disorders on Virginians and their families

1: We must strive to ensure **same-day care for individuals experiencing behavioral health crises**

2: We must **relieve the law enforcement communities' burden** while providing care and **reduce the criminalization of behavioral health**

3: We must **develop more capacity** throughout the system, going beyond hospitals, especially to enhance community-based services

4: We must **provide targeted support for substance use disorder (SUD)** and efforts to prevent overdose

5: We must **make the behavioral health workforce a priority**, particularly in underserved communities

6: We must **identify service innovations and best practices** in pre-crisis prevention services, crisis care, post-crisis recovery and support and develop tangible and achievable means to close capacity gaps

Source: VA HHR

Services Included in Proposed Amendment

- We do not propose adding any new services through this amendment
- However, we propose adding the excluded IMD setting to two existing services for adults 21-64:
  - Inpatient psychiatric treatment
  - Residential crisis stabilization

What Would Change with the Proposed Amendment?

Inpatient Psychiatric Treatment for Adults 21-64

Current

Currently, medically necessary psychiatric inpatient care can be provided to adults 21-64 in psychiatric units of general acute care hospitals

Managed care health plans may cover medically necessary psychiatric inpatient care for adults 21-64 in IMDs for up to 15 days under the “in lieu of service” provision

Proposed

Medically necessary psychiatric inpatient care would be available to adults 21-64 in both psychiatric units of general acute care hospitals as well as up to 60 days in IMDs

Although up to 60 days could be covered if medically necessary, Virginia would be required to keep average length of stay below 30 days

What Would Change with the Proposed Amendment?

Residential Crisis Stabilization Units

Current

Currently, residential Crisis Stabilization services are limited to 16 beds or fewer and the service is not covered in IMDs (for any ages)

Managed care health plans may cover medically necessary residential crisis stabilization in IMDs for up to 15 days under the “in lieu of service” provision

Proposed

Medically necessary psychiatric residential crisis stabilization would be allowable in settings with more than 16 beds

This would allow for co-location of multiple services within a single facility such as:

16 youth crisis beds co-located with 16 adult crisis beds

Crisis beds added to SUD settings with 16+ beds already covered by the SUD 1115 waiver

Required Milestones

- Virginia must have a plan to meet seventeen milestones within the first two years of the waiver
- These milestones fall into four areas:

Ensuring Quality of Care in Psychiatric Hospitals and Residential Settings

Improving Care Coordination and Transitions to Community-Based Care

Increasing Access to Continuum of Care Including Crisis Stabilization Services

Earlier Identification and Engagement in Treatment Including Through Increased Integration

Ensuring Quality of Care in Psychiatric Hospitals and Residential Settings

- Virginia will ensure that all covered settings (psychiatric hospitals and residential crisis stabilization units) are accredited and licensed prior to receiving FFP for these services
- Virginia will ensure that there is quality oversight, including unannounced visits, auditing process, utilization review process to ensure all treatment is medically necessary, that all providers meet federal program integrity requirements and receive risk-based screening at time of enrollment
- Virginia will ensure that all facilities conduct screening and can appropriately address co-occurring substance use disorders and physical health conditions

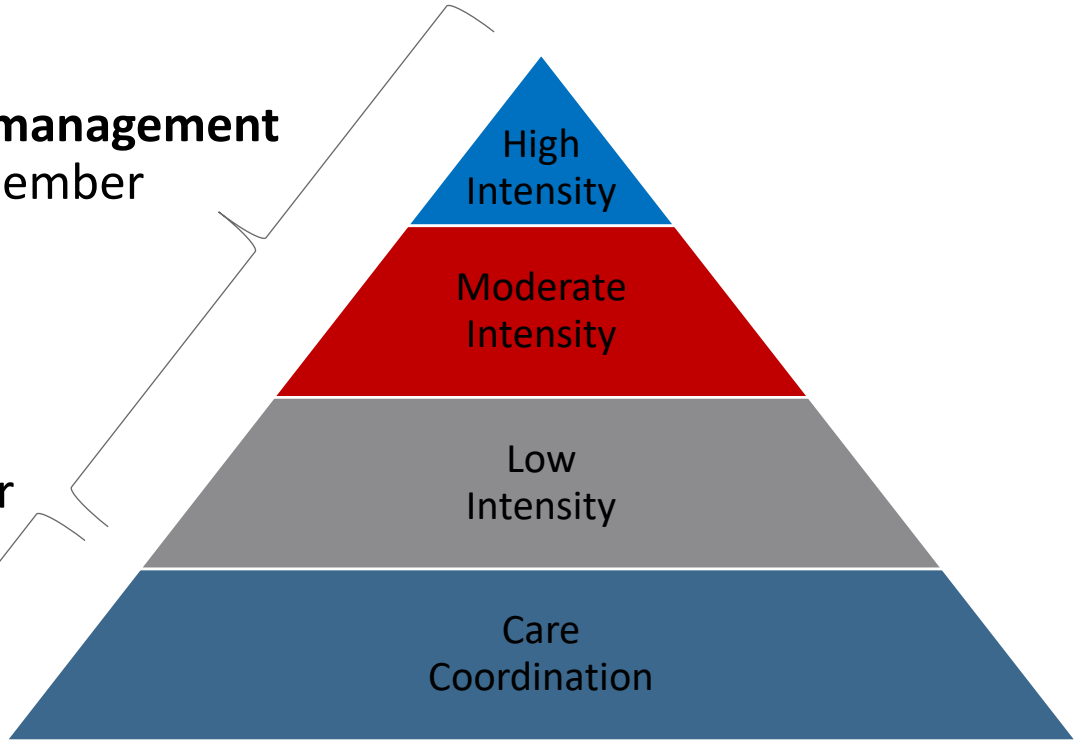
Improving Care Coordination and Transitions to Community-Based Care

- Virginia will ensure that psychiatric hospitals and residential settings have intensive pre-discharge and care coordination services
- Virginia will ensure that there is a process between health plans and covered settings to assess housing needs and connect members with housing supports
- Virginia will implement a requirement that all covered settings have a process to follow up with the member and the community-based referral for follow-up care within 72 hours
- Virginia will implement strategies statewide to decrease ED visits and length of time in ED for beneficiaries by building on current state programs and MCO best practices
- Virginia will implement strategies to enhance data sharing capabilities with physical, SUD, and mental health providers for care coordination purposes

Cardinal Care Care Management Tiers

Three levels of care management intensity based on member needs/risks

Care coordination for members with minimal needs



Increasing Access to Continuum of Care Including Crisis Stabilization Services

- Virginia will have a method to annually assess the availability of community based mental health services statewide (county level)
- Virginia will continue investments of Right Help. Right Now. Plan to:
  - build out crisis stabilization and other crisis services statewide
  - Redesign Medicaid mental health rehabilitative services
- Virginia Crisis Connect data system (managed by DBHDS) will be used to track availability of inpatient and crisis stabilization beds
- Virginia will implement a standardized, evidence-based patient assessment tool to help determine appropriate level of care and length of stay

Current Continuum of Mental Health Services

Low to High Intensity Services

Case Management and Resiliency Supports	Outpatient Services	Intensive Clinic Based Supports	Comprehensive Crisis Services	Intensive Community Based Supports-Youth	Intensive Community Based Supports-Adults	Residential Services (Youth Only)	Inpatient Services
• MH Case Management • Treatment Foster Care Case Management • Peer Recovery Support Services and Family Support Partners (MH)	• Applied Behavior Analysis • Outpatient Psychotherapy • Outpatient Psychiatry	• MH Intensive Outpatient (IOP) • MH Partial Hospitalization Program (PHP)	• Mobile Crisis Response • 23-Hour Crisis Stabilization • Residential Crisis Stabilization • Community Stabilization (Transition)	• Intensive In Home • Therapeutic Day Treatment • Multisystemic Therapy (11-18) • Functional Family Therapy (11-18)	• Assertive Community Treatment • Mental Health Skill Building • Psychosocial Rehabilitation	• Psychiatric Residential Treatment (Youth only) • Therapeutic Group Home (Youth only)	• Inpatient Psychiatric Treatment

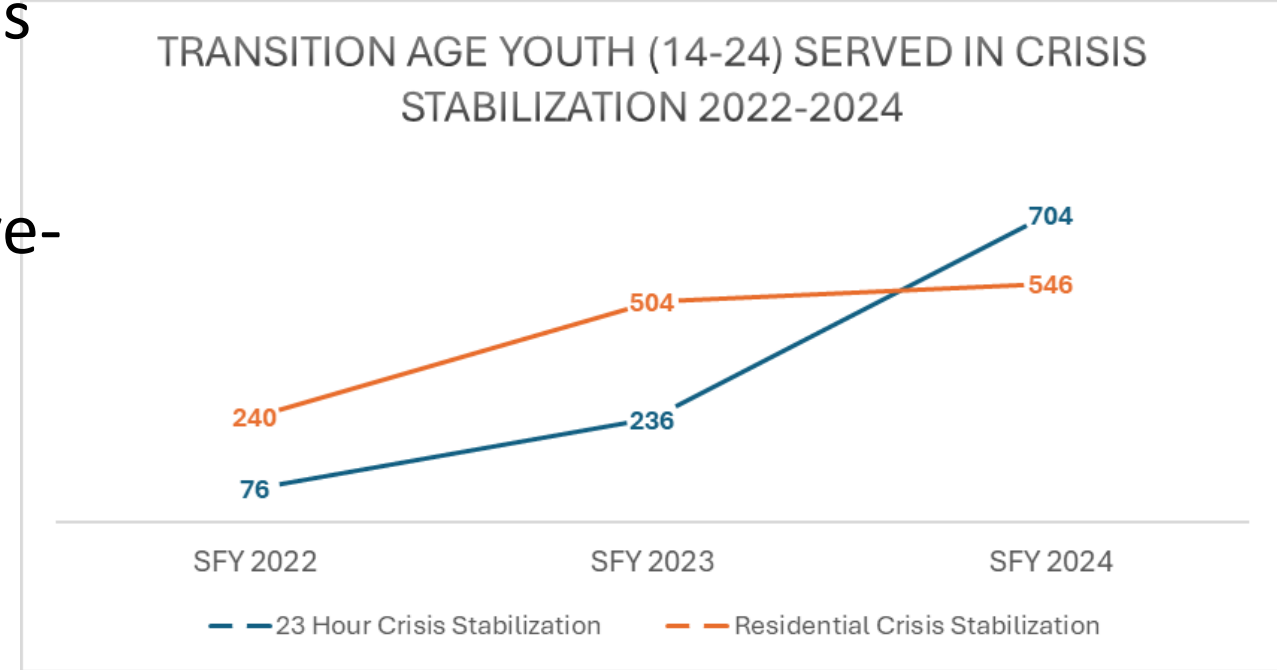
Medicaid is the largest payer of behavioral health services in the country and is an important funder of crisis services. ~ 5% have a serious mental illness (SMI). Within these estimates, young adult Virginians between the ages of 18-25 had significantly higher rates than those 26 years or age or older

Earlier Identification and Engagement in Treatment Including Through Increased Integration

- Virginia will continue to build out Coordinated Specialty Care programming and identify other strategies to identify and engage adolescents and young adults in treatment sooner
- Virginia will sustain recent expansion of integrated behavioral healthcare in non-specialty settings such as the Collaborative Care Model and Medicaid in Schools program
- Virginia will ensure that investments in crisis stabilization services are focused on the needs of adolescents and young adults with serious mental health conditions

Earlier Intervention for Young Adults

- Virginia currently has eleven Coordinated Specialty Care programs
- DBHDS funds these programs
- The General Assembly required a five-year strategic plan to expand the service to be developed



Evaluating the Program

- Virginia will be required to evaluate the program throughout the waiver period if approved. A detailed evaluation plan would be developed after initial application
  - Example Hypotheses:
    - *The demonstration will result in reductions in utilization and length of stays in EDs among Medicaid members with SMI, with a more pronounced impact on avoidable ED visits. The impact may be more pronounced for certain demographic characteristics and/or diagnoses.*
    - *There will be a measurable reduction in preventable readmissions due to the services and length of stay permissible under this waiver.*
  - Example Measures:
    - *Follow-up after Emergency Department Visit for Mental Illness (Adjusted HEDIS measure)*
    - *Mental Health Services Utilization – Emergency Department (SMI diagnosis)*
    - *Avoidable ED visits (SMI diagnosis)*

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Virginia's Medicaid Program

Discussion and Feedback:

What is most important for Virginia to consider for this new program?

What will be the greatest challenge with this new program?

DMAS

Additional Opportunities for Public Comment

- In addition to verbal comments at today's meeting, written comments can be received in the following ways:
  - Online via the Town Hall public comment forum (scroll down to DMAS and click on "View or Enter Comments")
  - Via phone, email, or mail to Lisa Jobe-Shields, Behavioral Health Division Director, at 804- 814-9216, or lisa.jobe-shields@dmas.virginia.gov, or mail to Lisa Jobe-Shields, DMAS, Behavioral Health Division, 600 E. Broad Street, Richmond, VA 23219
- All comments must be received no later than 11:59 p.m. {Eastern Time) on December 11, 2024
- After considering public comments about the proposed demonstration renewal application, DMAS will make final decisions about the demonstration and submit a revised application to CMS

CardinalCare
Virginia's Medicaid Program

Thank you!

DMAS Behavioral Health Division:
enhancedbh@dmas.virginia.gov

RIGHT HELP. RIGHT NOW.
Transforming Behavioral Health Care for Virginians

DMAS

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Virginia's Medicaid Program

Overview: Medicaid Final Rules

DMAS

Overview

- **There are three main areas of final rule making include eligibility, managed care, and accessibility:**
  - Two Medicaid eligibility related rules
  - Two managed care related rules
  - Three accessibility rules
  - One rule related to incarcerated youth re-entry

- The timelines for state compliance with key provisions ranges from June 2024 through December of 2030

Consolidated Appropriations Act of 2023

Incarcerated Youth Re-Entry

- Applicable to young individuals in jails, prisons, or juvenile justice setting.
- Requires Medicaid agencies provide screening and diagnostic services to eligible juveniles in the 30-days prior to release and
- Requires Medicaid agencies provide targeted case management services in the 30-days prior to release and 30-days following release

Eligibility Rules

Streamlining Medicaid, Medicare Savings Program Eligibility Determination and Enrollment

- Simplifies processes for eligibility individuals to enroll and retain eligibility in the Medicare Savings Programs (MSPs)
- Aligns enrollment into the MSPs with requirements and processes for other public programs
- Reduces the complexity of applications and enrollment for eligible individuals

Eligibility Rules

Medicaid Program; Streamlining the Medicaid, Children's Health Insurance Program, and Basic Health Program Application, Eligibility Determination, Enrollment, and Renewal Processes

- Simplifies enrollment processes in Medicaid/Children's Health Insurance Program (CHIP)
- Aligns enrollment and renewal requirements for most individuals in Medicaid
- Establishes beneficiary protections related to returned mail
- Creates timeliness requirements for redeterminations of eligibility
- Probits lock out periods, benefit limitations, and waiting periods for the CHIP program
- Modernizes record keeping requirements to ensure proper documentation

Accessibility Rules

Department of Justice Rule: Nondiscrimination on the Basis of Disability, Accessibility of Web Information and Services of State and Local Government Entities

- Adopts specific technical standards for making services, program, and activities offered by state and local government entities to the public through the web and mobile applications.

1557 Rule: Nondiscrimination in Health Programs and Activities

- Designate a Section 1557 Coordinator and implement written policies and procedures to comply with new requirements
- Extend access requirements for individuals with disabilities limited English proficiency to companions
- Provide notice of availability of language assistance services and auxiliary aids and services

The 504 Rule: Nondiscrimination on the Basis of Disability in Programs or Activities Receiving Federal Assistance

- Ensure web content and mobile applications comply with Level A and Level AA success criteria and conformance requirements (two compliance dates depending on size of organization)
- Have at least one examination table and at least one weight scale that meet the requirements for Standards for Accessible Medical Diagnosis Equipment

Managed Care Rules

Ensuring Access to Medicaid Services

- Increases transparency and accountability
- Standardizes data and monitoring
- Promotes active beneficiary engagement in the Medicaid program

Medicaid and CHIP Managed Care Access, Finance, and Quality

- Standards for timely access to care and state's monitoring and enforcement efforts
- Reduces burden for implementing some state directed payments and certain quality reporting
- New standards for use of in lieu of services and settings to promote utilization
- Specifies medical loss ratio requirements
- Established a quality rating system for Medicaid and CHIP managed care plans.