

Virginia's Financial Alignment Demonstration

A Virginia Story

During the initial assessment with a Commonwealth Coordinated Care (CCC) Care Manager a caregiver expressed significant distress from the strain of providing care for her mother. The burden was even pushing the family to consider nursing home placement. The Care Manager discussed the various options for care and completed the assessment. It was determined the member's condition warranted an increase in hours, which the Care Manager facilitated. The Care Manager continued to monitor the situation closely. Today the member's daughter is so relieved to have the additional assistance and care for her mother that she feels she could continue caring for her mother at home after all. The intervention from CCC and the coordination of care provided enabled the member to remain in her home.

This story illustrates a few points of where Virginia is with implementation of the Financial Alignment Demonstration.

- Enrollment has phased in across the Commonwealth and beneficiaries began receiving services through CCC as long as 6 months ago. Starting to hear some of the positive impact of the program on individual lives.
- Medicare-Medicaid Plans (MMPs) are working through the initial assessment enrollment and assessment process with new enrollees. MMPs provide weekly progress reports to the State Contract Monitoring Team (CMT) on progress towards Health Risk Assessment (HRA) completion.
- MMPs are also working with providers to expand their networks and provide authorizations through the continuity of care transition period.

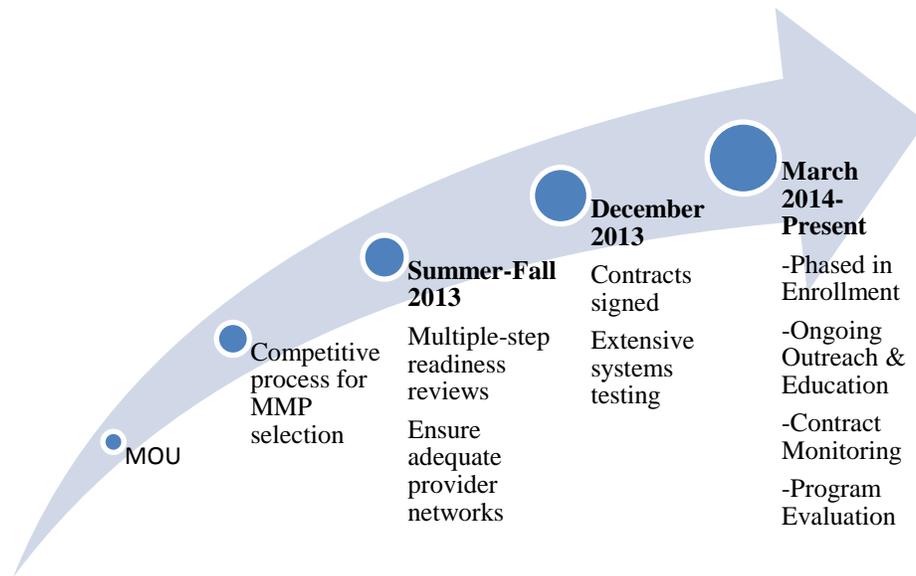
Additional State Background

- **26,795** individuals currently enrolled in (CCC) program. This includes **3,578** individuals who have opted in to CCC. Approximately **3,500** individuals are scheduled to auto-enroll in CCC on November 1, 2014 in the Northern Virginia region.
- Demonstration includes: Dually eligible beneficiaries age 21 and over who live in one of 5 participating service regions (approx. 70,000 eligible). This includes the Elderly & Disabled Waiver recipients and nursing facility residents. Does not include other HCBS waivers, those with other comprehensive insurance, hospice, or ESRD.



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Successes

1. Outreach Efforts: Weekly Stakeholder Calls: 2 for Beneficiaries/Advocates, 5 for Providers (Adult Day, Home Health/Personal Care, Nursing Facility, Hospital/Medical Practices, & Behavioral Health); Monthly Updates; Regional Townhall Meetings
2. Strong MMP engagement: Combined trainings, working together to reach out to providers
3. Program improvement through ongoing stakeholder communication

Challenges

1. Systems: Enrollment/Disenrollment functions coupled with member choice and systems changes internally and with CMS
2. The Provider Factor: Uncertainty from providers can translate to uncertainty for beneficiaries



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