

HEALTHCARE AND HOUSING (H²) SYSTEMS INTEGRATION INITIATIVE

VIRGINIA

Medicaid Coverage and Other Health Care Resources

VIRGINIA STATE MEDICAID PLAN AND COVERAGE

Medicaid Eligibility And Federal Medical Assistance Percentage (FMAP)¹

- Not a Medicaid expansion state and has some of the strictest eligibility criteria in the nation
- Eligibility for most groups is based on the modified adjusted gross income (MAGI)
- In 2015, Medicaid eligibility based on family income as a percentage of federal poverty level (FPL), is:
 - For pregnant women: 143% of FPL
 - For children: 143% of FPL
 - For some people with disabilities: 80% of FPL
 - For parents: 49% of FPL.
- Children's Health Insurance Program (CHIP) eligibility is for children/youth in families whose incomes are up to 200% of FPL
- FMAP is generally 50%, meaning Virginia receives \$1 of federal matching funds for every \$1 spent on Medicaid

Enrollment Efforts

- Cover Virginia is a source of information for uninsured Virginians seeking access to health care coverage. It includes a link to resources for one-on-one assistance for individuals needing help with applications.
- State has partnered with the Virginia Poverty Law Center (VPLC) to be a "navigator" organization to enhance an existing network of consumer assistance. The VPLC has recruited and trained local organizations to build a network of Certified Application Counselors to help consumers apply for health care coverage.
- Applications for healthcare coverage are accepted via the federal marketplace exchange (<https://www.healthcare.gov/>) or by calling 1-800-318-2596. The FFM will make assessments of Medicaid/CHIP eligibility and then transfer the applicant's account to the state agency for a final eligibility determination.

¹ www.medicaid.gov/Medicaid-CHIP-Program-Information/By-State/virginia.html

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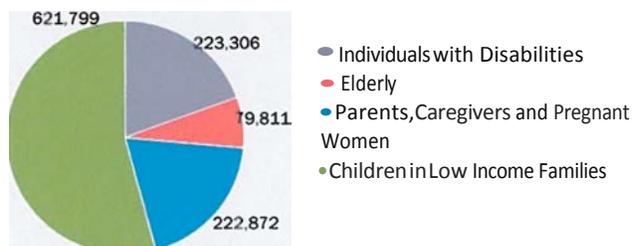
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Medicaid Enrollees And Expenditures²

Similar to other states, Medicaid enrollment and expenditures are weighted toward children in low-income families and individuals with disabilities as displayed in the chart below.

Coverage³ in Virginia for SFY 2013:



Expenditures	Category	Enrollment
\$6.7 billion		1,147,788
23%	Children	54%
59%	Disabled and Elderly	26%
17%	Parents, Caregivers and Pregnant Women	19%

Medicaid Care Delivery

Virginia's Department of Medical Assistance Services (DMAS) provides Medicaid to individuals through three delivery models:

- Managed Care using managed care organizations (MCOs)
- Fee-For-Service (direct reimbursement to service providers)
- Programs of All Inclusive Care for the Elderly (14 locations in the Commonwealth).

Medicaid Waivers and Demonstration Programs⁴

- **1115 Demonstration Waivers**
 - One approved 1115 Demonstration Waiver allowing for early adoption of the Modified Adjusted Gross Income used in determining Medicaid eligibility.
 - Approval is being sought for a 1115 Waiver to provide mental health benefits to qualifying Virginians ages 21-64 with serious mental illness who are living at or below 60% of the federal poverty level and are not eligible for any other existing entitlement program including the current Medicaid program. When approved, this Waiver will serve as a bridge to close the coverage gap for 20,000 uninsured Virginians who have significant behavioral and medical needs. DMAS will provide a limited benefit package of integrated physical and behavioral health care, including primary and specialty care; diagnostic, laboratory, pharmacy and behavioral health community services, and care coordination. A hybrid payment structure will be used, including Fee-for-Service and managed care through Magellan.

² Virginia Medicaid at a Glance: http://www.dmas.virginia.gov/Content_atchs/atchs/va-medprg.pdf

³ Coverage and enrollment numbers show the total annual unduplicated enrollments for Virginia's Title 19 Medicaid program

⁴ For more information, see: http://www.medicaid.gov/medicaid-chip-program-information/by-topics/waivers/waivers_faceted.html <https://www.hudexchange.info/resource/3215/affordable-care-act-state-and-territory-profiles/> and http://www.dmas.virginia.gov/Content_pgs/ltc-home.aspx

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- **Section 1915(c) Home and Community-Based Waivers**
 - Allow provision of an expanded and more flexible array of services and supports to targeted populations
 - VA has waivers for the following populations: persons who are technology dependent, adults with Alzheimer's, individuals with disabilities who meet criteria for Nursing Facilities care, persons with developmental disabilities, persons with intellectual disabilities who meet the criteria for ICF/IDD.
- **Virginia Money Follows the Person Medicaid Demonstration Program⁵**
 - Program creates a system of long-term supports that assist individuals to transition from certain long-term institutions into the community
 - Is making over \$28 million in federal Medicaid funds available to support older adults and individuals with disabilities
 - Supports Virginia's Olmstead initiative and complements the efforts of the 5-year Systems Transformation Grant that aims to improve the infrastructure for community long-term supports.
- **Federal Dual Alignment Demonstration⁶:**
 - In Virginia, this initiative is called Commonwealth Coordinated Care. It blends and coordinates care for individuals who are eligible for both Medicare and Medicaid benefits. 30,000 individuals are participating in this project.

Other Initiatives

- **STATE INNOVATION MODEL (SIM) GRANT⁷**
 - Virginia was awarded a one-year grant of approximately \$26 million to develop new statewide public health models targeted to achieve specific population health goals, will begin February 2015
 - Led by the Virginia Center for Health Innovation in collaboration with public and private stakeholders
 - Will create 7 regional Accountable Care Communities (ACCs) in which public and private stakeholders will work collaboratively to integrate service delivery and improve health outcomes within the jurisdiction, in alignment with the statewide population health goals
 - Statewide population health goals include: lower rates of tobacco use and obesity; prevention and management of cardiovascular disease, diabetes, respiratory disease and high-risk pregnancy; and better care for selected mental and oral health conditions
- **BEHAVIORAL HEALTH HOMES PILOT**
 - Will deliver integrated health home support for 13,000 individuals in both the managed care and fee-for-service delivery systems, including individuals who are homeless, are intensive users of the health care system and have a behavioral health diagnosis.

⁵ Healthy Virginia: <https://governor.virginia.gov/media/3096/a-healthy-virginia-report-final.pdf>

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⁷ <http://www.vahealthinnovation.org/2014/12/16/virginia-awarded-2-58m-state-innovation-model-grant/>

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- Begins July 2015 in southwest Virginia
- DMAS plans to partner with one or more health plans, Community Services Boards (CSBs), FQHCs, Magellan and other key stakeholders
- Will focus on prevention and early intervention, joint treatment planning, the development of strategies to close gaps in care, care management, outreach and community services, "carefully" managed transitions in care and medications, peer support, coordination of care through use of technology

HEALTH CARE FOR THE HOMELESS PROGRAMS

Virginia has four Health Care for the Homeless Programs, administered by:

- Greater Prince William Community Health Center
- Daily Planet Health Care for the Homeless (Greater Richmond Area)
- Southeastern Virginia Health System (formerly Peninsula Institute for Community Health)
- Hampton Roads Community Health Center.

RYAN WHITE PROGRAM TITLE II FUNDS

Ryan White Title II funds for persons living with HIV/AIDS are administered by the Virginia Department of Health (VDH), Division of Disease Prevention. The major part of this funding goes to the AIDS Drug Assistance program (ADAP) that provides AIDS medications to persons who are not on Medicaid or Medicare, have no health insurance, no other form of payment, and earn only up to 300% (333% in Northern Virginia) of the Federal poverty level. It also covers health care services, as a payor of last resort, with a priority for women, children and infants with HIV/AIDS.

2012 Funding Snapshot⁸

- 7,970 clients served by the Ryan White Program
- 86 were unstably housed and 732 were in temporary housing
- Top medical services provided: outpatient ambulatory care (70% of clients received), medical case management (76%), oral health care (24%) and mental health services (20%)
- Other key services provided: medical transportation services (19% of clients received) and non-medical case management (16%).

FEDERALLY QUALIFIED HEALTH CENTERS (FQHCs)

Virginia has a network of 125 federally qualified health centers (FQHCs) across the state that provides primary healthcare, behavioral health, dental and other services to medically underserved communities and vulnerable populations. Virginia's FQHCs are administered by the Department of Health, State Primary Care Office, and Virginia's Community Health Care Association, whose members are made up of non-profit community-based providers of primary care, rural health clinics and migrant health center sites. In FY 2013, members provided 1,024,066 encounters to 286,604 Virginia residents, including primary care to 114,300 persons who were uninsured.

⁸ <http://hab.hrsa.gov/stateprofiles/Client-Characteristics.aspx> and <http://hab.hrsa.gov/stateprofiles/Services-Received.aspx>