

**Alzheimer's Disease and Related Disorders Commission
Coordinated Care Work Group**

Thursday, September 8, 2016 at 11:00

Department for Aging and Rehabilitative Services
1610 Forest Avenue, Suite 100
Henrico, VA 23229

MEETING MINUTES

Members Present:

Lynne Seward, *Interim Chair*
Laura Adkins
Valerie Hopson-Bell
Andrew Heck*
Marie Kolendo*
Ayn Welleford*

Members Absent:

Sharon Davis

Guests:

Carter Harrison, Alzheimer's Association
Melissa Fritzman, DMAS
Chris Elliott, DMAS
Kathy Jones, DMAS
Threnodiez Baugh, DMAS

Staff:

Devin Bowers, DARS

*Participated by conference call.

Meeting Summary:

Agenda Items:	Speaker:
Welcome and Introductions Ms. Lynne Seward, Interim Chair, welcomed everyone. Work group members, guests, and staff introduced themselves.	Lynne Seward
Approve the Minutes Ms. Seward asked if the work group members had any edits for the minutes from the June 15 th meeting. No edits were requested. Ms. Valerie Hopson-Bell moved to accept the minutes and Ms. Laura Adkins seconded the motion.	All
Presentation on Medicaid Managed Long Term Services and Supports Ms. Melissa Fritzman from the Department of Medical Assistance Services presented an overview of Commonwealth Coordinated Care Plus (CCC+), which will replace the current managed care program called Commonwealth Coordinated Care (CCC) in 2018. See the attached PowerPoint slides for additional information. A question and answer session followed the presentation and generated the following discussion points: <ul style="list-style-type: none">• Individuals enrolled in the CCC+ should be screened for cognitive impairment and then referred for a thorough assessment if issues are suspected.	Melissa Fritzman, DMAS

<ul style="list-style-type: none"> • Enrollment in CCC+ will be mandatory. • Work group members wished to know if the request for proposals (RFP) for the Managed Care Organizations (MCOs) included standards for care coordinators particularly required initial and ongoing training. From their experience MCOs do not have a lot of understanding about dementia. The presenters were unsure, but could verify that dementia was identified as a special population in the RFP and invited work group members to read the document, which is posted online on the DMAS website. • Marie Kolendo, CEO of the Greater Richmond Chapter of the Alzheimer’s Association, shared with the group that an MCO approached her organization about providing training on dementia for their care coordinators. This training would be modeled after a successful program being implemented in California. • A large number of the people who will be served under CCC+ will be living with dementia. • The plan of care for individuals enrolled in CCC+ will be person-centered. Part of the assessment will include a home visit. The role of the family will be critical. • MCOs will be notified around December if their proposal is selected. • Stakeholders will play an important role in developing CCC+ and there will be opportunities for feedback to be shared. • CCC+ should include dementia specific quality indicators. • One reason why individuals opted out of CCC was because they were unable to keep their current provider. Also, enrollment from nursing facilities was low due to residents being opted out. • Individuals enrolled in CCC+ will have the option to change their plan. 	
<p>Report on August 24th Meeting Ms. Seward reported that the August 24th meeting was a success. A champion has been identified to seek support for Goal 4 of the Dementia State Plan during the upcoming General Assembly session.</p>	Lynne Seward
<p>Discussion of Next Steps Work group members wish to submit recommendations for the CCC+ managed care program to DMAS. These will include a thorough assessment if cognitive impairment is suspected at an interdisciplinary memory assessment clinic; required dementia training for care coordinators; specialized, core services for persons with dementia and their caregivers; and quality measures specific to dementia. A document will be prepared and approved by the work group and full Commission for submission to DMAS. Lists of valid assessment tools and quality measures for dementia will be included as enclosures. In addition to submitting the recommendations, the work group will offer their support during the upcoming General Assembly session to move the achievement of Goal 4 forward.</p>	All
<p>Meeting Adjournment The meeting was adjourned at 12:34 pm.</p>	Lynne Seward



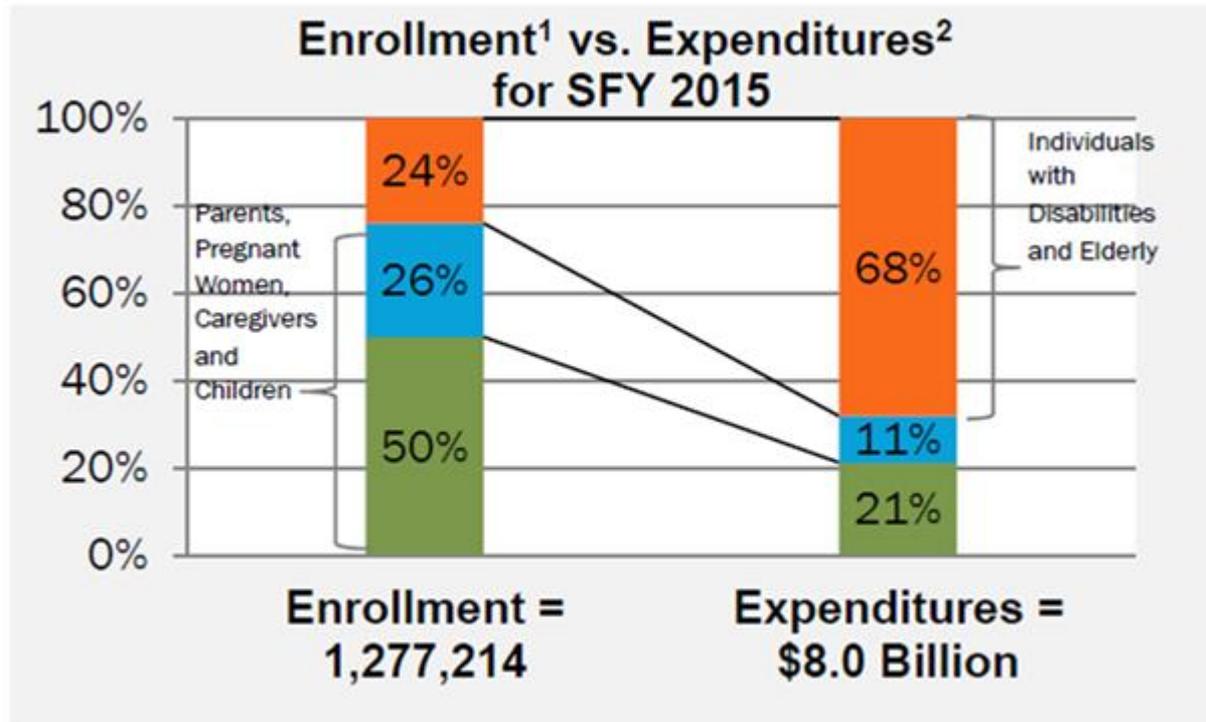
AN INTRODUCTION TO COMMONWEALTH COORDINATED CARE PLUS

A Managed Long -Term Services and
Supports Program

Agenda

- ❑ Background
- ❑ Vision and Goals
- ❑ Model of Care
- ❑ Populations and Regions
- ❑ Proposed Timeline
- ❑ Questions

Medicaid Population and Expenditures



Older adults and individuals with disabilities 24% of the total population = almost 70% of expenditures

Benefits of Managed Care

- Improves quality of care for the individual
- Offers a broader network of providers
- More flexible – includes services not provided in fee-for-service
- Care coordination assists individuals with navigation through the system
- MCOs provide comprehensive health coverage
- Local providers, MCOs and health care agencies work together

Overview of Commonwealth Coordinated Care Plus

- New statewide Medicaid managed care program beginning July 2017
- Will serve approximately 212,750 individuals with complex care needs
- Integrated delivery model that includes medical services, behavioral health services and long-term services and supports

CCC+: Vision and Goals

VISION: Implement a coordinated system of care that builds on lessons learned and focuses on improved quality, access and efficiency

- ★ Provide individuals with high-quality, person centered care

- ★ Improve community-based infrastructure and community capacity

- ★ Provide care coordination and address individual needs

- ★ Better manage and reduce expenditures

- ★ Promote innovation and value-based payment strategies

CCC+ Person Centered Delivery Model



Model of Care Elements

- Specific approaches for vulnerable subpopulations
- Staff and provider training
- Provider networks having specialized expertise and use of clinical practice guidelines and protocols
- Assessments
- Interdisciplinary care teams
- Individualized care plans
- Care coordination
- Transition programs

CCC+ Populations by Type

Duals (Full Medicaid and Full Medicare)

- Not CCC Enrolled= 87,255
- CCC Enrolled= 26,866 (transition January 2018)
- Total Duals = 114, 121

Non Duals with LTSS

- FFS= 9, 710
- Medallion 3.0 HAP* = 9, 411
- Total Non Duals = 19,121

Aged, Blind, Disabled (ABD): Non Dual/Non LTSS

- FFS ABD= 2, 939
- Medallion 3.0 ABD = 76, 565
- Total ABD= 79,504

*HAP - http://www.dmas.virginia.gov/Content_pgs/mc-home.aspx

Coordination with Medicare and Medicaid

Medicare covers:

- Hospital care
- Physician & ancillary services
- Skilled nursing facility (SNF) care
- Home health care
- Hospice care
- Prescription drugs
- Durable medical equipment



Medicaid covers:

- Medicare Cost Sharing
- Hospital and SNF (when Medicare benefits are exhausted)
- Nursing home (custodial)
- HCBS waiver services
- Community behavioral health and substance use disorder services.
- Medicare non-covered services, like OTC drugs, some DME and supplies, etc.



CCC+ covers:

- All acute, behavioral, and long term services and supports
- D-SNP contracts facilitate care coordination across the full delivery system

CCC+ Enrollment by Region and Launch Date

Date	Regions	Regional Launch
July 1, 2017	Tidewater	18,192
September 1, 2017	Central	24,627
October 1, 2017	Charlottesville/Western	16,793
November 1, 2017	Roanoke/Alleghany	11,520
November 1, 2017	Southwest	12,658
December 1, 2017	Northern/Winchester	25,525
January 2018	CCC Demonstration (Transition plan determined with CMS)	26,866
January 2018	Aged, Blind, Disabled (ABD) (Transitioning from Medallion 3.0)	76,565
Total	All Regions	212,746

Source: VAMMIS Data; totals are based on CCC+ target population data as of April 30, 2016

Thank You!

For More Information . . .

Send questions, concerns, and suggestions to:

vamltss@dmas.virginia.gov

Additional information is available at:

http://www.dmas.virginia.gov/Content_pgs/mltss-home.aspx