



COMMONWEALTH of VIRGINIA
Department of Medical Assistance Services

SUITE 1300
600 EAST BROAD STREET
RICHMOND, VA 23219
804/786-7933
800/343-0634 (TDD)
www.dmas.virginia.gov

MEMORANDUM

November 6, 2019

TO: The Honorable Thomas K. Norment, Jr.
Co-Chairman, Senate Finance Committee

The Honorable Emmett W. Hanger, Jr.
Co-Chairman, Senate Finance Committee

The Honorable S. Chris Jones
Chairman, House Appropriations Committee

Mr. Daniel Timberlake
Director, Department of Planning and Budget

FROM: Karen Kimsey *KK*
Director, Virginia Department of Medical Assistance Services

SUBJECT: Item 303.I.4.f of the 2015 Appropriation Act

This report is submitted in compliance with the Virginia Acts of the Assembly – Item 303.I.4.f of the 2019 Appropriation Act requires DMAS to submit an annual report to the Governor and the General Assembly:

“The Department of Medical Assistance Services, in collaboration with the Department of Behavioral Health and Disability Services, shall separately track all costs, placements and services associated with the additional slots added in paragraphs 1.4.a, 1.4.b., and 1.4.c of this Item. By October 1 of each year, the department shall report this data to the Chairmen of the House Appropriations and Senate Finance Committees and the Director, Department of Planning and Budget.”

Should you have any questions or need additional information, please feel free to contact me at (804) 786-8099.

KK/AB

Pc: The Honorable Daniel Carey, M.D., Secretary of Health and Human Resources

Annual: Cost of Additional Developmental Disabilities Waiver Slots – FY 2019

A Report to the Virginia General Assembly

October 1, 2019

About DMAS and Medicaid

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

DMAS administers Virginia's Medicaid and CHIP programs. Through the Medallion 4.0 and Commonwealth Coordinated Care (CCC) Plus managed care programs, more than 1 million Virginians access primary and specialty health services, inpatient care, behavioral health, and addiction and recovery treatment services. In addition, Medicaid long-term services and supports enable thousands of Virginians to remain in their homes or to access residential and nursing home care.

Medicaid members historically have included children, pregnant women, parents and caretakers, older adults, and individuals with disabilities. In 2019, Virginia expanded the Medicaid eligibility rules to make health care coverage available to close to 400,000 newly eligible, low-income adults.

Medicaid and CHIP (known in Virginia as Family Access to Medical Insurance Security, or FAMIS) are jointly funded by Virginia and the federal government under Title XIX and Title XXI of the Social Security Act. Virginia generally receives a dollar-for-dollar federal spending match in the Medicaid program. Medicaid expansion qualifies the Commonwealth for a federal funding match of no less than 90 percent for newly eligible adults, generating cost savings that benefit the overall state budget.

Report Mandate:

“The Department of Medical Assistance Services, in collaboration with the Department of Behavioral Health and Disability Services, shall separately track all costs, placements and services associated with the additional slots added in paragraphs I.4.a, I.4.b., and I.4.c of this Item. By October 1 of each year, the department shall report this data to the Chairmen of the House Appropriations and Senate Finance Committees and the Director, Department of Planning and Budget.”

4.a. The Department of Medical Assistance Services (DMAS) shall amend the CL waiver to add 189 new slots effective July 1, 2018 and an additional 195 slots effective July 1, 2019. An amount estimated at \$8,156,426 the first year and \$16,537,788 the second year from the general fund and \$8,156,426 the first year and \$16,537,788 the second year from nongeneral funds is provided to cover the anticipated costs of the new slots. These estimated amounts assumes that 60 of the additional slots in each year may be filled with individuals transitioning from facility care. DMAS shall seek federal approval for necessary changes to the CL waiver to add the additional slots.

b. The Department of Medical Assistance Services (DMAS) shall amend the FIS waiver to add 414 new slots effective July 1, 2018 and an additional 481 slots effective July 1, 2019. An amount estimated at \$6,347,617 the first year and \$13,720,427 the second year from the general fund and \$6,347,617 the first year and \$13,720,427 the second year from nongeneral funds is provided to cover the anticipated costs of the new slots. DMAS shall seek federal approval for necessary changes to the FIS waiver to add the additional slots.

c. The Department of Medical Assistance Services (DMAS) shall amend the BI waiver to add 40 new slots effective July 1, 2019. An amount estimated at \$257,680 the second year from the general fund and \$257,680 the second year from nongeneral funds is provided to cover the anticipated costs of the new slots. DMAS shall seek federal approval for necessary changes to the BI waiver to add the additional slots.

Background

Access to the Developmental Disabilities waivers are initiated through the assignment of slots to individuals. Those slots and funding are approved by the General Assembly. Of the 1,695 new slots, Item 303.I.4.f requires annual tracking of the 1,319 slots outlined in I.4.a, I.4.b. I.4.c.

Executive Summary

For FY 2019, the General Assembly approved 1,695 new slots as demonstrated below in Table 1.

Table 1: DD Waiver Slot Distribution for FY 2019 and FY 2020

Slot Distribution (FY19 - FY20)	FY 2019	FY 2020	Total
CL - Facility Transitions	60	60	120
CL - Regular (No Restriction)	129	135	264
CL - Reserve/Emergency	25	25	50
FIS - Regular (No Restriction)	414	481	895
FIS - Priority 1 Waitlist	-	326	326
BI - Regular (No Restriction)	-	40	40
Total	628	1,067	1,695

Item 303 I.4.f. from the 2019 Appropriation Act requires annual tracking of the 1,319 slots (highlighted in yellow in the above table). The above referenced FY 2019 Community Living (CL) and Family & Individual Supports (FIS) “regular” waiver slots were distributed in September 2018 to the Community Services Boards (CSBs).

After the Department of Behavioral Health and Developmental Services (DBHDS) allocates the slots to CSBs, independent Waiver Slot Assignment Committees assign the slots to individuals. Once assigned, support coordinators (case managers) work to help connect individuals with services, and after services are rendered, the chosen provider begins billing for services.

Cost Tracking

Claims data is maintained by the Department of Medical Assistance Services (DMAS) within the Medicaid Management Information System. Providers are allowed to bill up to one year post service delivery. Annual expenditures for FY 2019 slots cannot yet be reported because FY 2019 slots were assigned two months into the fiscal year. The final claims associated with this fiscal year have not yet been reported as providers have up to one year post service delivery to bill Medicaid.

To report an accurate cost picture, DBHDS and DMAS will update this report with next year’s required reporting. It will still be necessary to look at the claims on a per member per month basis by waiver because none of the individuals will have had a complete year of claims.

DBHDS tracks unique identifiers (Medicaid ID #) for the referenced slots. Because slots can turn over throughout a given fiscal year, some of the identified slots have more than one associated unique identifier. In these instances, data associated with all individuals will be reported.

At the end of FY 2019, DBHDS pulled a list of all unique identifiers for the slots in the study. When FY 2019 claims data is ready for analysis, this list of unique identifiers will be used to query against claims data.

It is important to note that not all slots authorized in FY 2019 were filled in FY 2019. This is the result of: (1) a number of facility slots being designated for individuals slated to leave training centers or other facilities who have not yet moved and (2) individuals declining particular types of waiver slots after assignment, putting the slots back in the queue for the CSBs to reassign. As such, the number of individuals with FY 2019 expenditures will be less than the number of slots authorized for this study. Furthermore, as stated in the methodology, there are some slots that were utilized by more than one person. DMAS anticipates that the average per member per month expenditures will fluctuate as these individuals are still considered new to the waiver system and may not have accessed all of the services that they both need and desire.

Placements

For each individual occupying one of the slots in the study, DBHDS has reported, in aggregate, their placement as defined by the chosen living situation entered in the Waiver Management System (WaMS) by the support coordinator. See defined living situations below in Table 2.

Table 2: DD Waiver Living Situations	
Living Situation	Definition
Building Independence	(1) Services are provided to adults (18 and older) by a provider that provides supports to secure and maintain a self-sustaining, independent living situation in the community (2) All persons on BI regardless of living situation.
Group Home	Services are provided in a DBHDS licensed group home which provides direct supports as necessary to each person to enable him/her to reside successfully in the community.
Living Independently	An individual resides in his/her own apartment/house in the community. Individual may reside with a roommate of the individual's choice.
Living with Family	Services take place in the individual's family home or community settings. Services are designed to ensure the health, safety and welfare of the individual. Family is parents or relatives who are typically unpaid.
Sponsored Residential	Services take place in a DBHDS licensed sponsored residential home where the homeowners (sponsors) are the paid caregivers who provide support as necessary so that the individual can reside successfully in the community.
Supported Living	Services take place in an apartment setting operated by a DBHDS licensed provider that provides 'round the clock availability of staff who have the ability to respond in a timely manner enabling individuals to reside successfully in the community.

On August 1, 2019, DBHDS reviewed a list of all unique identifiers for the slots in the study. For the cohort of slots studied for this report, the living situation data is displayed below. Note that the following data represents the living situation for all individuals (non-unique) that ever occupied one of the slots in the study.

Living Situation	Number of Individuals (Non-Unique)
Building Independence	0
Group Home	67
Living Independently	34
Living with Family	440
Sponsored Residential	6
Supported Living	5
Undocumented	45
Total	597

Services

For each individual occupying one of the slots in the study, DBHDS queried all associated approved DD waiver services (regardless of status). See below.

Service Authorization	Total Current Service Authorization	Total Expired Service Authorization	Total
Assistive Technology Only	1	3	4
Benefits Planning Services	6	3	9
Center-Based Crisis Supports	0	8	8
Center-Based Crisis Supports	0	8	8
Center-Based Crisis Supports	0	8	8
Community Coaching	4	2	6
Community Coaching	4	2	6
Community Engagement	50	13	63
Community-Based Crisis Supports	0	9	9
Community-Based Crisis Supports	0	9	9
Companion	5	0	5
Companion - CD	24	7	31
Crisis Support Services	1	8	9
Crisis Support Services	1	8	9
Environmental Modification, Maintenance Costs Only	0	2	2
Environmental Modifications Only	2	6	8
Group Day Support	117	70	187
Group Day Support	117	70	187
Group Day Support	117	70	187
Group Residential Supports 12 Person Group Homes	1	1	2
Group Residential Supports 4 or Fewer Person Homes	34	5	39
Group Residential Supports 5 Person Group Homes	2	1	3
Group Residential Supports 6 Person Group Homes	3	0	3
Group Residential Supports 8 Person Group Homes	2	1	3
In Home Residential Support - Historical	6	5	11
Individual & Family Caregiver Training	1	0	1
In-Home Residential Support, 1 person	76	44	120
In-Home Residential Support, 2 people	0	1	1
Personal Assistance	45	21	66
Personal Assistance - CD	140	35	175
Private Duty Nursing, Licensed Practical Nurse	11	10	21
Private Duty Nursing, Registered Nurse	1	2	3
Respite	59	19	78
Respite - CD	146	20	166
Skilled Nursing, Licensed Practical Nurse	1	0	1
Skilled Nursing, Registered Nurse	1	0	1
Sponsored Residential	6	2	8
Sponsored Residential	6	2	8
Supported Employment, Group - More Than 2, Up to 4 Members per Staff	4	3	7
Supported Employment, Group - More Than 4 Members per Staff	3	0	3
Supported Employment, Individual	35	18	53
Supported Living	3	0	3
Therapeutic Consultation, Other Professionals	7	2	9
Therapeutic Consultation, Therapists, Behavior Analysts, Rehab. Engineers	20	3	23
Total	1062	501	1563

Conclusion

There were 603 slots authorized in FY 2019. As of August 1, 2019, 553 slots had been assigned 597 times to 594 unique individuals. Assignments are higher than slot allocation due to turnover in the designated slots.

The individuals currently utilizing the studied DD slots have not yet been receiving services for a full year; FY 2019 claims data is not yet available.

The majority of the individuals (approximately 74%) are living with family. The living situations are partly a result of the type of slot authorized. Not all living situations are available in all waivers; “congregate” residential services such as group homes and sponsored residential are only available in the Community Living waiver.

Service authorizations may fluctuate as individuals become more familiar with the services that are available and as their needs change.

Next year’s reporting cycle will include data associated with slots authorized in both FY 2019 and FY 2020.