# Virginia Medicaid

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# Medicaid Overview

-American Council on Aging, 2019

- Medicaid is a wide-ranging, jointly funded state and federal health care program for low-income / low resource persons of all ages.

# Virginia Medicaid

- In Virginia, the Department of Medical Assistance Services (DMAS) administers the Medicaid program, and one's local Department of Social Services (DSS) determines one's eligibility.

- -American Council on Aging 2019

# Medicaid Fact Sheet-KFF

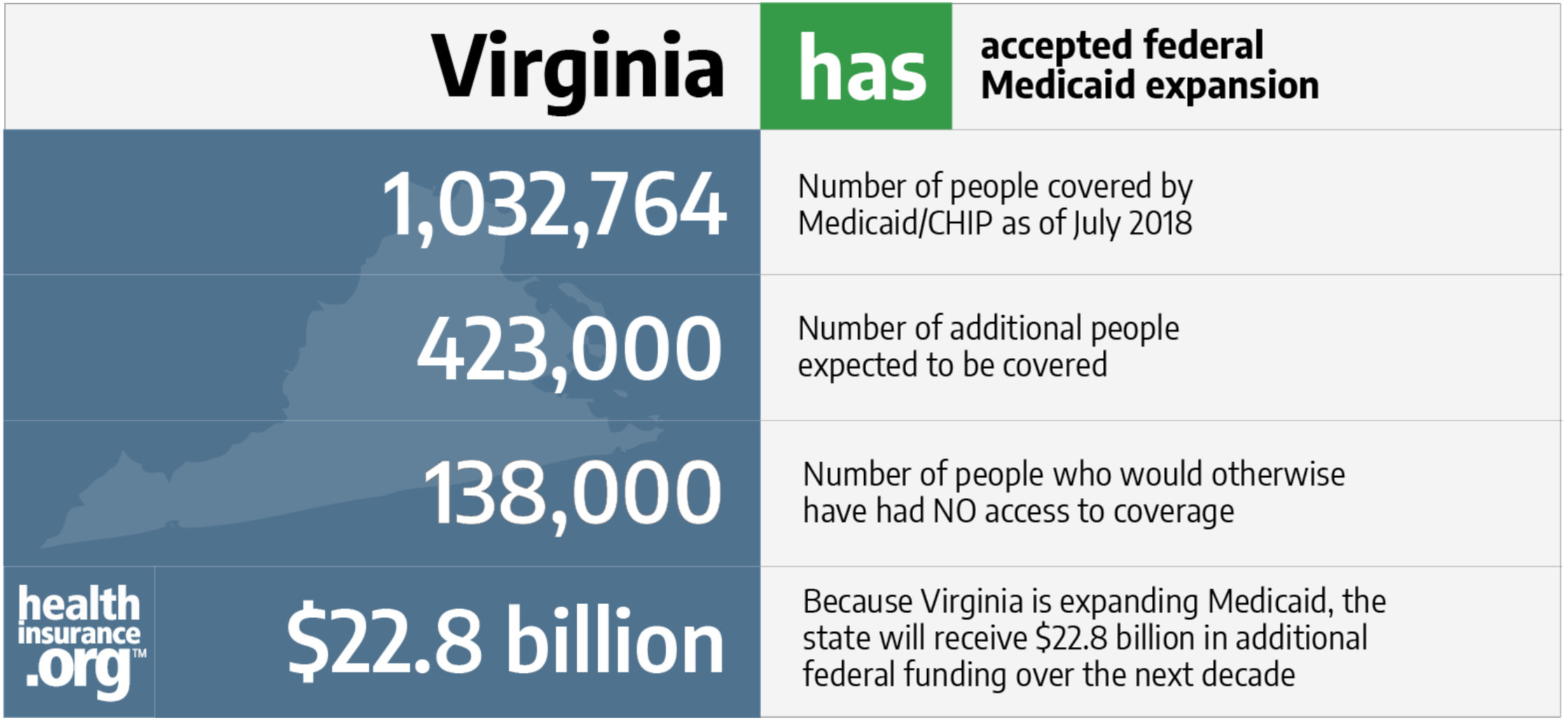
- http://files.kff.org/attachment/fact-sheet-medicaid-state-VA

# Medicaid and Medicaid Expansion- Virginia

- “Virginia’s traditional Medicaid program has been one of the least generous in the nation. To be eligible, a disabled individual can make no more than $9,700 a year. Able-bodied, childless adults have not been eligible, no matter how poor. About one million Virginians are currently receiving health coverage through Medicaid.”
- “Under the Affordable Care Act, Washington allowed states to open their Medicaid rolls to people with incomes up to 138 percent of the federal poverty level, which is $16,750 a year for a disabled person or able-bodied adult, and $28,700 for a family of three. The federal government pledged to pay at least 90 percent of the cost, which in Virginia would amount to about $2 billion a year.”

-Washington Post, November 2018

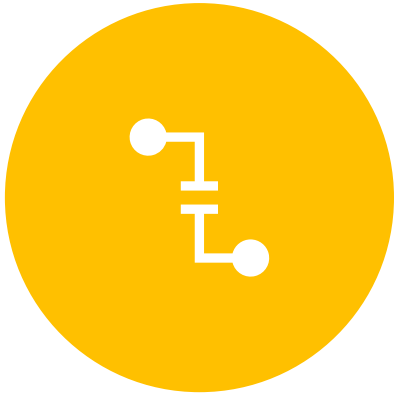
# Virginia Medicaid Expansion, Fast Facts



# Medicaid Expansion-Virginia

PRIMARILY BENEFITS ABLE-BODIED PEOPLE WHO ARE NOT ELIGIBLE FOR MEDICARE

~375K ENROLLEES SO FAR



STREAMLINED ENROLLMENT PROCESS (CAN BE TIED TO TANF, SNAP)

# Categories of Medicaid (simplified)

”Medicaid”-Comprehensive health insurance-No long term care or custodial support.

“QMB/SLMB”-People eligible for **Medicare** with a lower income, **Medicaid** will pay for the Part B **Medicare premiums**

Long Term Care/Community Based/ Waiver: Specialized Medicaid programs with specific eligibility that provide more extensive services

# Long Term Care Medicaid

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- There are several different Medicaid long-term care programs for which Virginians may be eligible. These programs have slightly different eligibility requirements, such as income, assets, and functional ability, as well as differing benefits. Further complicating eligibility are the facts that the criteria vary with marital status and that Virginia offers multiple pathways towards eligibility.

# Virginia Medicaid- Entitlement vs Non-Entitlement in LTC

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1) Institutional / Nursing Home Medicaid – is an entitlement (anyone who is eligible will receive assistance) & is provided only in nursing homes.

2) Medicaid Waivers / Home and Community Based Services (HCBS) – Limited number of participants. Provided at home, adult day care or in assisted living.

3) Regular Medicaid / Aged Blind and Disabled – is an entitlement (benefits are guaranteed if one meets the eligibility requirements) and is provided at home or adult day care.

# PACE-Program of All Inclusive Care for the Elderly

Medicare-Medicaid program

Users get ALL services in/through PACE provider

Subject to Medicare and Medicaid regulations

| 2019 Virginia Medicaid Long Term Care Eligibility for Seniors | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| **Type of Medicaid** | **Single** | | | **Married (both spouses applying)** | | | **Married (one spouse applying)** | | |
| | Income Limit | Asset Limit | Level of Care Required | Income Limit | Asset Limit | Level of Care Required | Income Limit | Asset Limit | Level of Care Required |
| Institutional / Nursing Home Medicaid | $2,313 / month | $2,000 | Nursing Home | $4,626 / month | $4,000 | Nursing Home | $2,313 / month for applicant | $2,000 for applicant & $126,420 for non-applicant | Nursing Home |
| Medicaid Waivers / Home and Community Based Services | $2,313 / month | $2,000 | Help w/ 2 Activities of Daily Living | $4,626 / month | $4,000 | Help w/ 2 Activities of Daily Living | $2,313 / month for applicant | $2,000 for applicant & $126,420 for non-applicant | Help w/ 2 Activities of Daily Living |
| Regular Medicaid / Aged Blind and Disabled | $832.66 / month | $2,000 | None | $1,127.33 / month | $3,000 | None | $832.66 / month | $2,000 | None |

American Council on Aging-2019

# Income and Eligibility

# Medicaid Co-Pays “Patient Pay”

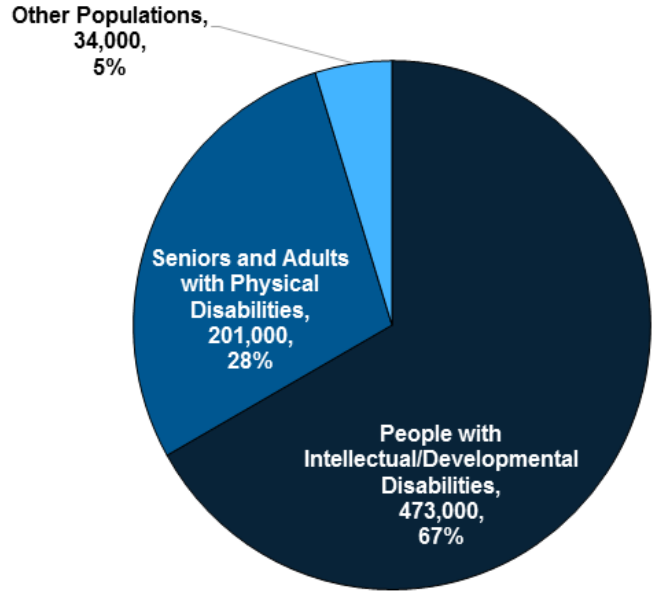
| Type of Coverage | Monthly Income Limits (2017) | Countable Assets Limits (2017) |
|---|---|---|
| Non Long- Term Care | $804/mo. for an individual (80% of 2017 federal poverty level)<br>$1,083/mo. for a couple<br><br>Income Spend-downs available for higher incomes, but must spend- down to medically needy income level (MNIL) | $2,000 for an individual<br>$3,000 for a couple<br><br>More restrictive rules concerning what type of property is exempt will apply if income is above 80% of poverty level after disregarding SSI income |
| QMB | $1,005/mo. for an individual<br>$1,354/mo. for a couple | $7,390 for an indiv.;<br>$11,090 for a couple |
| SLMB | $1,206/mo. for an individual<br>$1,624/mo. for a couple | Same as QMB |
| QI | $1,357/mo. for an individual<br>$1,827/mo. for a couple | Same as QMB |
| Long-Term Care Individual | $2,205/mo.<br>Spend-down available<br><br>Personal needs allowance Community care: $1,213 (’17). (M1470.410)<br>Nursing facility: $40 eff. 7/07 | Same as non long-term care |
| Long-Term Care Couple | Community spouse (CS) is not required to contribute income--and CS’s income is not deemed-- to institutionalized spouse. Only count any actual contribution by the CS to the institutionalized spouse. (M1480.300.B.3).<br><br>The CS may be entitled to a portion of institutionalized spouse’s income if her income is below the minimum spousal allowance of $2030.00/month. CS may be able to keep more than the minimum if she has high housing expenses (M1480.410). | Divide Assets and community spouse keeps one-half, subject to a minimum of $24,180 (1/17) and maximum of $120,900 (1/17)<br><br>(M1480.231) |

Source: VA Legal Aid

# Medicaid HCBS Waiver Waiting Lists

Figure 2

## Medicaid HCBS waiver waiting list enrollment, by target population, 2017.




**Total waiting list enrollees = 707,000**

NOTES: Numbers may not sum to totals due to rounding. Data include Section 1915 (c) and Section 1115 HCBS waiver waiting lists except that CA and NY did not report Section 1115 waiting list enrollment, and AL reports its Section 1915 (c) I/DD waiting list as "unknown." Other Populations include children who are medically fragile or technology dependent, people with HIV/AIDS, people with mental health needs, and people with traumatic brain or spinal cord injuries. SOURCE: Kaiser Family Foundation Medicaid FY 2017 HCBS program survey conducted in 2018.

KFF
HENRY J KAISER FAMILY FOUNDATION

# Qualifying for Medicaid LTSS

Functional **AND** Financial eligibility requirements

## Multiple agencies involved

| | | |
|---|---|---|
| -DMAS (Statewide) | -DSS-Local | -Health Department -Local |

# To qualify: **Functionally**

-UAI (Uniform Assessment Instrument) needs to be filled out, scored, processed and approved by the Health Department

- -Can also be done at a hospital
- -Waiting lists to get a UAI screening can be very long
- -Must be dependent for ADLs

-UAI once approved, is good for life, as long as individual continually accesses services.

# UAI

- ”Snapshot in Time”
- Easily Lost
- Highly Subjective
- Requires 2 screeners, and an MD signature.

VIRGINIA UNIFORM ASSESSMENT INSTRUMENT

Date: Screen ___/___/___
Assessment ___/___/___
Reassessment ___/___/___

1 IDENTIFICATION/BACKGROUND

**Name & Vital Information**

Client Name: _____ (Last) _____ (First) _____ (Middle Initial) Client SSN: _____

Address: _____ (Street) _____ (City) _____ (State) _____ (Zip Code)

Phone: (___) _____ City/County Code: _____

Directions to House: Pets?

**Demographics**

Birthdate: ___/___/___ (Month) (Day) (Year) Age: _____ Sex: ___ Male 1 ___ Female 2

Marital Status: ___ Married 1 ___ Widowed 2 ___ Separated 3 ___ Divorced 4 ___ Single 5 ___ Unknown 9

Race
___ White 1
___ Black/African American 2
___ American Indian 3
___ Oriental/Asian 4
___ Alaskan Native 5
___ Unknown 9
Ethnic Origin _____

Education:
___ Less than High School 0
___ Some High School 1
___ High School Graduate 2
___ Some College 3
___ College Graduate 4
___ Unknown 9
Specify _____

Communication of Needs:
___ Verbally, English 0
___ Verbally, Other Language 1
Specify _____
___ Sign Language/Gestures/Device 2
___ Does Not Communicate 3
Hearing Impaired? _____

**Primary Caregiver/Emergency Contact/Primary Physician**

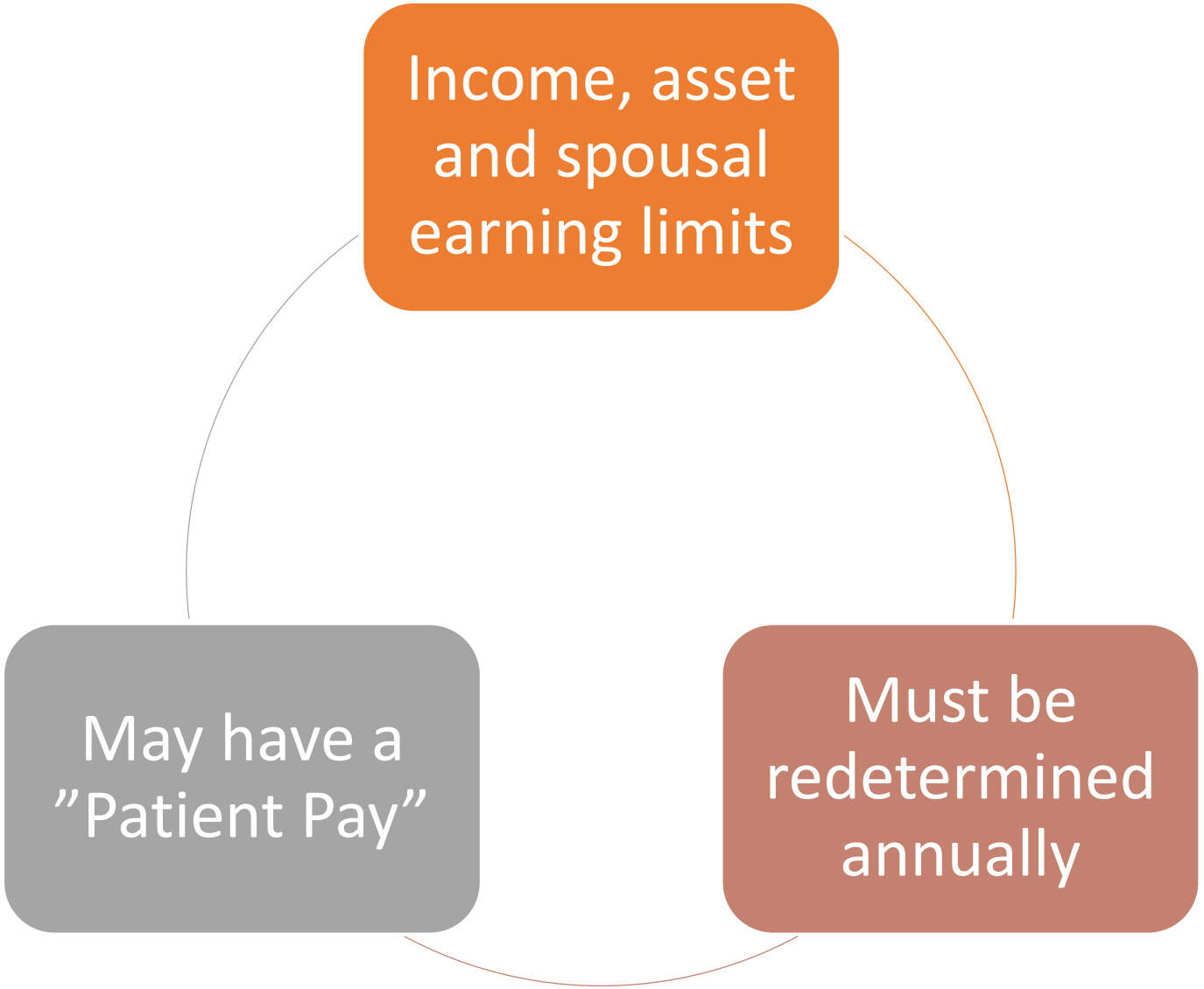
Name: _____ Relationship: _____
Address: _____ Phone: (H) _____ (W) _____
Name: _____ Relationship: _____
Address: _____ Phone: (H) _____ (W) _____
Name of Primary Physician: _____ Phone: _____
Address: _____

**Initial Contact**

Who called: _____ (Name) _____ (Relation to Client) _____ (Phone)

Presenting Problem/Diagnosis:

# To Qualify FINANCIALLY



After qualifying financially and functionally

Enter into a “Managed Care Organization” (MCO)

Clients can choose from any approved MCO’s, BUT once enrolled, must stay with MCO and can only change during open enrollment of medcare period

Different MCO’s offer different benefits and options for recipients

# CCC Plus- Commonwealth Coordinated Care

Mandatory Managed Medicaid Long Term Support Services in Virginia

Began in 2017

Health Insurance companies are reimbursed for services by DMAS, for providing Medicaid services.







# Managed Care Organizations partnering with Medicaid

# Managed Medicaid Long Term Care

Good things:

-Often have extra benefits “perks” cell phone payment, gym memberships

Are able to offer more hours/higher level of care than offered in a non MCO setting

Lower rates of Nursing Home Placement

# Some criticisms

Ties healthcare of members, with profits of healthplans

Enrollees have limited appeal rights

Medical Providers or MCO's could leave the market at any time

# Managed Care Organizations are responsible for credentialing and auditing their providers

- Takes regulatory burden off of DMAS (in theory)
- Can require additional eligibility requirements for providers, but cannot ease the minimum requirements of each provider required by DMAS

# Special Segment, Telehealth

- Medicare-Medicaid Demonstration Waiver: Participating plans shall be permitted to use telehealth in rural and urban settings and reimburse for store-and-forward applications.

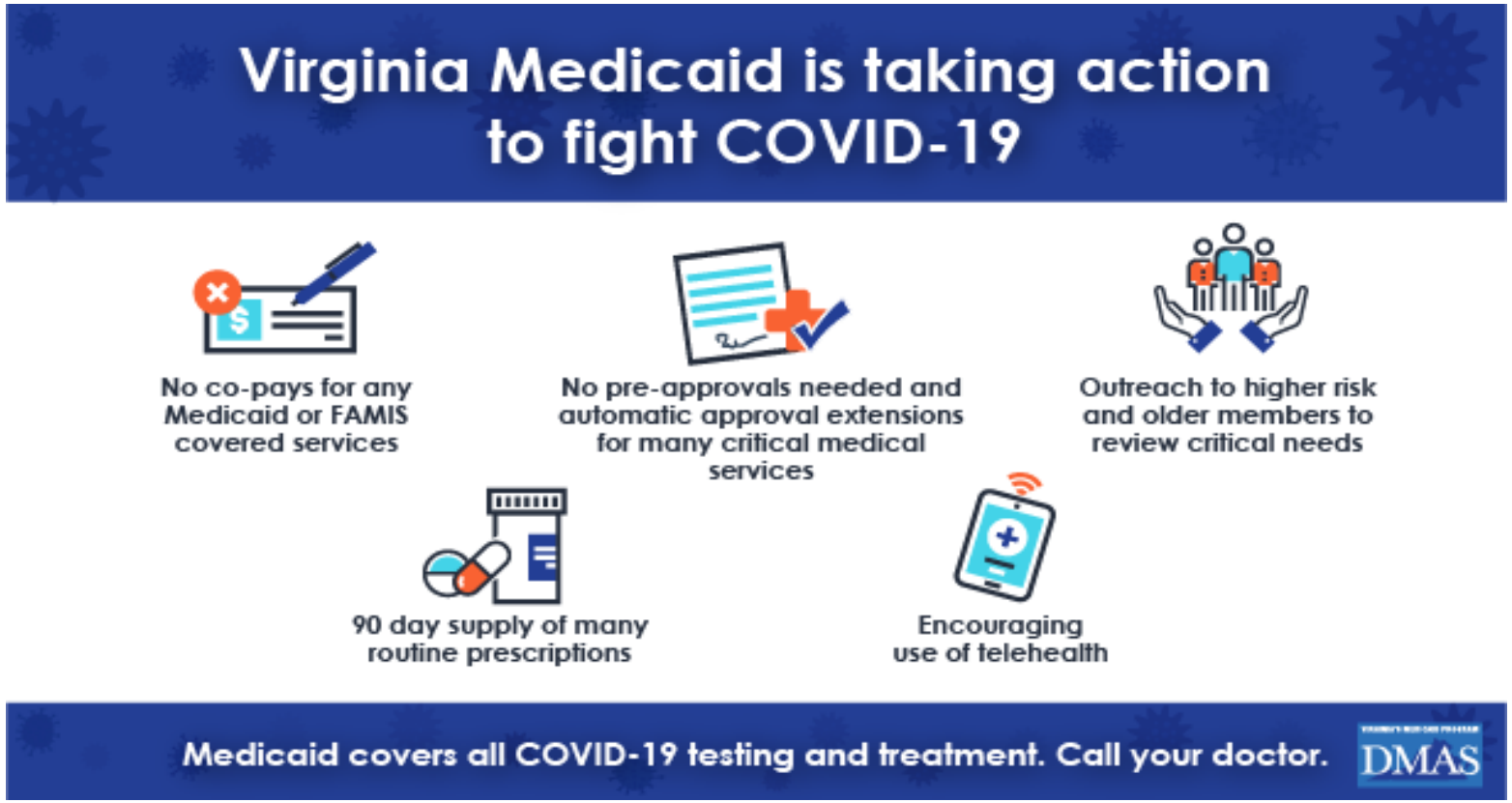
- Source: VA Reg. Text 12VAC30-121-70-B-12. (2016)

# Medicaid and Telehealth in Virginia

**DMAS reimburses for diabetic retinopathy screening through telemedicine for Medicaid members with Type 1 or 2 diabetes. Radiology related procedures are also included under telemedicine coverage as well as certain codes for teledermatology.**

Source: VA Dept. of Medical Assistance Svcs. Medicaid Bulletin. Updates to Telemedicine Coverage. p. 5-6. (May. 2014) & Dept. of Medical Assistance Svcs., Medicaid Provider Manual, Physician/Practitioner Manual, Billing Instructions, p. 21 (May 2017). (Accessed Apr. 2019). Medicare-Medicaid Demonstration Waiver: Participating plans shall be permitted to use telehealth in rural and urban settings and reimburse for store-and-forward applications. Source: VA Reg. Text 12VAC30-121-70-B-12. (2016).

# Special Segment: COVID 19



# COVID-19 and TELEHEALTH Sources

- https://www.dmas.virginia.gov/files/links/5249/3.19.2020_COVID%2019%20MEMO_4.0.pdf

- https://www.cchpca.org/sites/default/files/2019-05/cchp_report_MASTER_spring_2019_FINAL.pdf

# Summary

- “Medicaid” refers to a diverse set of health coverage options which vary by state, and have specific eligibility requirements
- In Virginia Medicaid is administered by The Department of Medical Assistance Services (DMAS)
- Medicaid covers custodial care for dual eligible individuals (Those with Medicare and Medicaid)

# Questions?/What did I miss?

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