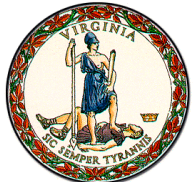


DMAS RESPONSE TO COVID-19 PANDEMIC

December 13, 2021



COVID-19 VACCINATION AND OTHER DATA UPDATES

December 13, 2021

Rich Rosendahl

Health Economics and Economic Policy
Department of Medical Assistance Services

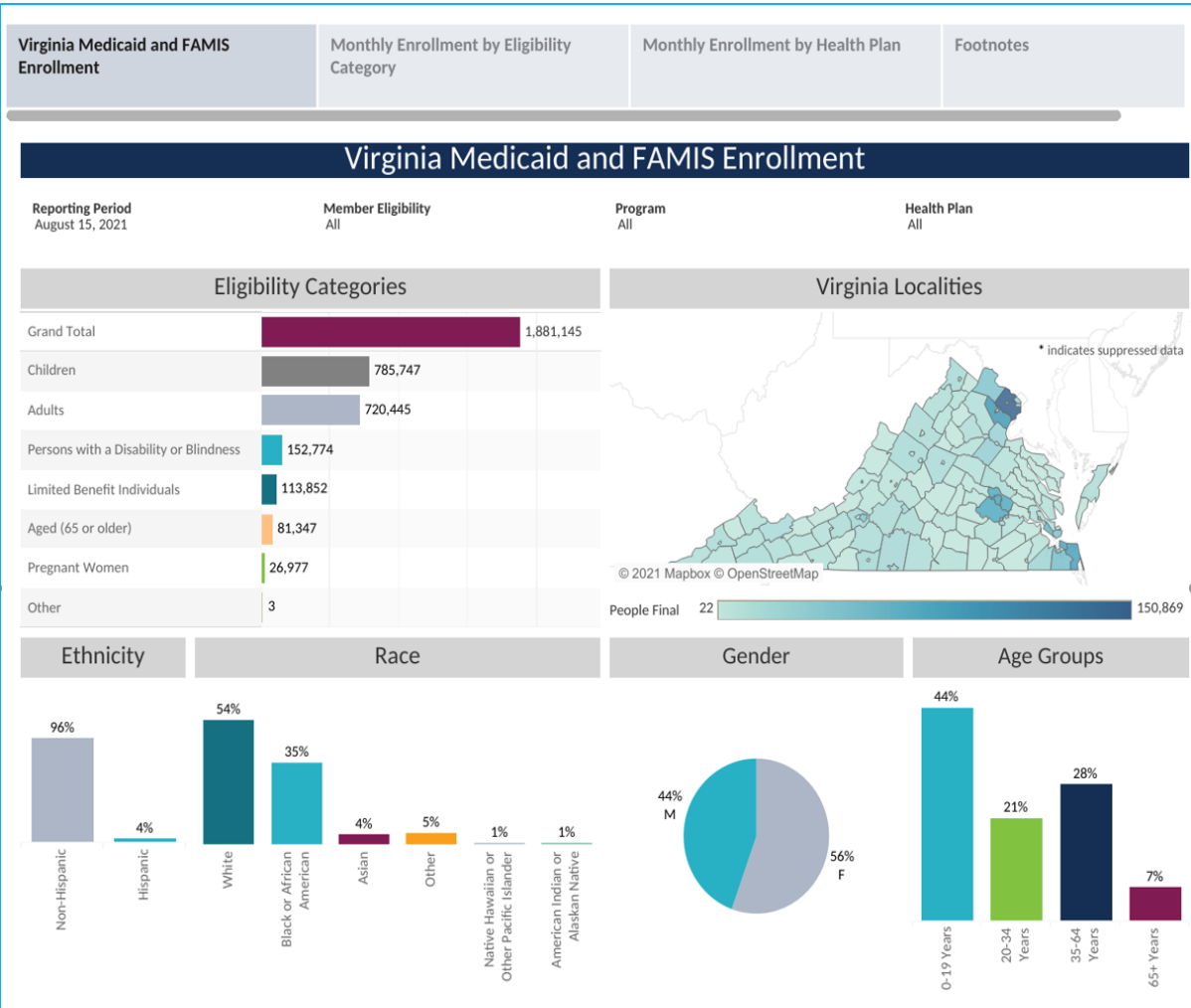


WEBSITE AND DASHBOARD UPDATES

Enrollment and Expenditures

Resources on enrollment and expenditures

- Trends in enrollment by eligibility group
- Enrollment and trends by health plan
- Enrollment by race/ethnicity
- Managed care expenditures by health services area



Website Updates

NEW WEBPAGE ON BEHAVIORAL HEALTH!

The screenshot shows the Virginia Medicaid website interface. At the top left is the Virginia Medicaid logo and the text "Department of Medical Assistance Services". At the top right are links for "Privacy Practices", "Sitemap", and "MES Portal Login". Below these is a search bar with the text "Search the site" and a magnifying glass icon. A dark blue navigation bar contains menu items: "Applicants", "Members", "Providers", "Appeals", "COVID-19", "Data" (highlighted), and "About Us". Below the navigation bar is a breadcrumb trail: "Home > Data > Behavioral Health".

Behavioral Health

Overview

Virginia Medicaid provides an array of behavioral health and addiction and recovery treatment services through Managed Care Organizations (MCOs) (through CCC Plus and Medallion 4.0), and through the Behavioral Health Services Administrator, which are contracted by DMAS. Virginia Medicaid's mission is to improve the health and well-being of Virginians through access to quality health care coverage. The Commonwealth dedicates significant resources to achieving that mission, and this webpage is a part of our effort to be good stewards of those resources and transparent about how we use them. The Mental Health Services Dashboard (coming soon!) is designed to provide helpful information on service utilization and high-level demographic information about individuals that participate in behavioral health services.

Thank you for taking a moment to browse our site. If you have any questions or need more information, don't hesitate to reach out to enhancedbh@dmas.virginia.gov.

<https://www.dmas.virginia.gov/data/behavioral-health/>

NAVIGATE

Behavioral Health

- [Mental Health Services Dashboard](#)
- [HEDIS Measures](#)
- [Foster Care Reports](#)
- [Performance Withhold Program](#)
- [Network Adequacy Report](#)

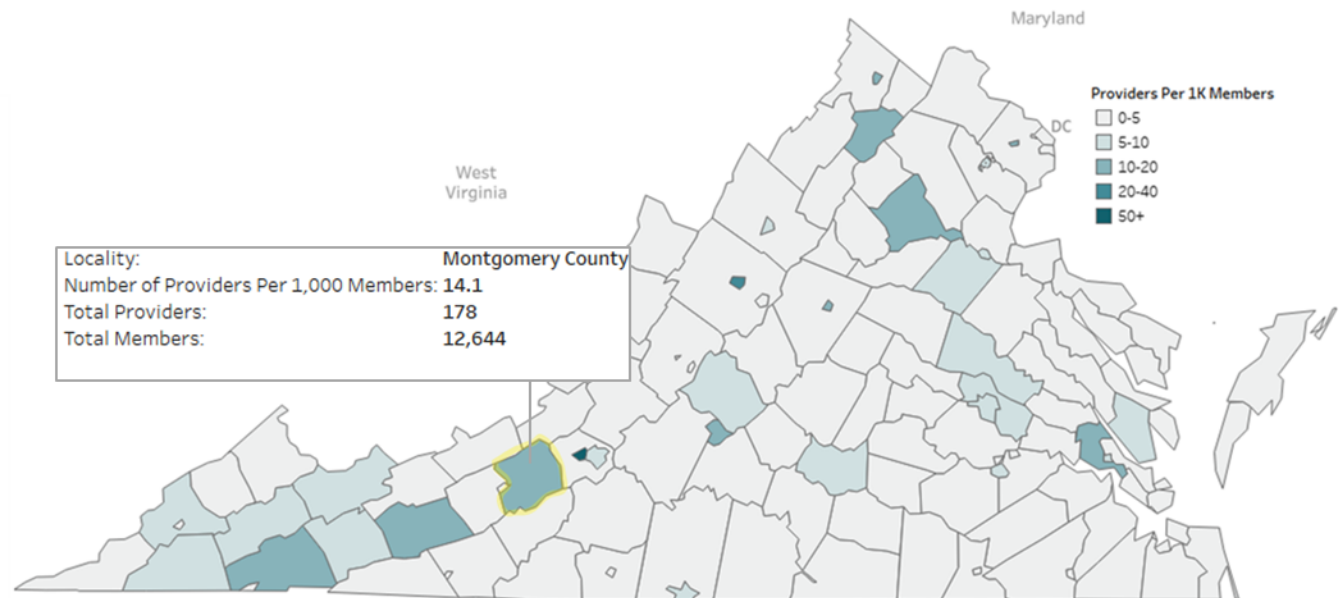
Behavioral Health Provider Dashboard

Provider Network Report

- ARTS
- CMHRS
- Outpatient Mental Health
- Psychiatric hospitals
- Psychiatry

Number of Behavioral Health Providers Per 1,000 Medicaid Members

Plan Name (Select One or More)	Provider Type (Select One)
(All)	Addiction, Recovery, and Treatment Services (ARTS)



Footnotes:

- 1) Member locality (FIPS code) information is based on Department of Social Services caseworker entry and may not reflect a member's physical address.
- 2) Data for this map is current as of 06/01/2021.
- 3) The above map suppresses data for localities with fewer than 10 members (based on Medicaid enrollment data). The map also suppresses data for localities with less than 20,000 residents (based on 2010 census data). Data suppression ensures member confidentiality and adherence to DMAS and CMS data reporting regulations.

COVID-19 UPDATES

COVID-19 Snapshot Report

As of December 6, 2021



Cases and Testing

Total number of confirmed COVID-19 cases

- 136,939*

Cases per 100,000 members

- 7,042

Total number of tests covered by Medicaid

- 1,475,005

Total number of members tested for COVID-19 by a Medicaid-covered test

- 641,240



Vaccinations

Total number of members fully vaccinated

- 641,532

Number of members with at least 1st dose received

- 716,917

Percent of Medicaid members with at least one dose

- 37%

Percent of eligible members (12+) with at least one dose

- 49%

Number of unvaccinated members (12+)

- 728,221

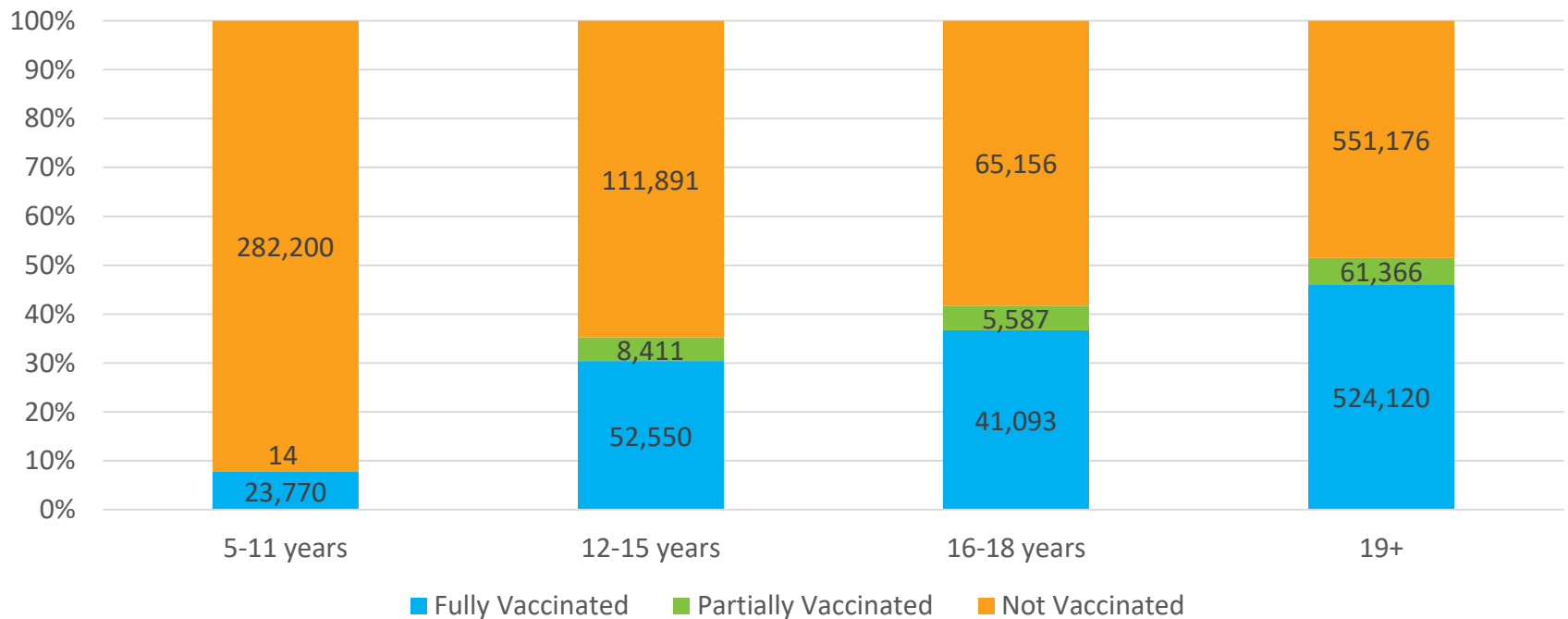
*data based on lab results and claims billed to Medicaid. Cases not paid for by Medicaid, such as those for duals eligible may not be included.

COVID-19 Vaccinations

18% of eligible children under 16 have received at least one dose of a vaccine

COVID-19 Vaccination Status

As of December 6, 2021



COVID-19 vaccinations were authorized in Virginia on the following dates:

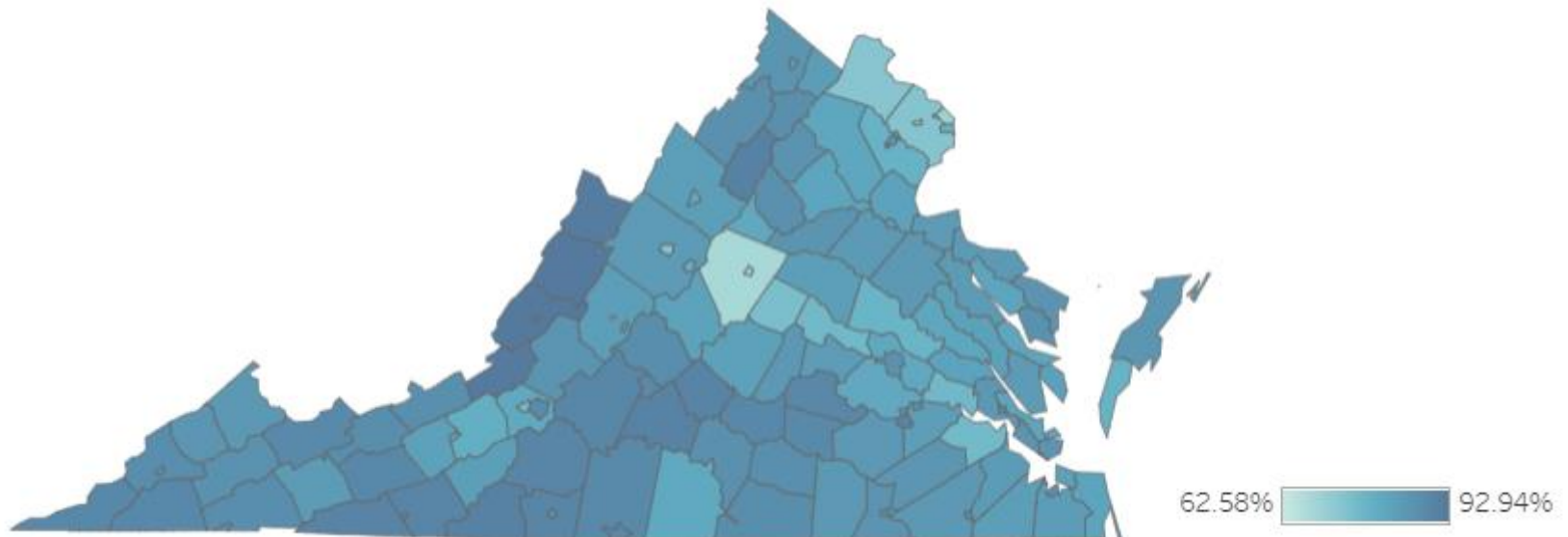
18+ years: December 10, 2020 (Pfizer & Moderna vaccines, Johnson & Johnson added as of February 26, 2020)

12-17 years: May 10, 2021 (Pfizer vaccine)

5-11 years: October 20, 2021 (Pfizer vaccine)

Who is left to vaccinate?

Unvaccinated 5 -15 Year Olds
(as of Dec. 6, 2021, % based on members 5-15 years old)



- The Northern/Winchester region has the highest vaccination rate (23%)
- The Southwest region has the lowest vaccination rate (13%)

Updated as of December 6, 2021

**NURSING FACILITIES
&
HOME AND COMMUNITY BASED
SERVICES
COVID -19 FLEXIBILITIES UPDATE**

December 13, 2021

Long Term Services and Supports Initiatives

LTSS Flexibilities

For Our Members:

- Leveraged and improved telehealth-maintaining access to critical services and face-to-face requirements.
- Access to Long Term Services and Supports and DME (LTSS and PASRR Screening Allowances).



For Our Providers:

- Emergency rules give home and community-based providers greater ability to sustain staffing capacity by giving them more flexibility with training, oversight and other requirements.
- Retainer payments for adult day health centers and providers that offer day services under the DD Waivers.
- Increased nursing facility reimbursement rates.
- Spouses, parents of minor children, and legal guardians of a member can provide and receive reimbursement for personal care services.
- CARES Act funds used to stabilize at-risk providers, including hospitals, LTC providers, residential providers and DD waiver providers.

Nursing Facility and Home and Community Based Provider Flexibilities

Ongoing HCBS and NF Flexibilities Until Further Notice

1. Personal care, respite, and companion aides hired by an agency shall be permitted to provide services prior to receiving the standard 40-hour training. Providers will be required to ensure that aides are proficient in the skills needed to care for participants prior to providing care. Aides must receive the forty (40) hour training within ninety (90) days of starting care.
2. Waiver members who receive less than one service per month will not be discharged from a HCBS waiver. Waiver individuals shall receive monthly monitoring when services are furnished on a less than monthly basis. Monthly monitoring may be in the form of telehealth visits including phone calls. While providers may perform monthly monitoring in the form of telehealth visits, including phone calls, this monitoring activity would not be billable.
3. Residential providers are permitted to not comply with the HCBS settings requirement at 42 CFR 441.301(c)(4)(vi)(D) that individuals are able to have visitors of their choosing at any time.
4. Waive the requirements at 42 CFR 483.35(d) (with the exception of 42 CFR 483.35(d)(1)(i)), which require that a SNF and NF may not employ anyone for longer than four months unless they met the training and certification requirements under § 483.35(d).
5. Allow legally responsible individuals (parents of children under age 18 and spouses) to provide personal care/personal assistance services for reimbursement.

A list of all program flexibilities, including Behavioral Health Services, that remain in effect can be found on the DMAS Website:

<https://dmas.virginia.gov/for-providers/general-information/emergency-waivers/>

HCBS Telehealth Workgroup Updates

1.) Budget Bill 1800 (Chapter 552] Item #313DDDDDD

Telehealth as a Permanent Service option for Individuals on the CL, FIS, BI Waivers

- + Workgroup included staff from DMAS, DBHDS, and members of the Developmental Disability Waiver Advisory Committee.
- + Outcomes of the workgroup provided the foundation to develop revisions to amend the current HCBS waiver and offered a meaningful direction for the

2.) HB2197

Permanent Use of Virtual Supports Focused on AT/EM Services

- + Workgroup included parents, parent advocates, self-advocates, the Virginia Association of Health Plans, subject matter experts from DMAS/DBHDS, and a cross section of providers, provider associations, and advocacy groups.
- + DMAS submitted a report of workgroup recommendations to the Governor and General Assembly on November 1, 2021.

Expired Flexibilities

- The Federal PHE was extended recently to January 16, 2022 by the Secretary of Health Human Services.
- At the state level, Virginia Executive Orders (EO) 51 and 58 provide flexibilities associated with the State PHE declaration expired on June 30, 2021.
- Flexibilities that ended can be found on DMAS Website
 - <https://dmas.virginia.gov/for-providers/general-information/emergency-waivers/>

THANK YOU



MEDICAID TELEHEALTH POLICY – COVID-19 AND BEYOND

December 13, 2021

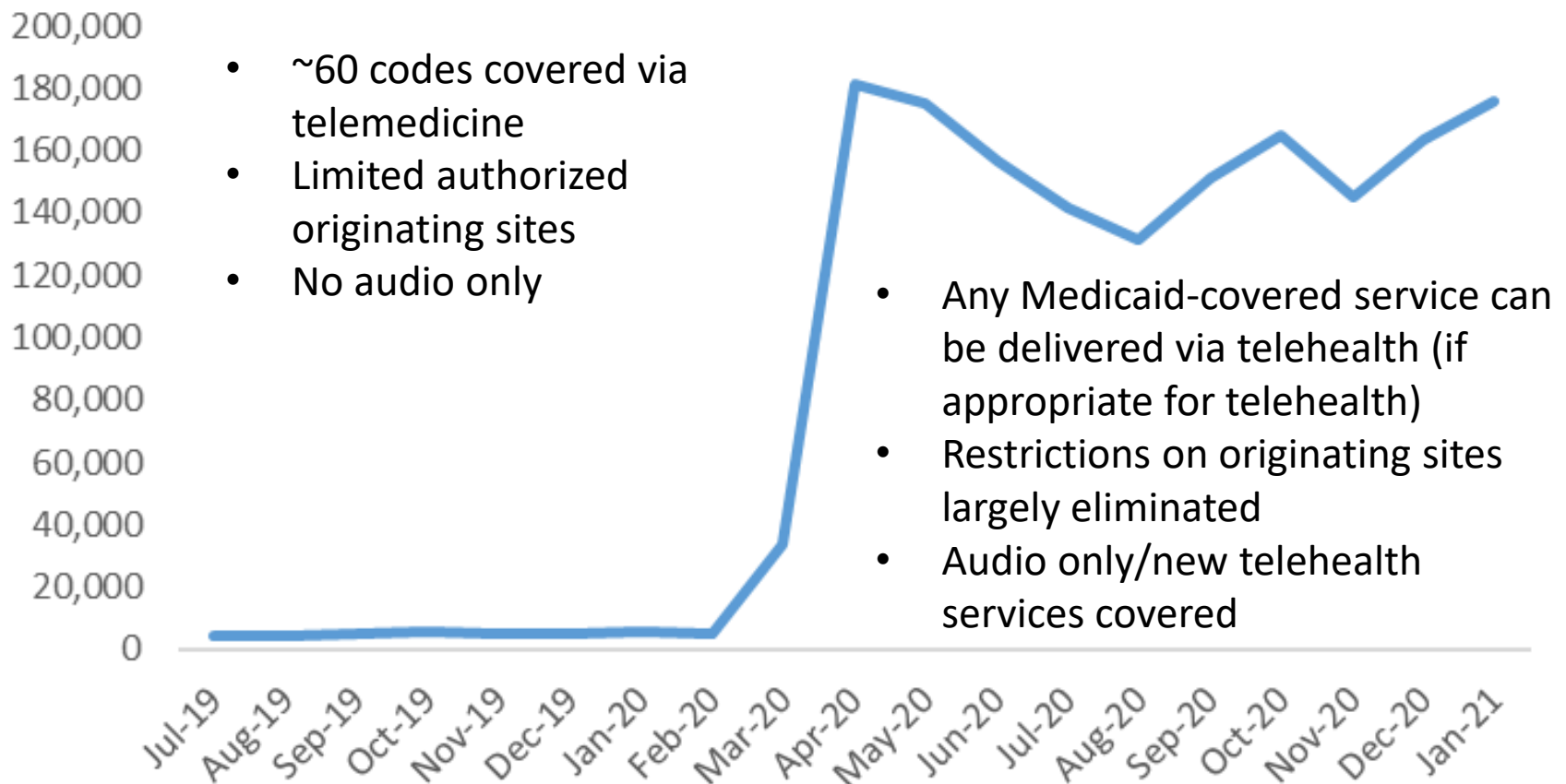
ANDREW MITCHELL, SCD

**CHIEF MEDICAL OFFICER
DEPARTMENT OF MEDICAL
ASSISTANCE SERVICES**

Telehealth Has Increased 30-fold During COVID-19

Over 150,000 members have accessed services via telehealth each month since March, 2020

Number of Medicaid members receiving services via telehealth



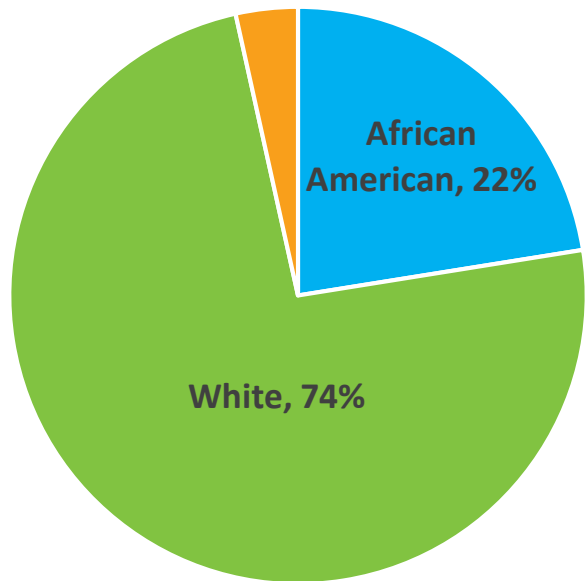
Telehealth Has Been a Force for Equity

Compared to other groups, **African-American** members have experienced particularly rapid uptake of telehealth.

Telehealth claims:

July 1, 2019 - March 19, 2020

Other race, 3%

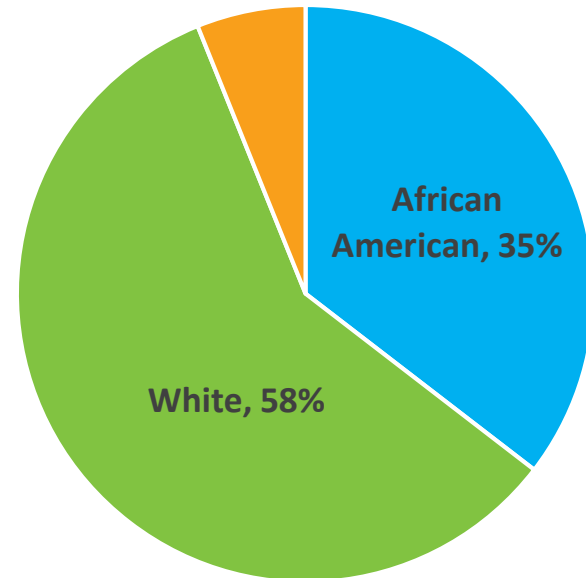


22% of all telehealth

Telehealth claims:

March 20, 2020 - March 31, 2021

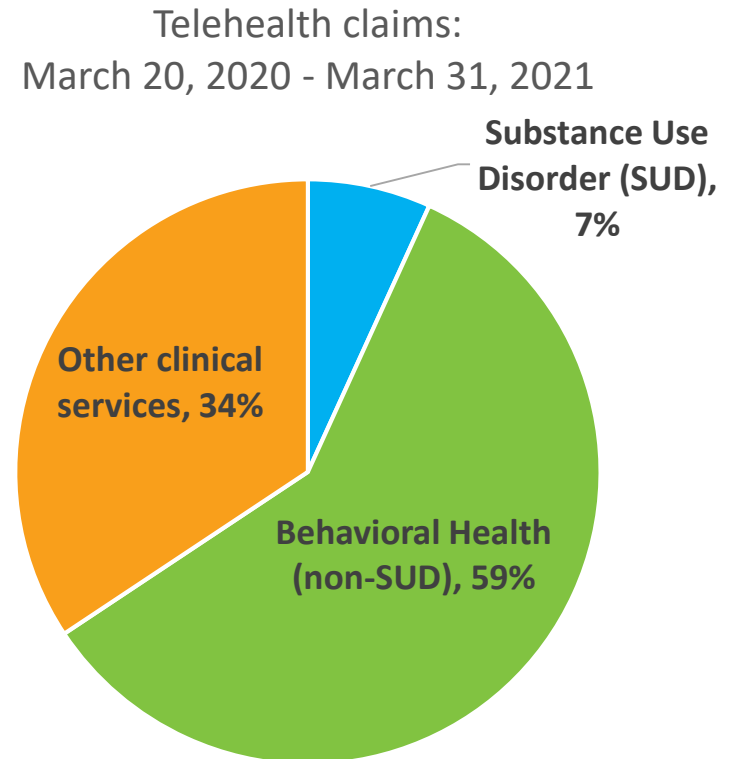
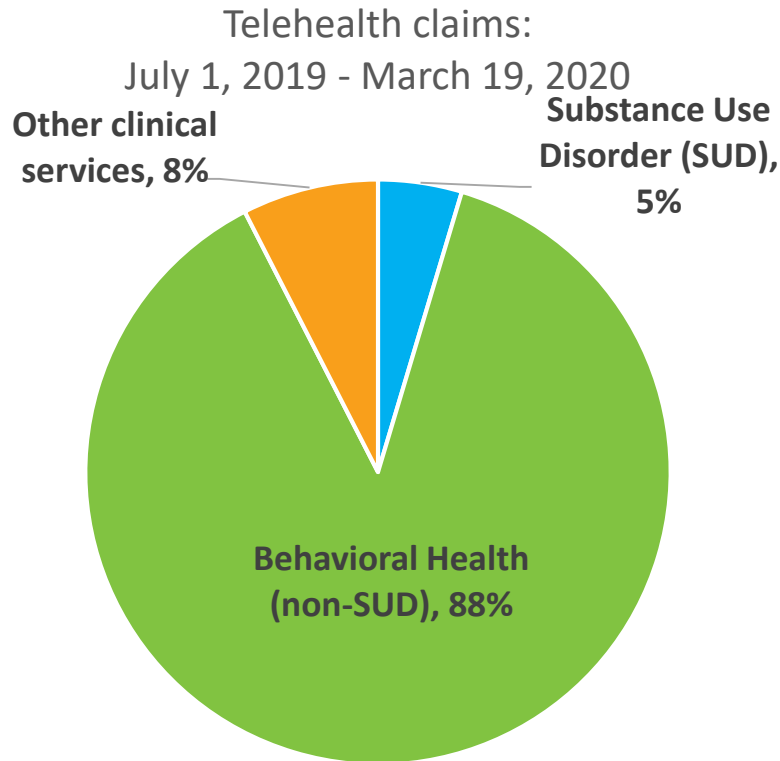
Other race, 6%



35% of all telehealth

Telehealth Has Benefited Behavioral Health and Other Clinical Services

Behavioral health services comprise majority of telehealth but other clinical services have gained ground



Lessons Learned

- ❑ Telehealth can be rapidly scaled for both behavioral health and other clinical services
- ❑ Telehealth can advance equitable access to care
- ❑ Providers, patients and payers have a new understanding of telehealth's possibilities and limitations
- ❑ Variation in patient to broadband continues to shape discussions
- ❑ COVID-19 has unleashed strong policymaker interest in rapidly expanding telehealth
- ❑ Providers are anxious about long-term trajectory of covered services/reimbursement rates

Trajectory of Telehealth Beyond COVID-19

- ❑ Continued reimbursement parity for telemedicine
- ❑ Continued originating site flexibilities
- ❑ No distinction between providers authorized to bill in-person vs. via telemedicine
- ❑ Expanded set of services authorized for synchronous audio-visual telemedicine
 - Around 50 new services will be covered on permanent basis
- ❑ Addition of Remote Patient Monitoring for high-risk populations
 - DMAS policy revisions posted for public comment until November 12: <https://www.dmas.virginia.gov/media/3930/telehealth-services-supplement-updated-10-12-2021-draft-3.pdf>
- ❑ Addition of clinically appropriate audio-only; virtual check-ins
 - Policies in development

VIRGINIA DMAS
COMMUNITY OUTREACH AND MEMBER ENGAGEMENT TEAM

MEMBER OUTREACH

POST-PUBLIC HEALTH EMERGENCY

Natalie Pennywell, MPH, CHES
Outreach and Community Engagement Manager
Policy, Regulation, & Member Engagement Division

OUTREACH & ENGAGEMENT PLAN (BROAD):

- Supporting the launch of a robust communications plan to leverage paid media, social media, consumer noticing, and partnership with stakeholders/partners to spread the word about upcoming Medicaid renewal requirements
- Engaging network of community-based messengers and assisters to help with direct member outreach and assistance
- Leveraging managed care plans to engage in outreach and assistance activities within their member network
- Employing a broad outreach strategy and opportunities to update address information

OUTREACH & ENGAGEMENT PLAN (SPECIFIC):

- Print Materials/Notices
 - Post cards
 - Provider Posters
 - LDSS factsheets
 - Members focused factsheets
 - Stakeholder Toolkit (factsheets, copy of the letters, checklist)
 - COVID Unwinding FAQ
- Presentations
 - DMAS Bi-Monthly Stakeholder meeting
 - Community and stakeholder meetings as requested
- Cover Virginia Updates
- Navigators/Application Assister Resources

Questions?

Contact Information:

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