



COMMONWEALTH of VIRGINIA

Department of Medical Assistance Services

KAREN KIMSEY
DIRECTOR

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May 14, 2021

Jennie Reynolds, President
Anthem HealthKeepers Plus
2015 Staples Mill Rd
Richmond, VA 23230

Re: CCC Plus Program –Corrective Action Plan (CAP)-Addressing Health, Safety and Welfare of a Member. Case ID # 19707

Dear Ms. Reynolds,

The Department of Medical Assistance Services (DMAS) monitors Contractor compliance with the Commonwealth Coordinated Care Plus (CCC Plus) contract. As part of this process, the Department is particularly sensitive to the vulnerability of the CCC Plus population and the assurance that the Member's health, safety and welfare needs are met. CCC Plus Waiver requirements support member protections in 12VAC30-120-905 which states all individuals enrolled in the CCC Plus Waiver must have a back-up plan in the event the service provider is unable to provide services

“H. In the case of termination of home and community-based waiver services by DMAS, individuals shall be notified of their appeal rights pursuant to [12VAC30-110](#). DMAS, or the designated Srv Auth contractor, shall have the responsibility and the authority to terminate the receipt of home and community-based care services by the waiver individual for any of the following reasons:

...5. The waiver individual does not have a backup plan for services in the event the provider is unable to provide services...”

This regulation is cited in the CCC Plus MCO Contract, attachment 5 SUMMARY OF COVERED SERVICES - PART 4B – LONG TERM SERVICES AND SUPPORTS (LTSS) COMMUNITY BASED

Additionally, “Section, 5.4.2 of the Contract states “ICP Required Elements, The following elements shall be included in the Contractor's ICP... 10) Addressing health, safety (including

minimizing risk), and welfare of the Member. 11) Back up plans as appropriate for CCC Plus Waiver Members in the event that the primary caregiver is unable to provide care. If applicable, the use of skilled respite nursing, trained backup caregivers, and facility admission may be required. All technology dependent Members must have a trained primary caregiver who accepts responsibility for providing care whenever nursing is not in the home and, if applicable, Members must have a back-up plan if personal care services cannot be rendered as planned.”

██ a technology dependent member was authorized by Anthem ██ to receive 8 hours of private duty nursing (PDN) per day, without documentation of a primary caregiver. The CCC Plus MCO Contract states, “Section 4.7.2.14 Private Duty Nursing (PDN). PDN hours for adult Members are determined by medical necessity on the DMAS-108 form. All Members receiving PDN services must have a trained primary caregiver who shall be responsible for all hours not provided by a RN or LPN and shall be documented in the provider’s records along with a back-up plan.” In reviewing the completed DMAS-116 for this member the documentation stated under "describe family's willingness to care for the individual"- "the family does not and will not care for her, she has a POA". On the same form under "identify all trained back up caregivers"-it states "N/A". The DMAS-485 in the summary states that the review was completed with the Case Manager from Anthem present. (It also references the POA picking up meds during admission.) It appears this member did not qualify for CCC Plus Waiver PDN services since there was no documented caregiver or back-up plan. ██ was left alone without a trained primary caregiver who accepted responsibility for providing care whenever nursing was not in the home, and there was not a back-up plan when services were not be rendered as planned. Anthem has a responsibility to maintain communication with the provider and ensure the member’s needs continue to be met on an ongoing basis, addressing all barriers and risks to continuity of care.

DMAS is requesting Anthem provide DMAS the following information to address these concerns:

- List of all efforts to comply with waiver requirements for PDN services including that a family member must be in the home when the agency nurse is not in the home and that there be a viable back-up plan in the event the provider cannot provide services included on the plan of care.
- Validation that all current members receiving PDN have a trained primary caregiver who shall be responsible for all hours not provided by a RN or LPN and have back-up plans identified in the event the provider cannot provide services.
- Documentation that Anthem reviewed current PDN members to ensure this requirement is currently met.
- Copies of the Care Coordination training materials addressing the requirements for PDN services, including eligibility service authorization, and ICP requirements.
- Anthem policies and procedures outlining how compliance is monitored internally at the health plan in order to early identify potential risks to these vulnerable members.

DMAS expects a response to this issue no later than May 28, 2021. The response must address how Anthem will ensure appropriate services are in place to protect the health, safety, and welfare of technology-dependent CCC Plus Waiver members. An action plan outlining responsible parties and expected completion dates is required.

Anthem will be issued 10 points pursuant to Section 18.0 of the CCC Plus Contract. Assessment of these points are pending. If you have additional information and/or documentation that will affect this determination, please provide this information to Jason A. Rachel, Ph.D., Division Director, within 15 calendar days from the date of this letter ("Comment Period"). Point violations will be finalized upon the expiration of the Comment Period. After this time, no additional communication will be provided by DMAS regarding the point issuance.

If you have any questions regarding these concerns, contract standards or CAP requirements, please contact cccpluscompliance@dmavirginia.gov. Please sign, date and return acknowledging receipt to cccpluscompliance@dmavirginia.gov.

Sincerely,



Tammy Whitlock, MSHA

Deputy of Complex Care and Services

cc: Elizabeth Smith, RN

cc: Jason Rachel, PhD

Exhibit 1 – Anthem – 2021 Point Schedule

<u>MCO</u>	<u>Area(s) of Violation</u>	<u>Previous Balance</u>	<u>Point(s) Expired</u>	<u>Point(s) Incurred</u>	<u>Current Balance</u>	<u>Sanctions pursuant to 18.2.2</u>
Anthem	5.4.2	5	0	10	15	\$1,000

18.2.3.3 Ten (10) Point Violations

The Department may, at its discretion, assess ten (10) points per incident of noncompliance when the Contractor fails to meet an administrative and/or procedural program requirement, and the Contractor’s failure, as determined by the Department, has one of the following impacts: (1) affects the ability of the Contractor to deliver, or a Member to access, covered services; (2) places a Member at risk for a negative health outcome; or, (3) jeopardizes the safety and welfare of a Member.

Acknowledge agreement via signature below to address the outstanding CCC Plus Program – Corrective Action Plan (CAP)-Addressing Health, Safety and Welfare of a member.

Jennie Reynolds / Date