COMMONWEALTH of VIRGINIA

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September 15, 2021

Randy Ricker
Optima Health
4417 Corporation Lane
Virginia Beach, VA 23462

Re: Commonwealth Coordinated Care Plus (CCC Plus) – Corrective Action Plan (CAP) –Level of Care-Case ID #19987

Dear Mr. Ricker:

DMAS continually monitors the CCC Plus contractual compliance to ensure the plan's accurate and appropriate entry of long-term services and supports (LTSS) DMAS web portal. The CCC Plus Contract Section 4.7.1 LTSS Screening Requirements states, "For all Members admitted to a Nursing Facility (NF) on or after July 1, 2019, the Contractor shall not reimburse a NF for services until a screening has been completed for the Member by an appropriate screening team (described below), the screening has been entered into the ePAS system (also described below), and the individual is found to meet NF level of care criteria. Payment shall not be made to the NF until the Contractor receives a copy of the screening."

Additionally, 12VAC30-60-302 states, "Access to Medicaid-funded long-term services and supports states, A. Medicaid-funded LTSS may be provided in either home and community-based or institutional-based settings. To receive LTSS, the individual's condition shall first be evaluated using the designated assessment instrument, the Uniform Assessment Instrument (UAI), and other DMAS-designated forms. Screening entities shall also use the DMAS-designated forms (DMAS-95, DMAS-96, DMAS-97), if selecting nursing facility placement, the DMAS-95 Level I (MI/IDD/RC), as appropriate, the DMAS-108, and the DMAS-109. If indicated by the DMAS-95 Level I results, the individual shall be referred to Department of Behavioral Health and Developmental Services (DBHDS) for completion of the DMAS-95 Level II (for nursing facility

placements only). 1. An individual's need for LTSS shall meet the established criteria (12VAC30-60-303) before any authorization for reimbursement by Medicaid or its designee is made for LTSS."

[redacted]Optima entered Member:[redacted]into the DMAS Web Portal for LTSS Services with a start of services date of[redacted] These actions occurred prior to a valid level of care screening being conducted. The most recent level of care screening for this member was May 12, 2020 for the nursing facility stay that ended June 10, 2020 and the screening was no longer valid.

DMAS issued a Managed Care Improvement Plan (MIP) on September 2, 2020 and a Corrective Action Plan (CAP) on May 14, 2021 to Optima identifying separate instances of contractual noncompliance with LTSS portal entry requirements. As you have been advised previously, DMAS makes assurances to The Centers for Medicare & Medicaid Services (CMS) that all members enrolled in the CCC Plus LTSS services meet screening criteria. Failure to meet these requirements could ultimately result in the revocation of some allowances by CMS.

DMAS is requesting Optima provide an updated, more robust corrective action plan that demonstrates ongoing efforts to reinforce to staff the appropriate steps and procedures to ensure accurate enrollment and portal entry. Optima shall submit a Corrective Action Plan (CAP) to DMAS for approval no later than 30 calendar days from the date of this letter. Optima will need to identify the root cause(s) for the lack of compliance and develop a practicable project plan to ensure contractual compliance is maintained. A biweekly update to this project plan to DMAS will be required for monitoring progress. Failure to comply with the approved CAP will result in additional sanctions.

Optima 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@dmas.virginia.gov. Please sign, date and return acknowledging receipt to cccpluscompliance@dmas.virginia.gov.

Sincerely,

Brian Campbell

Brian Campbell
Acting Deputy of Complex Care and Services

cc: Elizabeth Smith, RN
cc: Jason Rachel, PhD

**Exhibit 1 – Optima– 2021 Point Schedule**

| MCO | Area(s) of Violation | Previous Balance | Point(s) Expired | Point(s) Incurred | Current Balance | Sanctions pursuant to 18.2.2 |
|---|---|---|---|---|---|---|
| Optima | 4.7.1 | 10 | 0 | 10 | 20 | $5,000 |

***18.2.3.3 Ten (10) Point Violations***

The Department may, at its discretion, assess ten (10) points per incident of noncompliance whenthe 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 Re: Commonwealth Coordinated Care Plus (CCC Plus) – (CAP)-Level of Care-Case ID #19987.

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Randy Ricker / Date