

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

PROGRAM OF ALL INCLUSIVE CARE FOR THE ELDERLY (PACE)

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TN No. 23-0002

Supersedes

TN No. 09-01

Approval Date 04/27/2023

Effective Date 01/1/2023

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

I. Eligibility

The State determines eligibility for PACE enrollees under rules applying to community groups.

A. XX The State determines eligibility for PACE enrollees under rules applying to institutional groups as provided for in section 1902(a)(10)(A)(ii)(VI) of the Act (42 CFR 435.217 in regulations). The State has elected to cover under its State plan the eligibility groups specified under these provisions in the statute and regulations. The applicable groups are:

The special home and community based waiver group under 42 CFR 435.217. Individuals who would be eligible for Medicaid if they were in an institution who have been determined to need home and community based services and who are covered under PACE. In addition, the state shall apply institutional eligibility rules to the following groups: Low income families with children as described in Section 1931 of the Act; Aged, Blind or Disabled who are eligible under 42 CFR 435.121; Optional Categorically Needy Aged or Disabled who have income at 80% of FPL, and the Medically Needy.

(If this option is selected, please identify, by statutory and/or regulatory reference, the institutional eligibility group or groups under which the State determines eligibility for PACE enrollees. Please note that these groups must be covered under the State's Medicaid plan.)

B. _____ The State determines eligibility for PACE enrollees under rules applying to institutional groups, but chooses not to apply post-eligibility treatment of income rules to those individuals. (If this option is selected, skip to II - Compliance and State Monitoring of the PACE Program.

C. XX The State determines eligibility for PACE enrollees under rules applying to institutional groups, and applies post-eligibility treatment of income rules to those individuals as specified below. Note that the post-eligibility treatment of income rules specified below are the same as those that apply to the State's approved HCBS waiver(s).

Regular Post Eligibility

1. _____ SSI State. The State is using the post-eligibility rules at 42 CFR 435.726. Payment for PACE services is reduced by the amount remaining after deducting the following amounts from the PACE enrollee's income.

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(a). Sec. 435.726—States which do not use more restrictive eligibility requirements than SSI.

1. Allowances for the needs of the:

(A.) Individual (check one)

1. ___ The following standard included under the State plan (check one):

(a) ___ SSI

(b) ___ Medically Needy

(c) ___ The special income level for the institutionalized

(d) ___ Percent of the Federal Poverty Level: ___%

(e) ___ Other

(specify): _____

2. ___ The following dollar amount: \$ _____

Note: If this amount changes, this item will be revised.

3. ___ The following formula is used to determine the needs allowance:

Note: If the amount protected for PACE enrollees in item 1 is equal to, or greater than the maximum amount of income a PACE enrollee may have and be eligible under PACE, enter N/A in items 2 and 3.

(B.) Spouse only (check one):

1. ___ SSI Standard

2. ___ Optional State Supplement Standard

3. ___ Medically Needy Income Standard

4. ___ The following dollar amount: \$ _____

Note: If this amount changes, this item will be revised.

5. ___ The following percentage of the following standard that is not greater than the standards above: ___% of ___ standard.

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6.____ The amount is determined using the following formula:

7.____ Not applicable (N/A)

(C.) Family (check one):

- 1.____ AFDC need standard
2.____ Medically needy income standard

The amount specified below cannot exceed the higher of the need standard for a family of the same size used to determine eligibility under the State's approved AFDC plan or the medically needy income standard established under 435.811 for a family of the same size.

3.____ The following dollar amount: \$_____
Note: If this amount changes, this item will be revised.

4.____ The following percentage of the following standard that is not greater than the standards above: _____% of _____ standard.

5.____ The amount is determined using the following formula:

- 6.____ Other
7.____ Not applicable (N/A)

(2). Medical and remedial care expenses in 42 CFR 435.726.

Regular Post Eligibility

2. XX 209(b) State, a State that is using more restrictive eligibility requirements than SSI. The State is using the post-eligibility rules at 42 CFR 435.735. Payment for PACE services is reduced by the amount remaining after deducting the following amounts from the PACE enrollee's income.

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(a) 42 CFR 435.735—States using more restrictive requirements than SSI.

1. Allowances for the needs of the:
 - (A.) Individual (check one)
 1. The following standard included under the State plan (check one):
 - (a) SSI
 - (b) Medically Needy
 - (c) The special income level for the institutionalized
 - (d) Percent of the Federal Poverty Level: _____%
 - (e) Other (specify): 165% of SSI
 2. The following dollar amount: \$ _____
Note: If this amount changes, this item will be revised.
 3. The following formula is used to determine the needs allowance:

Note: If the amount protected for PACE enrollees in item 1 is equal to, or greater than the maximum amount of income a PACE enrollee may have and be eligible under PACE, enter N/A in items 2 and 3.

- (B.) Spouse only (check one):
 1. The following standard under 42 CFR 435.121:

 2. The Medically needy income standard

 3. The following dollar amount: \$ _____
Note: If this amount changes, this item will be revised.
 4. The following percentage of the following standard that is not greater than the standards above: _____% of _____ standard.
 5. The amount is determined using the following formula:

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6. XX Not applicable (N/A)

(C.) Family (check one):

1. AFDC need standard
2. XX Medically needy income standard

The amount specified below cannot exceed the higher of the need standard for a family of the same size used to determine eligibility under the State's approved AFDC plan or the medically needy income standard established under 435.811 for a family of the same size.

3. The following dollar amount: \$
Note: If this amount changes, this item will be revised.

4. The following percentage of the following standard that is not greater than the standards above: % of standard.

5. The amount is determined using the following formula:

6. Other
7. Not applicable (N/A)

(b) Medical and remedial care expenses specified in 42 CFR 435.735.

Spousal Post Eligibility

3. XX State uses the post-eligibility rules of Section 1924 of the Act (spousal impoverishment protection) to determine the individual's contribution toward the cost of PACE services if it determines the individual's eligibility under section 1924 of the Act. There shall be deducted from the individual's monthly income a personal needs allowance (as specified below), and a community spouse's allowance, a family allowance, and an amount for incurred expenses for medical or remedial care, as specified in the State Medicaid plan.

(a.) Allowances for the needs of the:

1. Individual (check one)

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(A) The following standard included under the State plan (check one):

1. SSI
2. Medically Needy
3. The special income level for the institutionalized
4. percent of the Federal Poverty Level:
_____ %
5. XX Other (specify): 165% of SSI

(B) The following dollar amount: \$ _____,--

Note: If this amount changes, this item will be revised.

(C) The following formula is used to determine the needs allowance:

If this amount is different than the amount used for the individual's maintenance allowance under 42 CFR 435.726 or 42 CFR 435.735, explain why you believe that this amount is reasonable to meet the individual's maintenance needs in the community:

II. Rates and Payments

- A. The State assures CMS that the capitated rates will be less than the cost to the agency of providing State plan approved services to an equivalent non-enrolled population group based upon the following methodology. Please attach a description of the negotiated rate setting methodology and how the State will ensure that rates are less than the amount the state would have otherwise paid for a comparable population.

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-
- I. XX Rates are set at a percent of the amount that would otherwise been paid for a comparable population.
 2. Experience-based (contractor's/State's cost experience or encounter date)(please describe)
 3. Adjusted Community Rate (please describe)
 4. Other (please describe)

The methodology develops an amount that would otherwise have been paid under the state plan (AWOP). The AWOP is developed using base period encounter data adjusted for comparable populations and services to those covered by the PACE program, specifically individuals over the age of 55 historically receiving services in an institutional setting (nursing home) or enrolled in a home and community based services (HCBS) waiver. The historical data, which is not more than three years old, is adjusted to reflect legislative modifications of payment arrangements between the data period and the contract period as well as benefit or eligibility changes occurring prior to the beginning of the contract period. The base period data is also updated to reflect expected increases in utilization and cost for the contract period covered by the rates referred to as prospective medical trend. An allowance for administrative costs is added to the AWOPs along with a provision for underwriting gain, consistent with actuarial assumptions for comparable administrative costs and underwriting gain included in capitation rates for MLTSS plans or state administrative costs for comparable FFS individuals. The final capitation rates are determined as a percentage discount (savings factor) off of the AWOP.

Rates vary by geographic region, and the state calculates two separate rates within each region: one for dual eligible participants and a rate for Medicaid-only participants.

- B. The State Medicaid Agency assures that the rates were set in a reasonable and predictable manner.
- C. The State will submit all capitated rates to the CMS Regional Office for prior approval, and will include the name, organizational affiliate of any actuary used, and attestation/description of the capitation rates.

III. Enrollment and Disenrollment

The State assures that there is a process in place to provide for dissemination of enrollment and disenrollment data between the State and the State Administering Agency. The State assures that it has developed and will implement procedures for the enrollment and disenrollment of participants in the State's management information system, including procedures for any adjustment to account for the difference between the estimated number of participants on which the prospective monthly payment was based and the actual number of participants in that month.

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