

COMMONWEALTH OF VIRGINIA Virginia Board for People with Disabilities

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TO: Emily McClellan Regulatory Supervisor Department of Medical Assistance Services

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FROM: Heidi L. Lawyer

RE: Proposed Regulations for CCC Plus Part 1, 12 VAC 30-120-600 *et seq*.

DATE: February 13, 2019

The Virginia Board for People with Disabilities (the Board) appreciates this opportunity to comment on the proposed regulations for the CCC Plus program. The Board offers the following three recommendations to improve the proposed regulations:

1. The Board recommends updating outdated references used throughout the regulations.

The proposed regulations reference several outdated programs and requirements that should be updated in order to avoid confusion. Outdated programs and requirements include the following:

- 12 VAC 30-120-600, 12 VAC 30-120-610 (Subdivison A 4), and 12 VAC 30-120-610 (Subdivision B1) reference the Alzheimer's Assisted Living Waiver which was discontinued on June 30, 2018;
- 12 VAC 30-120-600 and 12 VAC 30-120-610 (Subdivison B 15) reference the Money Follows the Person Program which ceased on December 31, 2017 according to the CCC Plus MCO Contract;
- 12 VAC 30-120-610 (Subdivision A6) states that individuals who have insurance purchased through the Health Insurance Premium Payment (HIPP) Program are

included in the CCC Plus program, but the current CCC Plus MCO Contract states that they are excluded;

- 12 VAC 30-120-630 (Subsection A) refers to the Elderly and Disabled with Consumer Direction Waiver and the Technology Assisted Waiver, which are now combined into the CCC Plus waiver; and
- 12 VAC 30-120-630 (Subsection B) refers to the (i) "Individual and Developmental Disability Support waiver" which is now the Family and Individual Supports Waiver, (ii) Intellectual Disability Waiver which is now the Community Living Waiver, and (iii) Day Support Waiver which is now the Building Independence Waiver.

The proposed regulations also reference several events that have already occurred. The Board recommends either removing or updating these references, as appropriate, in order for the regulations to be as up-to-date and concise as possible. Events that have already occurred include the following:

- 12 VAC 30-120-610 (Subdivision A 2) and 12 VAC 30-120-610 (Subsection H) discuss the transition of individuals from CCC to CCC Plus in January 2018;
- 12 VAC 30-120-610 (Subdivision A 5) discusses the transition of certain ABD individuals from Medallion to CCC Plus in January 2018;
- 12 VAC 30-120-625 discusses the continuity of care period for members with effective enrollment dates prior to April 1, 2018; and
- 12 VAC 30-120-630 references the transition of community mental health services to CCC Plus in January 2018.

2. The Board recommends using people-first language.

The definition for intermediate care facilities referenced in 12 VAC 30-120-600 and 12 VAC 30-120-610 (Subdivision B 10) includes the phrase "intellectually disabled individuals." The Board recommends changing this reference to "individuals with intellectual disabilities," in accordance with people-first language and a corresponding change made in the most recent CCC Plus MCO Contract.

3. The Board recommends incorporating the Medicaid expansion population.

The definition for "continuity of care period" in 12 VAC 30-120-600 discusses the need for a seamless transition from Medicaid FFS or another MCO. This definition should be expanded to include new populations such as the Medicaid expansion population. This change would be consistent with changes made in the most recent CCC Plus MCO Contract.

12 VAC 30-120-610 (Subdivisions B 5 b and B 5 c) states that individuals enrolled in Plan First or the Governor's Access Plan are excluded from CCC Plus. These sections should clarify that individuals enrolled in those programs, and who are not included in the Medicaid expansion population, are excluded from CCC Plus. This change would be consistent with changes made in the most recent CCC Plus MCO Contract.