

State Profile for the Capitated Financial Alignment Demonstration

Virginia: Commonwealth Coordinated Care	
Dates	
Memorandum of understanding signed date	May 21, 2013
Opt-in enrollment start date	April 1, 2014
Passive enrollment start date	July 1, 2014
Scheduled end date	December 31, 2017
Enrollment	
Covered population	<ul style="list-style-type: none"> Age 21 and older; Not enrolled in certain waivers, and not residing in certain institutions or receiving certain services; and Living in one of five regions: Central Virginia, Western/Charlottesville, Northern Virginia, Tidewater, and Roanoke
Number eligible	67,000
Number enrolled as of April 2016	27,909
Percent of eligible that opted out as of April 2016	<ul style="list-style-type: none"> Not available
Payment	
Number of participating plans	3
Savings percentage range	1–3%
Number of rating categories	4
Other risk mitigation strategies	<ul style="list-style-type: none"> Medical loss ratio
Benefits	
Expanded benefits	<ul style="list-style-type: none"> None
Carved out benefits	<ul style="list-style-type: none"> Targeted case management services Dental Case management services for participants of auxiliary grants
Required community involvement	<ul style="list-style-type: none"> Not specified
Care Coordination	
Number of days to complete health risk assessment	<ul style="list-style-type: none"> Within 60 days for enrollees classified as a vulnerable population Within 90 days for all other enrollees
Number of days to establish individualized care plan	<ul style="list-style-type: none"> Within 30 days of enrollment for Elderly or Disabled with Consumer Direction Waiver participant Within 60 days of enrollment for vulnerable subpopulations Within 90 days of enrollment for all other enrollees
Education requirements for care coordinator	<ul style="list-style-type: none"> Required to have at a minimum a bachelor's degree or be a registered nurse licensed in Virginia with at least one year of experience working as a registered nurse
Care coordinator caseload requirements	<ul style="list-style-type: none"> Not specified
Number of days to maintain continuity of care from previous coverage	<ul style="list-style-type: none"> Maintain enrollee's preauthorized services for the duration of the prior authorization or for 180 days from enrollment Enrollees in nursing facilities at the time of program implementation may remain in the facility as long as they continue to meet state criteria for nursing home care, unless they prefer to move to a different nursing facility or return to the community
Consumer Protections	
Integrated Medicaid and Medicare appeals process	<ul style="list-style-type: none"> No
Organization acting as ombudsman	<ul style="list-style-type: none"> Virginia Department for Aging and Rehabilitative Services Long-Term Care Ombudsman Program





Sources:

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