



**COMMONWEALTH of VIRGINIA**  
*Department for the Aging*

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July 14, 2009**

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**Note: The web addresses (links) in this document may change over time. The Department for the Aging does not attempt to refresh the links once the week has passed. However, this document is maintained on the web for a period of time as a reference. Some links may require registration.**



09-149

*COMMONWEALTH of VIRGINIA*  
*Department for the Aging*

**MEMORANDUM**

**TO:** Executive Directors  
Area Agencies on Aging

**FROM:** Patricia Cummins

**DATE:** July 14, 2009

**SUBJECT:** "Act on Poverty" Event

Please see the email below regarding an "Act on Poverty" event that has been scheduled at community colleges throughout Virginia. See links in the email for more detailed information.

**EMAIL FROM OFFICE OF THE SENIOR ADVISOR TO THE GOVERNOR FOR WORKFORCE:**

As you may know, Governor Kaine has established a Poverty Reduction Task Force, which is charged with helping shape new strategies to reduce poverty and enhance economic opportunity for all citizens of the Commonwealth. Working within three key areas (Asset Development, Enhancing Individual and Community Resilience, and Workforce Training and Education) the result will be a formal list of recommendations for reducing poverty in Virginia, with suggested action steps for local and state implementation. The plan will be presented to this Administration and the next, with advance consideration by Virginia's gubernatorial candidates.

In order to capture public input into the work of the task force, an "Act on Poverty" event has been scheduled for Saturday, July 18 from 10am to 12pm and will be held simultaneously at community college locations throughout Virginia. The list of community college locations is at this link:  
<http://www.hhr.virginia.gov/PovertySummit/locations.cfm>

As a task force member, I am asking that you please promote this event through your various established networks of partners, service providers, one stop center locations and other groups of interest to which you have access. You may use any combination of communication means that are convenient for you, including use of the attached PDF documents and linkages to the websites included in this email. You may also wish to ask your one stop centers to post hard copies flyers in the resource room or other prominent locations with specific site details tailored to your area.

“Act on Poverty” Event  
July 14, 2009  
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Additional information about the event and the task force can be found at:  
<http://www.hhr.virginia.gov/PovertySummit/>

Thanks in advance for your help in ensuring that the workforce community of partners and the people we serve are well represented at this event in the location that is most convenient for them.

Best wishes for a happy weekend,  
Brian

*Brian K. Davis, Director of Workforce Systems  
Office of the Senior Advisor to the Governor for Workforce  
1111 East Broad Street, 4th floor  
Richmond, VA 23219  
Direct Line: 804.225.4116  
Fax: 804.371.2577  
brian.davis@governor.virginia.gov  
www.workforce.virginia.gov*



09-150

*COMMONWEALTH of VIRGINIA*  
*Department for the Aging*

**MEMORANDUM**

**TO:** Executive Directors  
Area Agencies on Aging

**FROM:** Ellen M. Nau

**DATE:** July 14, 2009

**SUBJECT:** The Aging Network, Veterans and their Caregivers

**Veterans Benefits Reference Guide Now Available**

The latest edition of VA's Federal Benefits for Veterans, Dependents and Survivors is now available. The 164-page handbook provides the latest information on important changes in eligibility for VA medical care and benefits. It describes other federal benefits, including education, disability compensation, pension, home loan guarantee, vocational rehabilitation, life insurance, and burial assistance. This year's addition marks the addition of "Survivors" to the title as well as details on the post 9/11 bill signed into law in 2008. Printed copies may be ordered from the Government Printing Office at \$5 a copy. To get the online version, please visit [http://www1.va.gov/opa/vadocs/current\\_benefits.asp](http://www1.va.gov/opa/vadocs/current_benefits.asp)

**VA Begins Stimulus Payments to Veterans**

The Department of Veterans Affairs (VA) has requested the Department of the Treasury to make \$250 payments to eligible Veterans as part of President Obama's Recovery plan. The first payments were sent Monday, June 22. <http://www1.va.gov/opa/pressrel/pressrelease.cfm?id=1712>

## **Area Agencies on Aging and Veterans – Sharing the Good News! Part One**

### **PSA 1 Mountain Empire Older Citizens, Inc.**

Judy Miller

1. The VA contracts with MEOC and reimburses MEOC to provide the following services to Veterans: homemaker services, adult day health care, transportation to and from adult day health care.
2. Virginia's UAI does not have a place on it to identify whether or not the interviewee is a Veteran. So, many years ago MEOC added such a box. As a result, MEOC's Case Management Department can immediately coordinate with the Veterans Administration to see that the needs of veterans and their spouses are addressed. Case managers connect veterans and their spouses not only with the many services of MEOC, but with all appropriate services in the community. **Good Idea!**
3. Transportation services are provided to veterans needing to go for medical care to local VA clinics and to the VA hospital under MEOC's Transit System.
4. MEOC Family Support Services Director Julia Dillon has served on the Virginia Veterans Care Center Advisory Committee since 2005.
5. MEOC case managers have a good working relationship with VA case managers and receive many referrals for service from them.
6. Because of the cooperative way in which VA, MEOC and other local service providers work, the VA functions as part of our local ADRC.
7. Mountain Empire PACE has several enrollees who are VA beneficiaries. VA case managers have been very helpful in assuring that, should their beneficiaries decide to opt out of PACE, their transition back to full VA services will be smooth.

### **PSA 3 District Three Senior Services**

Mike Guy

District Three Senior Services has a long history of coordination with the Veterans Administration.

1. In the 1990's, District Three provided transportation for veterans to attend adult day care centers, including the Oxbow Center in St. Paul, Virginia, through a VA contract.
2. For the past several years, District Three Public Transit has operated a monthly route transporting veterans from Smyth County and Washington County to the Veterans Administration hospital in Johnson City, Tennessee, for outpatient services. The VA hospital has coordinated by scheduling patient visits to coincide with the bus schedule; however, no VA financial support is received for this service.

3. Beginning in April, 2009, District Three's *New Freedom* program, funded by federal transportation sources, is providing weekly route service to the Johnson City VA hospital as well as to the VA hospital in Salem, Virginia.
4. District Three Senior Services was recently accepted by the Department of Veterans Affairs to become a fiduciary for veterans who need that assistance. We have just contracted to provide fiduciary services to our first veteran through through this program. The Guardianship Program of the Advocacy Services Division is responsible for providing these services.
5. District Three is negotiating with representatives of the Veterans Administration to lease office space at the District Three central office facility in Marion to serve as a Veterans Administration outpatient health clinic. The facility is tentatively slated to open this fall. **WOW!**

#### **PSA 4 New River Valley Agency on Aging**

Tina King

NRVAA make referrals to the VA and takes referrals from the VA for services. NRVAA coordinates transportation through the local VFW to the VA Hospital in Roanoke for our clients. This means that NRVAA calls them if we have a veteran that needs transportation that the agency cannot provide, and the VA finds volunteers to provide it. Likewise, if the VA has a veteran who needs transportation and they can't provide it, they contact PSA 4. ***A much needed service!***

#### **PSA 9 Rappahannock/Rapidan Community Services Board (CSB)**

Ray Parks

The American Legion Hall in Madison County is an RSVP volunteer station (our agency sponsors RSVP for this region). ***A good partnership!*** The American Legion Hall is also actively involved with our Madison Congregate Nutrition Site and posts colors for our volunteer recognition events, etc.

#### **PSA 10 JABA**

Cheryl Cooper

JABA's work with veterans is centered on identifying those veterans who are appropriate for our adult day care and assisted living facility and making sure they have the support they need to complete paperwork and secure benefits. JABA case managers, the administrator of Mountainside Senior Living and the manager of the day care program are in contact with the local veterans' benefits office and clinic. Staff at

JABA recently had training from the VA staff on enrolling veterans for benefits. ***A great help to AAA staff!*** We advocate with our federal legislators to ensure the process and benefits meet the needs of the veterans and their caregivers.

### **PSA 13 Lake Country AAA**

Gwen Hinzman

Lake Country Area Agency Aging is currently developing a contract with the Department of Veteran's Affairs in Richmond, through Antoinette McGeorge, Licensed Social Worker for McGuire VA Medical Center. The purpose of our contract will be to provide Adult Day Care to the Veteran's in our service area. Currently there are no day care centers which provide care for the Veteran's. ***A wonderful service for Veterans in PSA 13!***

We have already registered and have been accepted in the Central Contractor Registration system which was the first step. A preliminary site inspection has been complete with the final inspection team due to arrive on July 9, 2009.

We have also ended a grant year where we focused on providing transportation to the VA Hospitals, for Veteran's who had no other means of transportation.

***Send your agency's activities with or on behalf of veterans to***  
**[Ellen.Nau@vda.virginia.gov](mailto:Ellen.Nau@vda.virginia.gov)**



09-151

*COMMONWEALTH of VIRGINIA*  
*Department for the Aging*

**MEMORANDUM**

**TO:** Directors  
Area Agencies on Aging

**FROM:** Bill Peterson

**DATE:** July 14, 2009

**SUBJECT: Input into the Medicaid EDCD Waiver**

The Department of Medical Assistance Services (DMAS) is soliciting input from organizations and agencies interested in providing guidance into the design of a care coordination program for participants of Virginia's **Elderly or Disabled with Consumer Direction (EDCD)** long-term care waiver.

This is not a formal solicitation and DMAS will not award a contract based on responses to this Request for Information (RFI). DMAS will use your responses to determine the feasibility of the proposed initiative.

If your organization is interested in providing input into the design of the DMAS care coordination program, you should respond to the attached RFI. Submit your response to DMAS by 2:00 p.m. on Friday, August 7, 2009. Input should be sent via email to [carecoordinationRFI@dmas.virginia.gov](mailto:carecoordinationRFI@dmas.virginia.gov).

Attachment



**COMMONWEALTH of VIRGINIA**  
**DEPARTMENT OF MEDICAL ASSISTANCE SERVICES**  
600 East Broad Street, Suite 1300  
Richmond, VA 23219

July 7, 2009

Dear Prospective Respondent:

The Department of Medical Assistance Services (DMAS) is soliciting responses from organizations interested in providing input into the design of a care coordination program for participants of Virginia's Elderly or Disabled with Consumer Direction (EDCD) long-term care waiver. This is not a formal solicitation and the Department will not award a contract based on responses to this Request for Information (RFI) RFI 2010-01. The Department will use the responses to determine the feasibility of this initiative.

Virginia planned to launch the Virginia Acute and Long-Term Care (VALTC) integration program in July 2009. In December 2008, however, the Department determined that the time was not right to move forward with this program. The Department is still very interested in integrated care and is now interested in developing a care coordination program as a next step toward integrated care for adult EDCD waiver participants.

If your organization is interested in providing input into the design of the Department's care coordination program, you are invited to respond to this RFI. Please submit your response to the Department by 2:00 p.m. on Friday, August 7, 2009. Documents should be sent via email to [carecoordinationRFI@dmass.virginia.gov](mailto:carecoordinationRFI@dmass.virginia.gov).

The Commonwealth will not pay any costs that any respondent incurs in preparing a response and reserves the right to reject any and all responses received.

Sincerely,  
*William D. Sydnor*  
William D. Sydnor  
Contract Management Director

# Virginia Care Coordination Request for Information

## I. Response Requirements

1. **Purpose of Request:** This is not a formal solicitation and the Department will not award a contract based on response to this RFI. This is also not a commitment by the Department to implement a care coordination program. This is strictly a means for the Department to obtain provider input in and assess the feasibility of development of a care coordination program. Your response is not a commitment by your organization to provide the services as described, however, a reasonable estimate regarding potential services and the costs required to provide these services is desired.
2. **Important Dates:**
  - If your organization plans to respond to this request and would like the data available on this population, please send an email indicating your intent to respond to [carecoordinationRFI@dmas.virginia.gov](mailto:carecoordinationRFI@dmas.virginia.gov) by 2:00 p.m. on **July 14, 2009**.
  - Questions regarding this RFI should be submitted by 2:00 p.m. on **July 17, 2009**, to [carecoordinationRFI@dmas.virginia.gov](mailto:carecoordinationRFI@dmas.virginia.gov).
  - Responses are due to the department by 2:00 p.m. on **August 7, 2009**. Please submit responses to [carecoordinationRFI@dmas.virginia.gov](mailto:carecoordinationRFI@dmas.virginia.gov).
3. **Length of Response:** Responses should be no more than 10 pages in length. The Department will review attachments beyond the 10 page limit; however, a limited number of attachments will be appreciated. Responses should include a descriptive outline of your proposed program and include a breakdown of the non-binding necessary costs, including a summary cost per participant per month.

## II. Program Overview

1. **Virginia Department of Medical Assistance Services:** The Department of Medical Assistance Services is the single State agency in the Commonwealth of Virginia that administers the Medicaid Program for low-income people under Title XIX of the Social Security Act. The Medicaid program is financed by federal and state funds and administered by the state according to federal guidelines. The Medicaid program offers home and community-based long-term care services to eligible individuals. These services are provided through one of seven DMAS home and community-based long-term care waiver programs. The Commonwealth of Virginia, acting through its Department of Medical Assistance Services (DMAS), hereinafter referred to as the Department, is committed to offering Medicaid recipients high quality, appropriate, and cost-effective services.
2. **History:** The Department is dedicated to improving the quality of the medical and long-term care services that it provides. Medical and long-term care services typically operate in two completely separate silos. This results in a disconnection of services and providers,

and makes service delivery complicated and inefficient. Since the mid-1990's DMAS has worked to integrate medical and long-term care services, and improve the coordination and delivery of services. As a first step toward integrating care, to date, DMAS has successfully launched six Program for the All-Inclusive Care for the Elderly (PACE) sites across the Commonwealth. DMAS considers PACE its "community" approach to integrated care.

Since 2006, Virginia has also worked toward developing a "regional" approach of integrated care that will streamline the provision of medical and long-term care services across a larger geographic area. Beginning in the fall of 2007, DMAS began a concerted effort to launch the Virginia Acute and Long-Term Care (VALTC) integrated care program. The goal of VALTC was to provide a single coordinated medical and long-term care service delivery system for participants who were eligible for both Medicare and Medicaid (dual eligibles) or who participated in the Elderly or Disabled with Consumer Direction (EDCD) waiver. The Department was not able to move forward with this program, however, it now sees the implementation of a care coordination program as an important step toward this ultimate goal.

For more information on the history of integrated care in Virginia, please see <http://www.dmas.virginia.gov/altc-home.htm> and select *The Blueprint for the Integration of Acute and Long-Term Care*.

- 3. Population:** The Department hopes to include adult (over age 21) EDCD waiver participants in the care coordination program. The EDCD waiver is one of DMAS' home and community-based long-term care programs. This program would also include dual eligibles who participate in the EDCD waiver. The waiver program is authorized through a §1915(c) waiver from the Centers for Medicare and Medicaid Services (CMS). Current DMAS projections indicate that there would be over 17,000 unduplicated adult EDCD waiver participants potentially eligible for the program if it were to begin in State Fiscal Year 2011.

Some participants in the care coordination program could technically qualify for one of DMAS' other home and community-based waivers. These participants would be on wait lists for other waivers including the Intellectual Disabilities waiver (formerly the Mental Retardation waiver) or Individual and Family Developmental Disabilities Support Waiver.

- 4. Geographic Area:** DMAS hopes to implement this program statewide with one contractor. However, the Department may be willing to contract with entities to operate the program in specific regions of the state. In your response, please indicate your organization's ability to operate the program statewide. If your organization is unable to do this or believe that this is not the best approach, please indicate the areas of the state by locality in which your organization might be interested.
- 5. Type of Contract:** If implemented, DMAS plans to pay a monthly per-member per-month (PMPM) administrative fee to the contractor to provide the agreed upon services. The contractor would not be responsible for processing claims for services. If, however, your

organization would like to propose an arrangement contrary to this, please do so and the Department is willing to review it.

6. **Staffing:** Your response should include your desired staffing ratios, an organizational chart reflecting projected staffing, and staff qualifications. The use of registered nurses is encouraged in your organization's staffing design and a registered nurse must provide oversight and final approval of each participant's Plan of Care.
7. **Services:** The care coordination program would be designed to enable maximum self-direction and flexibility by the EDCD Waiver participants. The care coordination program should make quality care for seniors and individuals with disabilities easier to access, navigate, and obtain. The Department expects that this program would include coordination of both medical and long-term care services and include referrals for participants with behavioral health needs.

In order to meet our federal requirements, please include the following services in your response. You may also propose and describe other recommended services and protocols. Please note that Virginia has a standardized Uniform Assessment Instrument that will continue to be used during eligibility determinations for the EDCD waiver.

- a. In-home assessment (or reassessment for existing participants) and development of participant's Plan of Care;
- b. Identification of preferred providers and establishment of services to include an evaluation of the appropriateness for consumer direction and if appropriate, training by the coordinator on how to fulfill the responsibilities of a consumer direction participant;
- c. Coordination with the Department's prior-authorization contractor;
- d. Performance of annual Level of Care re-evaluations and Plan of Care updates to ensure necessity of home and community-based long-term care services and to identify unmet medical or social needs;
- e. Coordination with social service agencies (e.g. local departments of health and social services);
- f. Access to a 24 hour/7 days a week help-line;
- g. Referral of participants to appropriate DMAS and community resources in order to maximize utilization of resources available in the participant's region (a thorough knowledge of resources specific to each region would be expected);
- h. Participation in discharge planning (to include hospital and nursing facility discharge);
- i. Serving as a point person for recipients and caregivers;
- j. Development and maintenance of an electronic Plan of Care;
- k. Monitoring of services provided; and
- l. Maintaining and monitoring individual service records.

Assistance with the following services should be offered if needed by the participant:

- m. Setting up appointments;
- n. Setting up transportation; and

- o. Shepherding medical/LTC information between providers.

In addition, please include your organization's ability to provide support for chronic conditions. EDCD waiver participants with chronic conditions who are not dually eligible for Medicare are eligible for DMAS' *Healthy Returns* disease management program. *Healthy Returns* currently provides disease management services for individuals with asthma, congestive heart failure, chronic obstructive pulmonary disease, coronary artery disease, and diabetes. Appropriate referrals for chronic condition support should be made to this program when possible. The Department envisions that the contractor would be able to provide this service for individuals with chronic conditions who are not eligible for *Healthy Returns*.

Also, Virginia operates a Money Follows the Person (MFP) demonstration program. DMAS does not plan to include individuals currently enrolled in MFP in the care coordination program. MFP provides extra services to participants who transition from institutional settings into the community. Special services such as transition coordination and stipends to help modify a residence are provided through this program. MFP enrollment lasts for 12 months from the date of facility discharge. At the end of a participant's 12 month enrollment, DMAS would like for the care coordination contractor to support the participant during his or her transition out of the MFP program and into standard EDCD waiver services.

For further information on the EDCD waiver including services provided under the waiver, please visit: <http://www.dmas.virginia.gov/ltc-home.htm>.

8. **Consumer Direction:** Virginia has one of the largest consumer direction programs in the country. Consumer direction enables waiver participants to identify and hire their own attendant to provide personal care and respite services. To support the consumer directing participant in his or her role as the "employer," the care coordination contractor would need to have protocols in place to train the participant for this position and to support this process. In addition, Virginia currently contracts with a fiscal intermediary that provides fiscal services for the consumer direction program. The care coordination vendor would also be expected to work with the fiscal intermediary to support the consumer direction program.
9. **Quality Measures:** DMAS would develop the care coordination program to improve the quality of services for EDCD waiver participants. DMAS has strict federal requirements regarding quality and reporting that it must meet in order to continue federal funding for the EDCD waiver. Baseline reporting requirements can be found in Appendix A. Please make certain that your organization's proposed program can meet these requirements. In addition, describe your organization's recommended method for ensuring, monitoring, tracking, evaluating, and reporting on quality in your program.
10. **Quality Improvement Organization (QIO):** Please indicate whether your organization is a federally designated QIO.

11. **Projected Savings:** Please describe the amount of savings that the Department might expect through a well run care coordination program. Please indicate how these savings might be achieved; for example, through the avoidance of non-emergent emergency room visits, optimization of utilization, or increased use of community resources. If your organization has experience with savings from other states, please include this information in your organization's response.
11. **Timeline:** The Department has not developed a timeline for the implementation of the care coordination program. If the Department receives approval to move forward with this program, the programs expected implementation would be in 2011.

## Appendix A – Probable Quality and Reporting Requirements

The contractor would need to maintain the necessary systems, policies, and procedures to support the Department in its reporting requirements to the Centers for Medicare and Medicaid Services (CMS). The Department would need to reserve the right to change/modify these requirements as necessary to meet state and federal (including HIPAA) reporting requirements. The following list represents the reporting and monitoring elements required of DMAS by CMS. The exact process by which DMAS would work with the care coordination contractor to obtain this information, however, has not been finalized. In your organization's response, please include general recommendations regarding the quality process.

### A. Annual reports

1. Summary of level of care (LOC) reviews completed.
2. Review of and report on Consumer Directed support services and attendant requirements by Care Coordinator.

### B. Quarterly reports

1. Level of Care: Annual Re-evaluations:
  - i. Quarterly report on the number of LOC re-evaluations due during indicated quarter, number of reviews completed, number of participants who met EDCD criteria, number who did not meet criteria.
  - ii. DMAS would likely select a statistically significant sample of participants to evaluate the appropriateness of LOC determinations. Any participants identified as no longer meeting LOC will be reassessed by DMAS Long-Term Care staff. If it is verified that the LOC is not met, DMAS LTC staff would terminate the individual from the EDCD waiver and afford appeal rights.
2. Plans of Care:
  - i. Quarterly report on the number of Plan of Care updates due during indicated quarter and number of reviews completed.
  - ii. DMAS would likely conduct a random sample of EDCD waiver participants' Plans of Care. The care coordination contractor would provide this information to DMAS. DMAS LTC staff would review the Plans of Care for required items to include timely Plan of Care revisions, Plan of Care adequacy, participant choice, and participant health, safety, and welfare assurances.
3. Consumer Direction Review:
  - i. The care coordination contractor would likely conduct a statistically valid sample on consumer directing participants to insure that:
    1. Proper support for consumer directing participants occurred.
    2. Consumer-directed attendants meet requirements.
    3. Consumer-directed attendants are performing job duties as described.

### C. Monthly reports

1. Sentinel events of which the care coordination staff is aware. Sentinel event report should include instances of Abuse, Exploitation, Neglect, and Serious Injury, and situation resolution.
2. Number of referrals that month to inpatient nursing facilities.

### D. Miscellaneous reports

1. Copy of all oral, written, or electronic reports, presentations, or other materials, in any form, whatsoever, based in whole or in part on DMAS data. Must be reviewed and approved by DMAS prior to release to any third party.

### E. Reports of critical incidents

Any suspected instances of abuse, neglect, or exploitation are required by Virginia law to be reported to the Virginia Department of Social Services. Mandated reporters must report suspected abuse, neglect and exploitation to Adult Protective Services immediately. Reports can be made through any means; there is no specified format.

Any person may voluntarily report suspected abuse, neglect, or exploitation (in various forms) to Adult Protective Services, including staff of financial institutions. Mandated reporters must report suspected abuse, neglect, and exploitation to Adult Protective Services immediately. Any person may voluntarily report suspected abuse, neglect, or exploitation to Adult Protective Services (APS) including staff of financial institutions.

The Virginia Department of Social Services receives and responds to all reports of critical incidents of abuse, neglect or exploitation. Reports are investigated by assigned DSS staff members who must initiate an investigation within 24 hours of report receipt. Investigations are finalized and closed as soon as possible given the nature and extent of the complaint. The complainant, if a mandatory reporter, is informed of the investigation disposition (founded or unfounded) at case closure.

DMAS receives quarterly reports on APS investigations of critical incidents and events from the Virginia Department of Social Services. Oversight is conducted on a quarterly basis by a Quality Review Team in the Division of Long Term Care at DMAS.

Other critical events, such as medication errors or falls of which the care coordination contractor is aware, shall be managed and monitored by the contractor and reported as required to the appropriate oversight/regulatory authority. The MCO would need to provide quarterly reports of critical events/incidents to DMAS in accordance with the CMS quality assurance requirements. Information will include the incident that occurred and the outcomes/resolution for each incident.