COMMONWEALTH of VIRGINIA

DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
600 East Broad Street, Suite 1300
Richmond, VA 23219

July 28, 2009

ADDENDUM No. 1 TO VENDORS:

Reference Request for Information: RFI 2010-01
Dated: **July 7, 2009**
Due: **August 7, 2009**

<u>See attached questions and responses related to the referenced RFI.</u>

Note: A signed acknowledgment of this addendum must be received by this office either prior to the due date and hour required or attached to your proposal response. Signature on this addendum does not substitute for your signature on the original proposal document. The original proposal document must be signed.

Sincerely,

William D. Sydnor

William D. Sydnor
Contract Management Director

Name of Firm: _____

Signature and Title: _____

Date: _____

Virginia Care Coordination

Request for Information (RFI 2010-01) **Addendum #1**

Thank you for your interest in the Care Coordination Request for Information (RFI) issued by the Virginia Department of Medical Assistance Services. Following are questions submitted by various respondents and the accompanying DMAS responses.

Again, please note that this process is not a Request for Proposals and the Department will not award a contract based on responses to the Care Coordination RFI. This exercise is for the Department's informational purposes only and organizations' responses to this request would have no bearing on any possible procurement results, should the Department move forward in the future with this type of program. The Department is using this process to determine the feasibility of a Care Coordination program and to identify key programmatic components that a program of this type should include.

As your organization develops its response, please be mindful of the DMAS long-term care requirements included in the RFI, however, please include practices that your organization thinks would enhance the program design or increase the feasibility of this type of program. **Responses should not exceed 10 pages and bullet points are welcomed.**

Again, thank you for your interest. Please submit your final responses to carecoordinationRFI@dmas.virginia.gov by 2:00 p.m., on August 7, 2009.

Page	Section	Question	DMAS Response
3	2	We understand that DMAS' ultimate goal for the EDCD waiver program is to provide a single, coordinated medical and long-term care service delivery system by contracting with managed care organizations. For what period of time does DMAS expect the care coordination services encompassed by the RFI to be provided? Should the care coordination contractor plan for a transition of its services to one or more MCOs?	DMAS is very interested in developing a fully integrated medical/long-term care program; however, at this time, the Department does not have a new timeline for development of this type of program. In addition, if the Department revisits the fully integrated model, it may do so in select regions, so parts of the state would likely remain in the care coordination contract for some time or the fully integrated model may choose to subcontract these services with existing care coordination vendors. In short, it is likely that eventually this population will be covered under a comprehensive managed care program; however, what this will look like and when it will happen is undetermined at this time.
Technical Requirements			
		No questions submitted	N/A
Populations			
3	3	Of the 17,000 EDCD waiver participants, how many of them are enrolled with a MCO due to the fact that	There are currently around 750 EDCD participants who participate in ALTC Phase I; meaning they are enrolled in both EDCD and a

Page	Section	Question	DMAS Response
		they subsequently became enrolled in a waiver? What is the enrollment in each of the MCO's by region?	MCO. This number is expected to continue to grow. Of the ALTC Phase I participants, Anthem, Optima, and Virginia Premier enroll roughly 30% each of the participants. The remainder of ALTC Phase I participants are enrolled in either AMERIGROUP or CareNet.
3	3	How many of the EDCD waiver participants are on wait lists and for which waivers?	Unfortunately, DMAS does not have this information. This information is not tracked at the present time and the wait lists for waivers are maintained in a completely separate IT system located at the Department of Behavioral Health and Developmental Services.
7	5	Each month how many MFP enrolled individuals transition out of the MFP program?	Currently, the MFP program is enrolling an average of seven new MFP participants per month. The program is working to achieve its targeted goal of 27 new enrollees per month. This program began in July 2008.
3	3	Does the Department see a problem with including adult (over 21) EDCD waiver participants in this care coordination program? (2) Who has to approve the inclusion of the population?	As currently envisioned, this program will only include adult EDCD participants.
3	3	This program would also include dual eligibles who participate in the EDCD waiver. Are full benefit duals or QMBs (QMB-plus) members included?	At this point, we are considering including all dual-eligibles. This would include those who are not "full-benefit" dual eligibles. Over age 21 and EDCD waiver enrollment would be the predominant criteria for enrollment.
3	3	The EDCD waiver is one of DMAS' home and community-based long term care programs. Please describe the other home and community based long term care programs and how does the Department anticipate how these other home and community-based would work with the EDCD waiver program.	For information on the DMAS home and community-based waivers, please visit: http://www.dmas.virginia.gov/ltc-home.htm#Facility_and_Home-Based_Services_Program Individuals are only allowed to be in enrolled in one home and community-based waiver program at a time. Participants in the EDCD waiver would not concurrently be enrolled in other waivers.
	3	Will DMAS automatically enroll all eligible individuals in the care management program, or will the vendor be expected to contact each member and obtain their consent to participate?	Pending CMS approval, DMAS would envision automatically enrolling all adult EDCD participants in the care coordination program. The vendor would need to contact each participant to establish or review his or her service plan, however, the vendor would not need to establish the participant's initial enrollment into the care coordination program.

Page	Section	Question	DMAS Response
3	3	The RFI indicates up to 17,000 individuals could be eligible for the care coordination program. Does DMAS anticipate all 17,000 individuals will begin participation in the program at the same time, or will a phase in process be acceptable? If a phase in is allowed, does the state have an expected or desired duration for the phase in process?	The Department would consider a phase-in approach. Please feel free to describe how your organization would envision a phase-in approach.
5	7	What approximate number of the estimated 17,000 unduplicated adult EDCD waiver participants are Medicare/Medicaid dual eligibles? Approximately how many dual eligibles have chronic conditions and thus would be subject to disease management by the Care Coordination contractor? Is "Healthy Returns" the desired model for disease management?	Please review the data files for this information. In your organization's response, please feel free to include your recommendations regarding disease management services.
	3	Is this population currently receiving support services from the State, or from other State programs? If yes, from whom and what scope of services are being provided? Will these services continue?	http://websrvr.dmas.virginia.gov/ProviderManuals/Default.aspx and select the "Elderly or Disabled with Consumer Direction" manual for more information on the EDCD waiver services. In addition, many participants receive other supportive services through their local departments of social services and Area Agencies on Aging. Many also receive Supplemental Security Income Payments and other services provided through community non-profits and faith-based organizations. The Department would hope that these services not only continue, but that optimal linkages to appropriate community resources would be improved.
3	3	We understand that some EDCD waiver participants are on wait lists for other DMAS waivers, including IFDDS Waiver. Please confirm that the care coordination contractor would not be responsible for coordinating care for any of these individuals who are under age 21. Is the care coordination contractor expected to coordinate intellectual and developmental disabilities services (including behavioral health) for these individuals while they are participating in the EDCD waiver program, or just medical and long-term care services?	The care coordination vendor would only be responsible for coordinating care for individuals age 21 and over and would only be responsible for coordinating the EDCD waiver and medical services. If a behavioral health issue is identified, the Department would expect the contractor to make referrals to community services boards or other appropriate community resources; however, the Department would not expect the contractor to case manage these services.
	3	Is this population currently receiving case	The majority of EDCD participants do not receive any case

Page	Section	Question	DMAS Response
		management services from the State, or from other State programs? If yes, from whom and what scope of services are being provided? Will these services continue?	management services. If they do, it is often provided through a community services board and provided for an individual with behavioral health or developmental/intellectual disability needs. This case management would continue with their enrollment in the EDCD care coordination program. We would hope that the EDCD Care Coordination contractor and the case management would work together to optimize the provision of services. Please provide your feedback as to how you see that this relationship could work. In addition, in some parts of the state, some EDCD waiver clients may already be receiving Medicaid funded Elderly Case Management Services; this care coordination model would replace those services for EDCD clients only.
		Of the EDCD population, how many people are on 12 or more medications?	Please review the data files for this information.
Geographic Area			
Page	**Section**	**Question**	**DMAS Response**
3	3	Some participants in the care coordination program could technically qualify for one of DMAS' other home and community-based waivers. (1) Would these members be disenrolled from the EDCD care coordination program when they are no longer wait listed? (2) On average, how long does a member stay on a wait list before the member can join the waiver? (3) Would the member have freedom of choice or if the member joins the EDCD program would the member be locked in to that program?	(1) Once an EDCD participant who is on the wait list for another waiver obtains a slot and is enrolled in a different waiver, he or she will be disenrolled from EDCD and the EDCD care coordination program. (2) Individuals often remain on waiver wait lists for several years before obtaining a space in the IFDDS or ID waiver. (3) Pending CMS approval, DMAS envisions that participation in the care coordination program would be required of all EDCD participants.
3	4	DMAS hopes to implement this program statewide with one vendor. However, the Department may be willing to contract with entities to operate the program in specific regions of the state. Please describe the advantages and disadvantages (from the perspective of the Department) to having a statewide single vendor program versus a regional and multi-vendor program.	The significant advantage to a single contractor is that the Department would have one contractor to work with and monitor. The Department does not currently have the staff to monitor numerous contracts across the state. This, however, does not mean that it is not possible to do so if it is apparent that this is the best approach.

Page	Section	Question	DMAS Response
3	4	Are the regions to which DMAS refers the regions defined in the Excel spreadsheets that were provided? Through what agency/ies are EDCD services currently coordinated at a regional level? Is the contractor free to define different regions?	EDCD waiver services are not coordinated at the regional level. Respondents are free to define regions in any way they prefer.
Type of Contract			
3	5	Some participants will require more intensive care coordination support, especially if individuals eligible for other HCBS waivers participate in the care coordination program. Given the variability in participant needs, will the state consider a range of PMPM fees, with higher fees provided for more intensive care coordination cases?	The Department is not opposed to responses that describe a range of PMPMs depending on participant needs; however, this will probably not be the preferred method of payment methodology. If your organization would like to propose this, please provide the basis for determining which participants would require a higher PMPM. Because all EDCD participants must meet nursing facility level of care to qualify for the waiver, all participants are likely to need a high level of care coordination.
3	5	General - entire section. Please describe the contract term (a 5 year contract)?	Since this is just a request for information, there is no contract term to this document. If your organization has a preferred contract term for a program like this, please include that in your response.
Type of Contract			
3	5	Does the PMPM vendor fee anticipated by the state include all vendor costs (care coordination activities, administrative costs, indirect expenses, etc), or will the PMPM only cover the care coordination activity?	The PMPM should incorporate all costs that the contractor would need to operate this program in its entirety.
Staffing			
		No questions submitted	N/A
Services and Services Requirements			
5	7	EDCD waiver participants with chronic conditions who are not dually eligible for Medicare are eligible for DMAS Healthy Returns. How many EDCD waiver participants are receiving disease management through Healthy Returns? How many of the EDCD waiver participants enrolled in the MCO are receiving disease management services through the MCO?	As of April 2009, there were around 250 EDCD participants enrolled in Healthy Returns. The Department does not have immediate access to the number of EDCD MCO participants who receive DM services. For the purpose of this exercise, however, please do not focus on disease management-type services.
4	7	How many EDCD waiver participants are currently receiving behavioral health services (e.g., through community service boards)?	The data does not analyze any of the procedures, e.g., behavioral health services. The focus is on the types of diagnoses, providers, and drug class. The data does indicate how many individuals had

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			diagnoses of behavioral health conditions, prescriptions for behavioral health conditions, and services rendered by professionals or facilities that specialized in behavioral health.
4	7	Coordination with the Department's prior-authorization contractor. Is this both KePRO (for medical and EDCD waiver services) and First Health Services (for pharmacy)? In addition to coordinating with the Department's contractor, will the Care Coordination Entity also need to coordinate with the MCO prior authorization units?	KePRO is the current prior authorization contractor for fee-for-service medical and long-term care services. DMAS will post an RFP in the upcoming months to procure a new Pharmacy Services Administrator contractor. The new pharmacy contractor will complete all pharmacy prior-authorizations. The Department is interested in input regarding how the Care Coordination contractor should interact with MCOs for ALTC Phase I participants.
4	7	In-home assessment (or reassessment for existing participants) and development of participant's Plan of Care. Is it the State's expectation that the care coordination entity would complete the pre-admission screenings using the UAI to determine eligibility for the EDCD waiver or will this continue to be done by agencies contracting with DMAS? If yes, then how many screenings per month do you project will need to be completed and how long does it take to complete the pre-admission screening forms - splitting it out by short assessment vs. full assessment?	Eligibility determination for the EDCD waiver – including initial completion of the Uniform Assessment Instrument – would continue to be done by Pre-admission Screening Teams contracted through local health departments, social services, or acute care hospitals. Pre-admission screenings would not be conducted by the Care Coordination contractor. In addition, while the Level of Care instrument is currently completed during the participant's annual renewal, the Department recommends that the contractor use the full UAI for the annual renewal, other reassessments, and for the development of a plan of care. Because EDCD clients are at risk for nursing facility placement, all UAI elements would need to be evaluated for all reassessments. The time frame for completion of the UAI will vary with the clients and the complexity of their service needs.
Services and Services Requirements			
5	8	"participants with chronic conditions that are not eligible for Healthy Returns" How many clients would fall into this category?	Healthy Returns provides disease management services for individuals with asthma, coronary artery disease, congestive heart failure, chronic obstructive pulmonary disease, and diabetes. Individuals with chronic conditions other than these (unless enrolled in an MCO through ALTC Phase I), would not be receiving support for their conditions. Please review the provided data if your organization is interested in the conditions and number of participants who may fall into this category.

Page	Section	Question	DMAS Response
5	2	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. While conducting research in reference to the Money Follows the Person demonstration program, we came to this website http://www.olmsteadva.com/mfp/FAQs.htm. It is our understanding that there is a provider who serves as the transition coordinator provider agency - helping with transitioning these participants from an institution to the community via the EDCD. What is the relationship between this entity and their expectation that the care coordination entity would support the person as they transition out of the MFP program into the EDCD wavier?	At the end of an individual's eligibility for MFP, we envision that the Care Coordination contractor would work with the MFP transition coordinator to ensure that the participant's services are sufficient. The MFP transition coordinator would work with participants for up to twelve months after discharge from an institutional setting and would be able to provide the Care Coordination contractor with background information about the participant.
		For the EDCD waiver participants that are enrolled in an MCO, how will care coordination responsibilities be split between the MCO and the Department's care coordination program	The Department is seeking input on this topic through the RFI process. Please let us know what your organization suggests.
4	7	The RFI indicates vendor activities will include in home assessments (or re-assessments) and annual Level of Care/Care Plan updates. Does the state have an expectation for the frequency of vendor contact with each participant in between the annual re-assessments and updates?	The frequency of in-home contact between annual assessments would depend on a participant's needs. It would be likely that an in-home re-assessment would be necessary after a discharge from a long stay in a hospital or nursing facility or when other factors indicate a significant change in the participant's condition. It is expected that a significant amount of the coordination activities, however, would occur over the phone. Please provide your organization's recommendation on how often contacts should occur to ensure quality care coordination services.
4	7	" annual LOC". Who currently performs the annual LOCs for these waiver clients ?	Annual Level of Care evaluations are currently conducted by the participant's personal care provider or service facilitator (if the participant consumer directs his or her care). If the Department implements a Care Coordination program, the Care Coordination contractor would be expected to perform these duties. Please provide your organization's recommendations regarding how annual reviews could be conducted.

Page	Section	Question	DMAS Response
4	7	We understand that the care coordination contractor will screen individuals for participation in the EDCD waiver using the UAI. Who currently conducts eligibility screening? What criteria are currently utilized in conjunction with the UAI to determine level of care? Does the care coordination contractor make the level of care determination?	The Care Coordination contractor will not screen individuals for eligibility in the waiver. Eligibility determination for the EDCD waiver – including completion of the Uniform Assessment Instrument – would continue to be done by Pre-admission Screening Teams contracted through local health departments, social services, or acute care hospitals.
4	7	Does DMAS intend for all authorization determinations to continue to be the responsibility of the pre-authorization contractor, or will the care coordination contractor be responsible for authorizing services for individuals qualifying for the EDCD waiver?	The Care Coordination contractor will not be responsible for pre-authorizing services. Authorization for services will stay with the DMAS pre-authorization contractor. If your organization has recommendations regarding how the Care Coordination contractor should share/obtain information from the pre-authorization vendor or about how these entities should work together, please include that in your response.
4	7	Can DMAS provide the format for its current EDCD Plan of Care? Is "development and maintenance of an electronic Plan of Care" a requirement for the care coordination contractor to use case management software? Does DMAS use such software, and if so, what is it?	DMAS would expect that the Care Coordination contractor supply and use the software of its choice. DMAS, however, is currently working to enhance its long-term care IT infrastructure, so some tie-in to the DMAS Management Information System may be expected. Please comment on this if your organization has any suggestions on this topic.
5	7	Are behavioral health referrals to be made to another state agency, another DMAS program, the DMAS preauthorization contractor, or directly to Medicaid-participating providers in the EDCD enrollee's community?	Behavioral health referrals can be made to local Community Services Boards or to private providers. Please provide your organization's suggestions on how to best incorporate referrals to community resources for behavioral health needs.
		Will the vendor be able to get a daily electronic feed of prior authorization and emergency admission activity from the Department's Prior Authorization Contractor?	This level of detail has not been determined at this time. In your response, please indicate what information and on what basis your organization would need the information to optimally operate a care coordination program.
Services and Services Requirements			
		Will the vendor be able to get a twice-monthly electronic feed of paid claims from the Department's Claim Processing vendor?	This level of detail has not been determined at this time. In your response, please indicate what information and on what basis your organization would need the information to optimally operate a care coordination program.
		Will the vendor be able to get a daily feed of prescriptions dispensed from the Department's	This level of detail has not been determined at this time. In your response, please indicate what information and on what basis your

Page	Section	Question	DMAS Response
		PBM?	organization would need the information to optimally operate a care coordination program.
		Does DMAS currently use a Level-of-Care evaluation tool (or criteria) - or has a preferred assessment tool been identified, in addition to the Uniform Assessment Instrument?	DMAS currently uses the DMAS 99C-Level of Care Review Instrument.
5	7	Does the transition period from MFP to standard EDCD services have a defined limit (i.e., number of weeks or months)? How many individuals are expected to be enrolled in MFP in State Fiscal Year 2011? What proportion of MFP participants transfer to EDCD?	Participants may be enrolled in MFP for up to 14 months. This includes enrollment for two months prior to facility discharge and for twelve months following discharge. For SFY 2011, the Department anticipates 320 individuals to enroll in MFP. Of that, 170 are expected to participate in the EDCD waiver.
Consumer Direction			
5	8	How does DMAS currently train EDCD waiver participants to direct and manage their own care?	Participants who choose to consumer direct their care are trained by DMAS-enrolled providers known as "service facilitators." Service facilitators train EDCD waiver participants in their role as the "employer." Further information on consumer direction and training can be found in the consumer direction manual at: http://www.dmas.virginia.gov/downloads/pdfs/prm-CDS_Comm_Waiv_Manual.pdf The Department expects that the Care Coordination contractor would provide service facilitation for EDCD waiver participants who choose to consumer direct their services, if the Department moves forward with a Care Coordination program.
Quality Measures			
		No questions submitted	N/A
Projected Savings			
6	11	Over what number of years should savings be projected?	DMAS does not have a specific time line in mind. The earlier savings can be realized; however, the more attractive the program will be due to the current budget situation.
		With regard to savings estimates, has the Department, or does the Department intend to incorporate savings estimates into the Commonwealth's biennial budget? If so, would the Department accept a range of savings based on certain assumptions for the program and service	Please provide estimated savings in your organization's preferred format. At this point in time, the Department is interested in exploring all of its options for potential savings.

Page	Section	Question	DMAS Response
		delivery model? To truly assess the most appropriate model and estimated savings, it is important to understand the linkages between program design and program savings over time.	
Timeline			
		No questions submitted	N/A
Quality and Reporting Requirements			
5	10	Quality Improvement Organization (QIO). Will a QIO-like entity certification meet this requirement?	The Department would follow CMS guidelines for determining whether an entity meets QIO designation.
5	10	Is DMAS stating a preference for a QIO? A requirement for a QIO?	DMAS is interested in learning more about which organizations have QIO designation. At this point, however, the Department has not made a decision about whether it will require or even prefer QIO designation.
General			
1	2nd para.	In December 2008, however, the Department determined that time was not right to move forward with this program. (1) Please describe the factors that were instrumental to the Department's decision to not move forward on the VALTC program? (2) Would these same factors (that caused the Department to put the VALTC program on hold) influence the Department's decision to move forward with the EDCD program? (3) If yes, please describe how.	1) The predominant reason that the Department did not move forward with VALTC was that interested plans were not able to operate the program for a capitation rate that would have allowed the program to be budget-neutral for the Department. 2) Establishing and funding a feasible PMPM amount for the Care Coordination program will be instrumental to establishing the program. A key purpose of this RFI is to determine what types of services different organizations could provide at various price points.
3	2	As a first step toward integrating care, to date, DMAS has successfully launched six Programs for the Elderly (PACE) sites across the Commonwealth. DMAS considers PACE its "community" approach to integrated care. Can a Virginia Medicaid member be enrolled in a PACE program and the EDCD waiver at the same time? The reason for the question is that PACE claims were noted in the data provided by the Department.	PACE and the EDCD waiver are mutually exclusive programs. Individuals may be enrolled in the EDCD waiver and then move to PACE. This may be why some PACE claims appeared in the data.
		In reference to the approximate 28% of non duals, is it expected that the model will care manage the medical cost along with the EDCD covered services,	For non-dual eligibles, the Department expects that the Care Coordination contractor would manage both medical and EDCD long-term care services.

Page	Section	Question	DMAS Response
		or just the EDCD covered services?	
		For the individuals on wavier waiting lists that would receive care coordination, are there dollars to help support the service needs of these members?	Participants enrolled in the EDCD waiver who are on waiting lists for other waivers are eligible for services that are identical to the services provided for other EDCD participants. If an individual is on a waiver wait list, but not enrolled in EDCD, he or she would not be eligible for the Care Coordination program.
	Other	Referencing the diagram labeled "Medicaid EDCD Waiver Process Flow for Enrollment," which is posted on the DMAS website, at what point in the process will the care coordination contractor become involved? Does DMAS envision or desire that this process will change in any way as a result of care coordination?	It is currently envisioned that the once financial eligibility for long-term care services is determined and the screening team determines that an individual meets criteria for long-term care services, that the Care Coordination contractor would receive the screening team packet from the screening team. The Care Coordination contractor would receive the packet before that packet is sent to a provider.
		Does Virginia have an aggregated data source, which allows access to prior authorization, claims, pharmacy, behavioral health and other related data?	The DMAS Medicaid management information system, except for a few exceptions, tracks all authorization and claim data. If you have high-level comments or recommendations regarding data exchange, please include them in your response.
		Does Virginia anticipate a risk component to the program and could they outline their plans for this?	The Department does not anticipate putting fees at risk as part of this program. The risk involved in operating the program would be the ability to offer the services at the contracted PMPM. The Department at this time, however, is open to any suggestions regarding cost structure.
		Do the Care Coordination services apply to waiver participants who become temporarily or permanently institutionalized in Long Term Care facilities?	Providing continuity of services for participants who temporarily reside in an institution and later transition back into the community is a priority for the Department. The Department is seeking input regarding how long the Care Coordination contractor should follow a participant once he or she moves to an institution. The Department would expect the Care Coordination contractor to follow and support the participant when he or she transitions back to the community. If the move to a facility will be permanent, or if expected to be for an extended period of time, then the Care Coordination contractor would cease to provide services for the individual. Please provide comment on the length of time that the Care

Page	Section	Question	DMAS Response
			Coordination contractor should reasonably be expected to follow a participant who is residing in an institutional setting.
		The RFI notes on page 3 that the Department was not able to move forward with the regional long-term care program roll-out but sees this RFI as an important step towards this goal. Would the Department please elaborate on the timing, next steps, and the program development activities envisioned by the Department in moving from the care coordination model through to a fully integrated regional roll-out for long-term care services and supports?	At this time, the Department does not have any specific plans or timelines for moving to a fully integrated model of care.
Data			
7-8	App. A Data	Please verify the date span for the data in the drug, hospital, NH and physician data sets.	The data set includes all claims are with FROM DATES (i.e., dates of service) or THROUGH DATES (i.e., dates in-hospital/in-facility) from January 2008 through December 2008.
		Supplied Data Files: Does the DMAS have data on the average number of providers associated with each EDCD waiver participant, and the intensity of services provided?	This information is not included in the data set.
		Supplied Data Files: The supplied data files document approximately $1,500,000 in Medicaid payments for "Case Management Waiver." Does this reflect expenditures for EDCD case management services? If so, what elements of case management are encompassed and who is being reimbursed?	EDCD participants do not currently receive case management services through the waiver. What we have listed is the provider's specialty – this is not necessarily the type of service that was provided.
8	A	Is the care coordination contractor responsible for making the determination that an EDCD waiver participant needs inpatient nursing facility care? Given that EDCD waiver participants meet nursing facility admission criteria, how often does this happen? To what extent should participant preference and local availability of in-home services be considered?	CMS requires that all participants be afforded choice of setting (institutional vs. home and community-based) and choice of provider. The decision to move to institutional care is up to the participant. The Care Coordination contractor would be expected to support the participant in making this decision.

Page	Section	Question	DMAS Response
	7	Has DMAS identified a preferred methodology to evaluate/measure effectiveness of the CD attendants?	The Department would be very interested in reviewing suggestions regarding how to evaluate/measure the effectiveness of CD attendants. At this time, the Department does not have a methodology for this.