

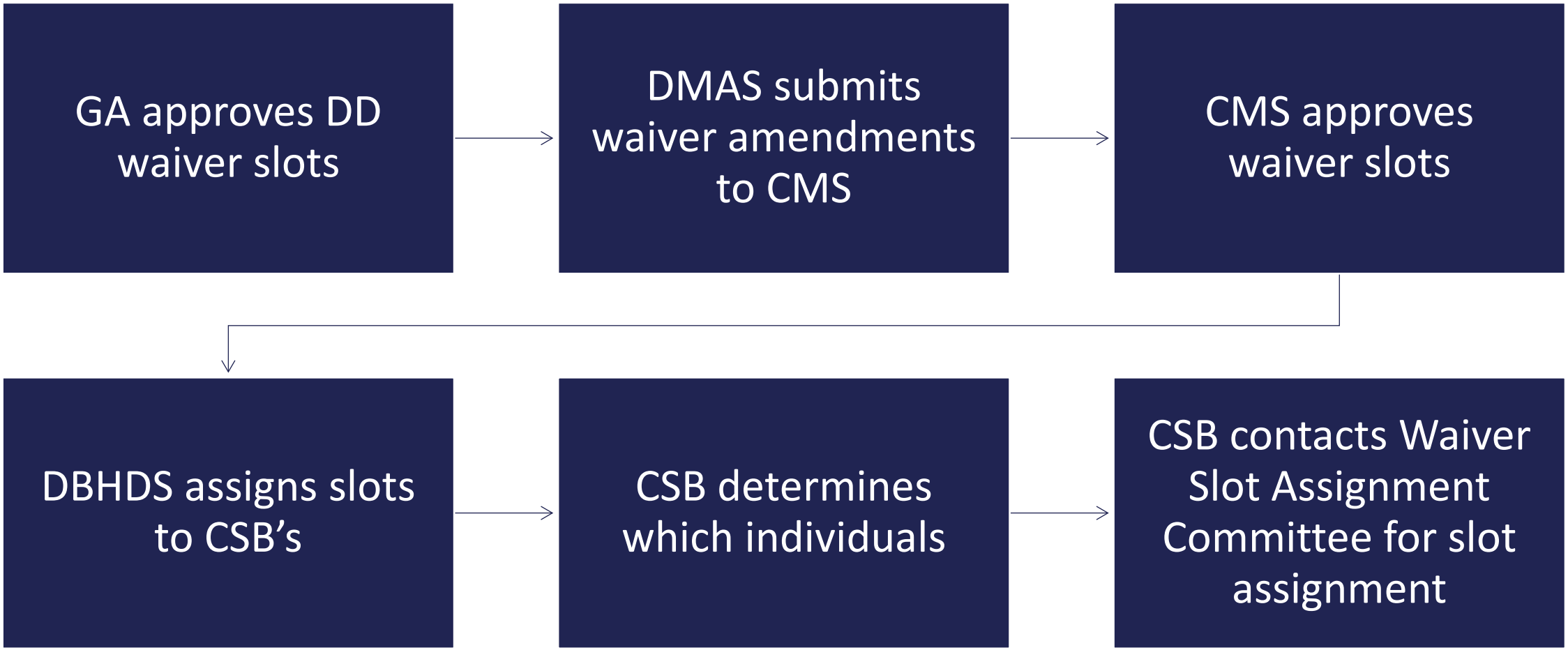
CardinalCare
Virginia's Medicaid Program

While Waiting on the Waiting List…

Other Support Options for You and Your Loved One

DMAS

DD Waiver Slot Allocation Process



Topics

- CCC+ Waiver
- Early Periodic Screening Diagnosis and Treatment (EPSDT)
- Managed Care Benefits
- Support Coordination/Case Management Benefits

CCC Plus Waiver

- Delivered through managed care (except for exempt populations)
  - 1915b/c waiver authority
- Waiver Criteria
  - Functional capacity needs – the degree of assistance needed to complete activities of daily living (ADLs) such as bathing, dressing, toileting, and eating. Mobility and behavioral needs are also considered
    - Needs are rated as either independent, semi- dependent, dependent, mechanical help or requiring human help
    - Functional Need criteria is met when rated as one of the following is met:
      - Rated dependent in two to four of the ADLs, and also rated semi-dependent or dependent in Behavior Pattern and Orientation, and semi-dependent or dependent in Joint Motion or dependent in Medication Administration.
      - Rated dependent in five to seven of the ADLs, and also rated dependent in Mobility.
      - Rated semi-dependent or dependent in two to seven of the ADLs, and also rated dependent in Mobility and Behavior Pattern and Orientation.
  - Must have a medical or nursing need
  - Must be at risk for institutionalization within 30 days

How to Access CCC Plus Waiver Services

Individuals are assessed to determine if they meet the nursing facility level of care

Community	• Local Departments of Health & Social Service • Program of All-Inclusive Care (PACE)
Hospital	• Hospital Discharge Planner or Social Worker
Nursing Facility (NF)	• NF Nurse and Social Worker • For members receiving skilled rehabilitation services

CCC Plus Waiver Services

- Adult Day Health Care
- Personal Assistance Services
- Private Duty Nursing
- Respite care
- Services Facilitation (for CD services)
- Assistive Technology
- Environmental Modifications
- Personal Emergency Response System
- Transition Services

Waiver Service Expenditures (FY 2026)

- CCC+ Waiver
  - Approximately 60,500 individuals
  - Average cost per individual = $36,425
  - Total Paid = Approximately $2.2 billion
- Ages Served
  - Approximately 12,000 individuals age 20 and under
  - Approximately 48,500 individuals age 21 and over

- DD Waivers
  - Approximately 20,200 individuals
  - Average cost per individual = $112,000
  - Total Paid = Approximately $2.3 Billion
- Ages Served
  - Approximately 2,700 individuals age 20 and under
  - Approximately 17,500 individuals age 21 and over

What is EPSDT?

- The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit provides comprehensive and preventive health care services for children under age 21 who are enrolled in one of Virginia's Medicaid programs.
- EPSDT is key to ensuring that children and adolescents receive appropriate screenings, preventive, dental, mental health, developmental, and any medically necessary services, and that services are provided early before health problems become complex or impact growth and development.

EPSDT Covered Services

- Personal Care (PC)
- Hearing Aids
- Private Duty Nursing (PDN)
- Assistive Technology (AT)
- Residential Treatment
- SA Residential Treatment
- Behavioral Health Therapy including Applied Behavior Analysis (ABA)
- Medical Formula and Nutritional Services

MCO Expanded Benefits

- As of July 1, 2025, Cardinal Care Managed Care members have 5 health plan options:
  - Aetna Better Health of Virginia: **Aetna Medicaid Virginia**
  - Anthem HealthKeepers Plus: **Anthem**
  - Humana Healthy Horizons of Virginia: **Humana Healthy Horizons**
  - Sentara Health Plans: **Sentara Health Plans**
  - United Healthcare of the Mid-Atlantic, Inc: **UnitedHealthcare Community Plan**

- Important to review what benefits are offered as part of the MCO.

Care Coordination/Care Management

- **Care Coordination**
  - All members can get help finding the right health care or community resources by calling the Member Services number on the back of their ID card. You can also call 24 hours a day, seven days a week to talk to an on-call nurse or other licensed health professional.
- **Care Management**
  - If you have significant health care needs, you will receive care management from your health plan. Care management improves the coordination between your different providers and the services you receive. If you get care management, your health plan will assign you a care manager. Your care manager is someone from your health plan with special health care expertise. They work closely with you, your doctors, other providers, family members, and caregivers to understand and support your needs and goals.

To link, refer and to advocate

- Targeted Support Coordination/Case Management
  - Offered through your local Community Services Boards.
  - May or may not be available depending on staff availability
  - Important to maintain contact with the your CSB, even you do not have active support coordination.

Key Websites:

- CCC+ Waiver:
  - https://www.dmas.virginia.gov/for-members/benefits-and-services/waivers/ccc-plus-waiver/
- EPSDT:
  - https://www.dmas.virginia.gov/for-members/benefits-and-services/maternal-and-child-health/early-and-periodic-screening-diagnostic-and-treatment-epsdt/
- Cardinal Care Virginia:
  - https://www.virginiamanagedcare.com/en
- My Life, My Community (via DBHDS)
  - https://mylifemycommunityvirginia.org/

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Conversation, Questions, and Feedback

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