**VIRGINIA MEDICAID FACTS**

### Who is covered in Virginia's Medicaid Program?

**ELIGIBILITY GROUPS**

<table>
<thead>
<tr>
<th>FFS</th>
<th>MCO</th>
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<tbody>
<tr>
<td>Dual Eligibles</td>
<td>Children (0-18 years)</td>
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<tr>
<td>Incarcerated***</td>
<td>Current &amp; Former Foster Care Children</td>
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<tr>
<td>Undocumented Immigrants**</td>
<td>Parents and other Caretaker Relatives</td>
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<td></td>
<td>Pregnant Women</td>
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<td>Aged, Blind, and Disabled Adults</td>
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<td></td>
<td>Disabled Children</td>
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<td>American Indians/Alaskan Natives</td>
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<td>Qualified Non-Citizens*</td>
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<td>Intellectual and Developmental Disabilities</td>
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**Important News**

- **July 2014** - MEDALLION II changed its name to Medallion 3.0 and expedited the enrollment process to ensure immediate access to care and services.  
  
- **July 2017** - Virginia’s Department of Medical Assistance Services released a request for proposals for its Medicaid managed care program MEDALLION 4.0. DMAS expects to award annual contracts to three health plans per region at a minimum.  
  
- **June 2018** - Virginia legislature passed a bill to expand Medicaid beginning January 1, 2019. The expansion will include community engagement and work requirements up to 80 hours per month for newly eligible adults who do not qualify for exemptions.

**Medicaid Medical Director’s Network**

Virginia is implementing a “Common Core” formulary, requiring all Medicaid health plans to cover “preferred drugs” on Virginia Medicaid fee-for-service (FFS) without any prior authorization in the new LTSS program. The mandate started to be phased in on August 2017 and is expected to be required for all Medicaid health plans by 2018.

**Do Medicaid health plans provide coverage?**

- Yes

**How has Virginia’s Medicaid program engaged in Managed Care?**

**SECTION 1115 WAIVERS**

- **A. Virginia GAP and ARTS Delivery System Transformation**
  - **Status:** Pending
  - **Description:** The program contributes to a comprehensive statewide strategy to combat prescription drug abuse and opioid use disorders by expanding the SUD benefits package to cover the full continuum of treatment including short-term residential and inpatient services to all Medicaid eligible enrollees.
  - **Approval:** 1/9/2015
  - **Effective:** 1/12/2015
  - **Expiration:** 12/31/2019

- **B. Virginia FAMIS MOMS and FAMIS Select**
  - **Status:** Pending
  - **Description:** The program was created to expand coverage to uninsured pregnant women with income up to 200 percent of the federal poverty level (FPL) who are not eligible for Medicaid. The program also uses Title XXI funds to support the FAMIS Select health insurance premium assistance program.
  - **Approval:** 6/30/2005
  - **Effective:** 8/1/2005
  - **Expiration:** 6/30/2019

- **C. Virginia Delivery System Transformation**
  - **Status:** Pending approval
  - **Description:** Seeks to implement a Medicaid managed long-term services and supports (MLTSS) and a delivery system reform incentive payment (DSRIP) program as initiatives to strengthen and integrate Virginia’s Medicaid delivery structure. As of December 2017, the waiver was still pending.

VIRGINIA MEDICAID FACTS

How is Virginia meeting the needs of Medicaid enrollees?

Value-Based Healthcare Initiatives

Commonwealth Coordinated Care is for individuals who are currently served by both Medicare and Medicaid (dual eligibles) and meet certain eligibility requirements. The program is designed to be Virginia’s single program to coordinate delivery of primary, preventive, acute, behavioral, and long-term services and supports (LTSS). The goals of the program include:
- Improved quality and health outcomes
- Streamlined Medicare and Medicaid requirements
- Increased accountability
- Reduced burden for enrollees and providers
- Providing care in each individual’s setting of choice
- Reduced avoidable services

Family Planning

Covered family planning services include (services that delay or prevent pregnancy): 3
- Diagnosis
- Devices
- Supplies
- Drugs
- Treatment
- Certain elective sterilization procedures (for men and women)
- Services to treat infertility or services to promote fertility are not included

Plan First provides limited family planning services for men and women who have family income up to 200% of the federal poverty level (FPL) including: 14
- Annual family planning exams for men and women
- Paps tests
- Sexually transmitted infections (STI) testing
- Family planning education and counseling
- Sterilization procedures
- Transportation to a family planning service
- Most Food and Drug Administration (FDA) approved contraceptives (prescription and over-the-counter)

Women’s Health

Covered women’s health benefits include: 4
- Breast pumps and breastfeeding support, beginning during pregnancy and continuing after birth

BabyCare provides case management for high-risk pregnant women and infants up to age two enrolled in Medicaid, FAMIS, and FAMIS MOMS. BabyCare includes expanded prenatal services: 3
- Prenatal education for a variety of topics including tobacco cessation, preparation for childbirth, and parenting
- Nutritional assessment and counseling
- Homemaker services to enrollees for whom the physician has ordered complete bed rest
- Substance use treatment services

Mental Health and Substance Use Disorder

Behavioral health services for Medicaid enrollees include: 15
- Residential treatment services for those under 21 years of age and diagnosed with a severe mental, emotional, or behavioral disorder through the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) program. Included in the covered benefits is psychiatric treatment in a freestanding hospital or residential treatment facility
- Therapeutic behavioral services in a community-based residential service for enrollees under 21 years of age. Provides services including psycho-education, therapeutic supervision, psychiatric treatment, and psychotherapy services
- Psychiatric or psychological services up to 26 mental health or substance use visits without preauthorization (authorization required beyond the 26-visit limit)
- Inpatient psychiatric hospital services for individuals who are 65 years of age or older. Covered benefits include nursing care, medical attention, and other services in any “institution for mental disease”
- Community mental health services at home or in the community for diagnosis, treatment, and care for persons with mental illness, substance use or intellectual disability
- Covered drug therapies: methadone, naltrexone, naltrexone, Acamprosate, and disulfiram 16

Oral Health

Adults aged 21 and older receive only medically necessary oral surgery under Virginia’s Medicaid program. Individuals under 21 are eligible for the following services:
- Diagnostic
- Preventative
- Restorative/surgical procedures
- Orthodontics
- Dentures and braces when prescribed by a dentist and pre-authorized by DMAS

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