Virginia Department of Medical Assistance Services

GA25 Decision Package Request Form

Division/Office Name	Click here to choose a division	**Budget Round**	**Amended** (FY25 & FY26) ☒ ☐	**Last Date Updated**	7/16/2024
Deputy Director	Click here to choose a Deputy	**Category**	Mandates		
Biennium	2025-2026	**Source of Request**	Agency Request		
Short Title	Federal Mandate: Compliance with Tribal Reimbursement and Reporting Requirements				

Agency Description of Request

DMAS requests authority to make managed care contract changes and amend the Medicaid and CHIP State Plans and/or waivers as necessary to come into compliance with federal requirements for Tribal provider reimbursement and reporting.

Virginia currently has two Tribal health care providers serving American Indian/Alaska Native (AI/AN) Tribal Medicaid members -- Aylett Family Wellness, part of the Upper Mattaponi Indian Tribe, and Fishing Point Healthcare, part of the Nansemond Indian Nation. Tribal providers have a unique status due to the tribe being recognized as a sovereign nation. There are special rules for Medicaid reimbursement of services to Tribal providers.

DMAS has an approved State Plan Amendment (SPA), effective February 24, 2021, authorizing payment to Tribal providers and describing the payment methodology. However, this SPA was developed based on a fee-for-service arrangement and DMAS must update its authorities to reflect federal requirements related to payment of Tribal providers through Medicaid managed care, including regulations at 42 CFR §§ 438.14 and 457.1209. These federal requirements include network adequacy standards for managed care organizations (MCOs) serving Tribal Medicaid beneficiaries and special protections for managed care enrolled AI/AN individuals and Tribal providers.

Budget amendment language:

The Department of Medical Assistance Services shall have the authority to make any necessary managed care contract changes and to amend the state plans under Titles XIX and XXI of the Social Security Act, and any waivers thereof, to reflect the reimbursement methodology and delivery of services provided by and through American Indian Tribal providers, pursuant to 42 CFR §§ 438.14 and 457.1209 and other pertinent federal legislation and regulation. The Department shall have the authority to implement this change effective January 1, 2025, or consistent with the effective date in the state plan amendment or waiver documentation approved by the Centers for Medicare and Medicaid Services (CMS), and prior to the completion of any regulatory process.

Place an "X" in the box below if applicable

☐ Will new legislation be required as a result of this request?

☒ Is Appropriation Act Language required as a part of this request?

☒ **Is this request related to a CMS Final Rule? (If so, DESCRIBE which below)**

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Use this field to describe relevant Final Rule, item, or language:

Yes, but one from 2016, not one of the recent ones. "Medicaid and Children's Health Insurance Program (CHIP) Programs; Medicaid Managed Care, CHIP Delivered in Managed Care, and Revisions Related to Third Party Liability," often referred to as the 2016 managed care final rule: https://www.federalregister.gov/d/2016-09581/p-71

NOTE: If either box above has an "X" there must be supporting documentation attached!

Please see proposed Appropriation Act language above - also submitted as an attachment.

Consequences if NOT Funded

Virginia will be out of compliance with federal requirements.

Alternatives Considered (REQUIRES AT LEAST ONE)

Continuing the current delivery model, which puts Virginia at significant financial and compliance risk.

Explanations and Methodologies

PLEASE DO NOT BEGIN COST ESTIMATE FOR THIS DECISION PACKAGE. This FIAF is submitted as a placeholder because we know we will need budget language to authorize us to amend the state plan and there will be a cost impact in this biennium. We do not yet have enough information to build the cost estimate until we consult with tribal providers and CMS. We will submit a revised FIAF with the additional information at that time.

Please complete the FIAF on the next page.

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Fiscal Impact Assessment Form (FIAF)
DMAS ONLY: Not for public use or the final Decision Package

Please answer all of the following questions to assist with developing Cost Estimates.

Who/What will be Impacted?

1. Has this been proposed before? If so, when? Be specific. Has it been multiple GA sessions?

No

2. Will this impact other divisions within DMAS? If so, please list the division and how it might be impacted.

Program Operations, PMO, OCL, HCS and IC, Budget, Federal Reporting, Provider Reimbursement, LIA, Policy

3. Will this impact any other agencies (outside of DMAS)? If so, please list the agency and the manner in which it might be impacted.

No

4. Is this a new service OR is this expanding or changing an existing service?

New Service

   a. If new, please provide an existing program that is similar to this request. If unlike anything previously, describe why.
   b. If expanding or changing please provide a cost estimate or factors involved in developing an estimate.

Click here to enter text.

5. Will there be any changes in eligibility? (E.g. Increase FPL for FAMIS Moms to 250%) If so please provide the potential number of members impacted or factors involved in developing an estimate.

Click here to enter text.

6. What program(s) will this impact? (E.g. Medicaid Children and Adults, Expansion, M-CHIP, FAMIS Children and Moms, ABD, Long-Term Care, Waivers, and TDO) Please list each and potential number of members impacted. **Feel free to include a table or backup documents as needed.**

Click here to enter text.

7. How many members in each population will be impacted? (E.g. Base Medicaid, expansion, CHIP) If you don't know, what similar services may we use for an estimate for current or historical? **Feel free to include a table or backup documents as needed.**

8. If this is approved in the GA25 session, exactly what date do you plan to implement these changes? Provide as many details as possible to include take up rate. What year would this begin? When would full utilization begin?

Click here to enter text.

How will we implement?

1. Please state what type of funding will be needed: Medical, Administrative or both? Be specific for each type and why. **Ask the Budget Team if you are unsure!**

Click here to enter text.

2. Does this require any additional staff to implement? Is staff needed on an ongoing or one-time basis?
    a. If so, what type of staff would be necessary (full-time, wage, or staff augmentation) and how many and why?

Click here to enter text.

    b. What type of positions titles are needed? Please describe the job duties in detail by position. How do the duties of these positions align with the overall purpose of the Decision Package?

Click here to enter text.

    c. If you are not sure, provide similar positions performing these duties or services being offered by current staff and related costs.

Click here to enter text.

    d. If staff augmentation is required, is there an anticipated vendor, and can you identify the costs?

Click here to enter text.

3. Will this require changes to an existing contract? (MCO and/or administrative contract) If so which contract? Please include the any scope of work changes and cost estimate.

4. Will this require a new contract? (MCO and/or administrative contract) or changes to an existing contract? If so, please identify any known scope of work and any known cost estimates?
   Click here to enter text.
   a. If you are not sure, are there similar services are performed by a current contractor and what is the cost?
      Click here to enter text.
5. Will these services require changes to a current system(s), etc.? (E.g. MMIS, VaCMS, CoverVA, etc.) **Yes**
   a. If so, what system and what is the estimated cost of the change?

Click here to enter text.

   b. If you are not sure, what systems are currently used and what is the cost?

      Click here to enter text.

6. Do you anticipate the need for a new system or software? **No**
   a. If so, please identify the system and/or software and what is the cost estimate? What is the purpose of the system as it related to the Decision Package?
      Click here to enter text.
   b. If you are not sure, are similar systems/software is being used by a current contractor and what is the estimated cost?
      Click here to enter text.

7. Are there any other impacts and/or one-time needs not listed above that should be considered? If so, what are they and what is the estimated cost? Choose an item.
   Click here to enter text.

BUDGET TEAM USE BELOW

Budget Team Member Assigned to this FIAF: Begin Narrative Draft in the section below. Use the information provided by the Divisions in both this form, supplemental documents, and subsequent discussions to populate.

The narrative should:

- Include complete sentences in paragraph form.
- Begin with an explanation of the request: What does it do? What problems does it solve? Why is it needed now? What are the ramifications for not funding it?
- Describe any Federal or State Mandates tied to this request.
- Describe any larger efforts or themes this request is tied to (such as, re-procurement, unwinding, etc)
- Describe the Fiscal Impact, including:
  - Is this impactful to the Medical Budget, Administrative Budget, or both?
  - Describe the cost estimate: what costs are involved? Are positions needed? Are contracts or contractors needed? Are systems changes needed?

- If new positions are needed, describe the types and why those are appropriate.
- If contracts or contractors are needed, can any existing ones be reallocated?
- If systems changes are needed, be cognizant of the system's contract! For example, FAS systems changes generally do not require more funding!

- Describe the funds impacted (GF, Coverage assessment, federal, etc).

The goal is to be able to copy and paste the refined narrative into the PB format when the time comes!

Begin Narrative below – please utilize the PB Decision Package Format:

Agency Description

Click here to enter text.

Consequences of not Funding/Justification

Click here to enter text.

Alternatives considered (must list at least one)

Click here to enter text.

Explanations and Methodologies

Click here to enter text.