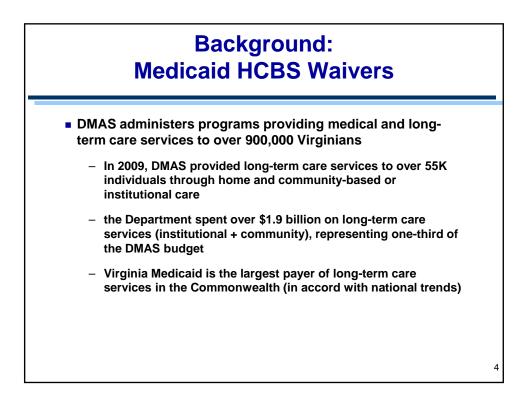
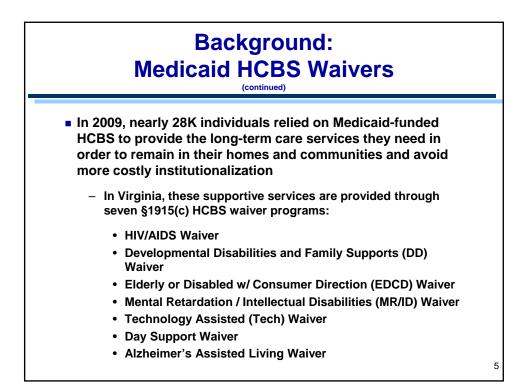


Study Mandate

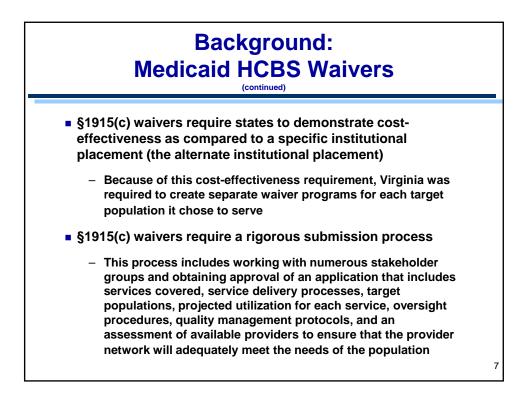
- House Joint Resolution No. 83 of the 2010 Virginia General Assembly requested that the Joint Legislative Audit and Review Commission study the potential costs and benefits of offering Medicaid home and community-based long-term care services (HCBS) through the State Plan for Medical Assistance
- While the resolution was tabled in sub-committee, the Virginia Department of Medical Assistance Services (DMAS) agreed to study the potential implication of providing HCBS through the State Plan

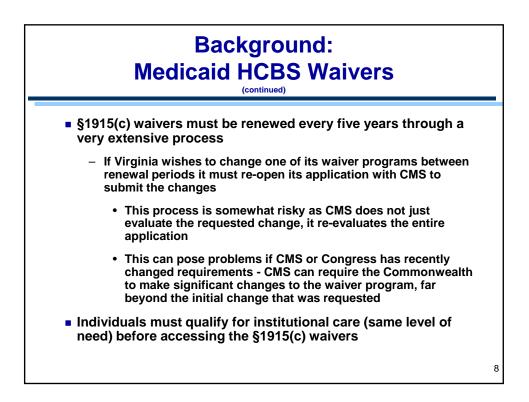
3

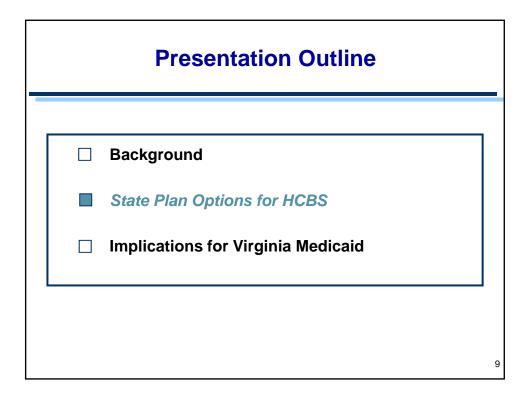


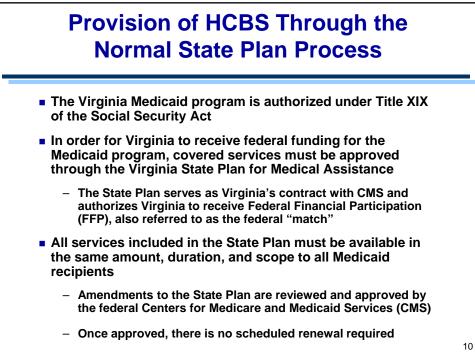


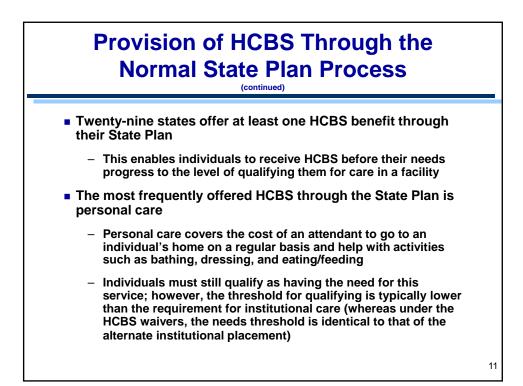
Background: Medicaid HCBS Waivers				
■ Curr	ent Waiver Enro	llment (as of 9/30/	/10)	
	Waiver	Enrollment	Wait List	
	HIV/AIDS	36	n/a	
	DD	576	960	
	EDCD	19,419	n/a	
	MR/ID*	8,047	5,348	
	Tech	359	n/a	
	Day Support	280	5,348**	
	Alzheimer's	46	0	
*Dos not yet reflect **Same wait list as	250 MR/ID slots approved 10/01/10 MR/ID	1		I

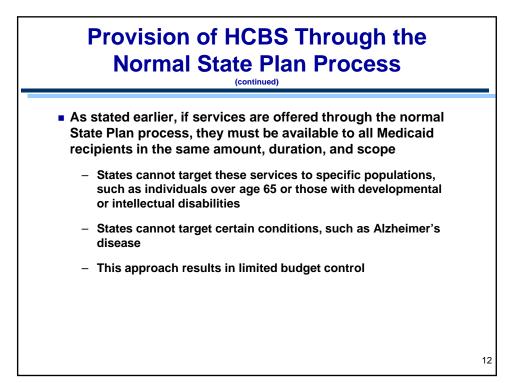


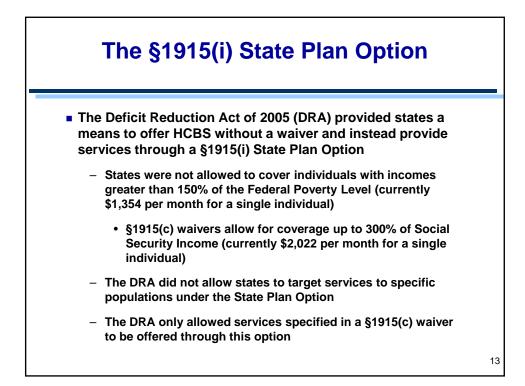


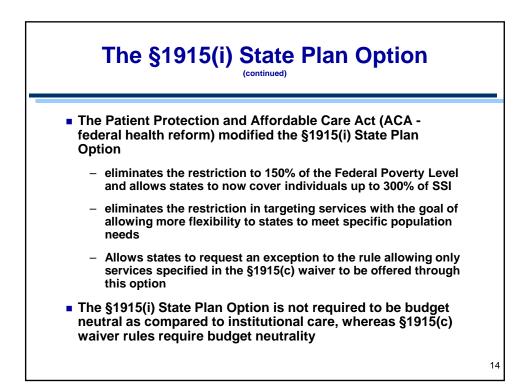


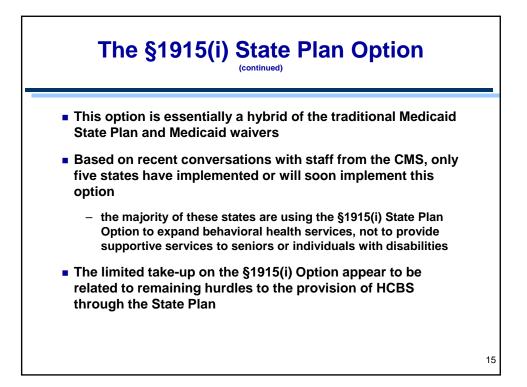


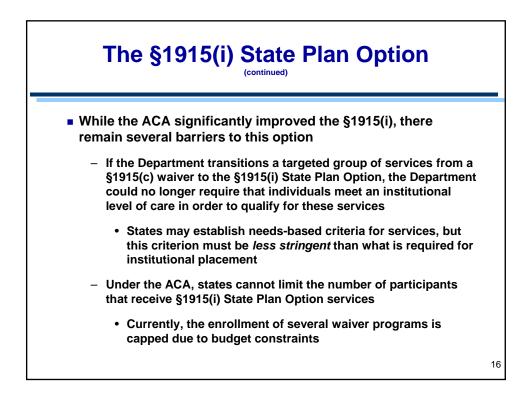


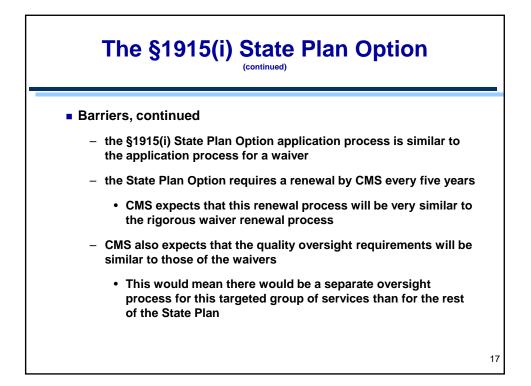


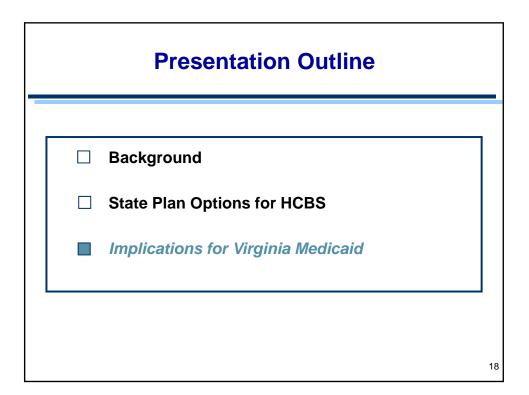


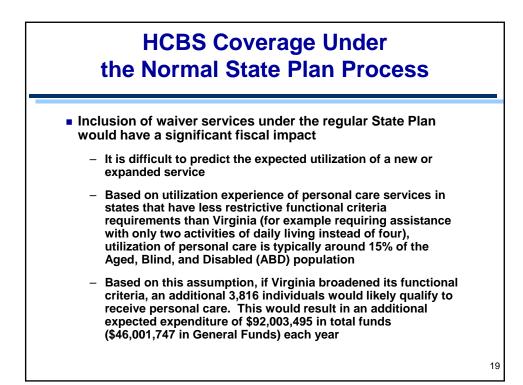


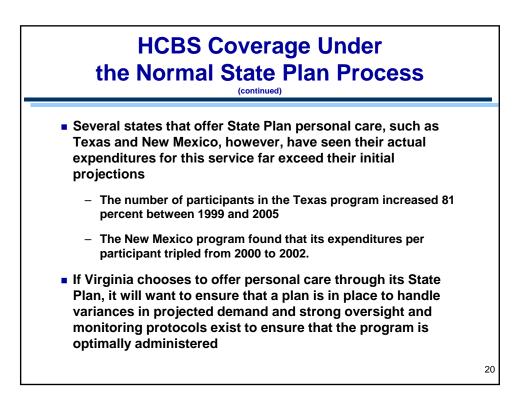


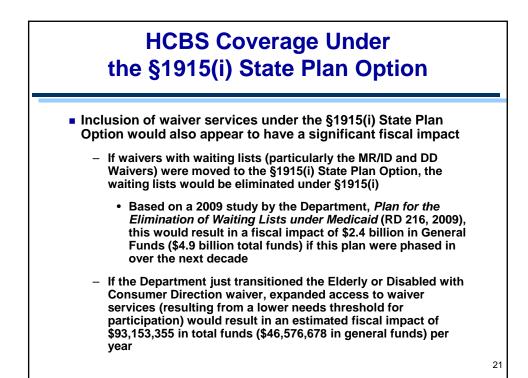












HCBS Coverage Under the State Plan: Conclusion

- While eliminating the obligation of obtaining HCBS wavier authority is extremely attractive, even with the amended federal requirements under the §1915(i) State Plan Option, there are significant barriers to coverage under the State Plan
- It is important to note that over the long-term, however, expanded and earlier utilization of support services, such as personal care, could achieve savings in hospitalizations, emergency department use, and more intensive long-term care services since injuries and physical decline might be prevented or delayed
- The Department will continue to stay abreast of changes and new alternatives for streamlined and cost-effective ways to administer these important services