



Department of Medical Assistance Services
600 East Broad Street, Suite 1300
Richmond, Virginia 23219

<http://www.dmas.virginia.gov>

MEDICAID MEMO

TO: All Providers of Developmental Disabilities (DD) Waivers Services

FROM: Karen Kimsey, Director
Department of Medical Assistance Services (DMAS)

MEMO: Special

DATE: TBD

SUBJECT: Transitioning from the Commonwealth Coordinated Care Plus (CCC Plus) Waiver to a Developmental Disabilities Waiver

The purpose of this memorandum is to notify providers of procedural changes for enrollment in the Developmental Disabilities (DD) Waivers, effective December 20, 2019, which includes the Community Living (CL), Family and Individual Support Waiver (FIS) and the Building Independence (BI) Waiver. These changes will improve efficiencies on the Level of Care (LOC) enrollment and service authorization process. This guidance affects individuals who are Commonwealth Coordinated Care Plus (CCC Plus) Waiver members transferring to a DD Waiver.

The Department of Medical Assistance Services (DMAS) must implement a consistent approach to transition individuals from the CCC Plus Waiver to a DD Waiver. When an individual is transitioning from the CCC Plus Waiver to a DD Waiver, DD Waiver service authorizations and services cannot begin earlier than the first day of the month after the month in which CCC Plus Waiver service authorization ended. For example, if an individual currently enrolled in CCC Plus Waiver is assigned a DD Waiver slot on October 10th, the earliest that any DD Waiver services may be authorized to begin is November 1st. The CCC Plus Waiver service authorization must end no later than October 31st.

The support coordinators for DD Waivers and care coordinators for the CCC Plus Waiver must communicate and coordinate transitions together in order for the changes to be seamless for the individuals on the Waivers. Coordination activities include the following:

- 1) When a DD Waiver slot is assigned to individuals enrolled in the CCC Plus Waiver, the support coordinator will contact the CCC Plus Waiver care coordinator. The support coordinator will notify the care coordinator of the assignment of a DD Waiver slot and coordinate the transition date for the first day of the month in which DD waiver services are to begin.
- 2) The support coordinator will enter the assignment of the DD Waiver slot in WaMS for an effective date of the first day of the month in which the DD waiver services are expected to begin. When this occurs, SA staff will transmit the LOC date to MMIS which will update the level of care from CCC Plus to a DD Waiver, effective the first day of the month. WaMS will automatically end date the CCC Plus Waiver enrollment to the last day of the preceding month.

Continuity of Care Service Authorization

To further ensure a seamless transition and mitigate service interruption, a continuity of care service authorization process for personal assistance services is being implemented. For individuals transitioning from the CCC Plus Waiver to a CL or FIS Waiver, DBHDS service authorization staff will honor the number of hours of personal care services authorized for an individual enrolled in the CCC Plus Waiver. The period for continuity of care service authorization for CL and FIS Waiver personal assistance services is 30 days.

Consumer-directed personal assistance services continuity of care service authorization:

- 1) The support coordinator contacts the individual receiving services and asks for consent for the support coordinator and services facilitator to exchange information.
- 2) The support coordinator contacts the services facilitator to initiate the continuity of care service authorization process.
- 3) The services facilitator uploads into WaMS the CCC Plus Waiver plan of care (DMAS 97a/b). The services facilitator notes at the top of the 97a/b “continuity of care service authorization request.”
- 4) The support coordinator submits the continuity of care service authorization request (DMAS 97a/b) for DBHDS service authorization.
- 5) DBHDS service authorization staff approve the 30-day service authorization for personal assistance services for the same number of personal care hours approved by the CCC Plus health plan on the DMAS 97a/b.
- 6) The services facilitator completes and submits to DBHDS all required assessments and documentation for CL or FIS Waiver service authorization of personal assistance services by the 20th of the month. It is imperative that the services facilitator submit this information timely to avoid an interruption in services and/or payment of CD employees. DD waiver service authorization requests received after the 30-day continuity of care period will result in a start date of the date the request is received, which will mean a lapse in service authorization and payment for services rendered.
- 7) DBHDS service authorization staff process the service authorization for personal assistance services following standard operating procedures.
- 8) For consumer directed services, the services facilitator must submit the Fiscal Agent Request Form to Consumer Direct Care Network and initiate the change in fiscal employer agent, if applicable, and the change from CCC Plus Waiver services to DD Waiver services.

Agency-directed personal assistance services continuity of care service authorization:

- 1) The support coordinator contacts the individual receiving services and asks for consent for the support coordinator and provider agency to exchange information.
- 2) The support coordinator contacts the provider agency to initiate the continuity of care service authorization process.
- 3) The provider agency uploads into WaMS the CCC Plus Waiver plan of care (DMAS 97a/b). The agency notes at the top of the 97a/b “continuity of care service authorization request.”
- 4) The support coordinator submits the continuity of care service authorization request (DMAS 97a/b) for DBHDS service authorization.
- 5) DBHDS service authorization staff approve the 30-day service authorization for personal assistance services for the same number of personal care hours approved by the CCC Plus health plan on the DMAS 97a/b.

- 6) The provider agency completes and submits to DBHDS all required assessments and documentation for CL or FIS Waiver service authorization of personal assistance services by the 20th of the month. It is imperative that the agency submit this information timely to avoid an interruption in services. DD waiver service authorization requests received after the 30-day continuity of care period will result in a start date of the date the request is received, which will mean a lapse in service authorization and payment for services rendered.
- 7) DBHDS service authorization staff process the service authorization for personal assistance services following standard operating procedures.

The continuity of care service authorization process will be effective December 20, 2019.

Additional Information On the Medicaid Waivers:

DBHDS website:

<http://www.dbhds.virginia.gov/individuals-and-families/developmental-disabilities/my-life-my-community>

Medicaid Expansion

New adult coverage begins January 1, 2019. Providers will use the same web portal and enrollment verification processes in place today to verify Medicaid expansion coverage. In ARS, individuals eligible in the Medicaid expansion covered group will be shown as “MEDICAID EXP.” If the individual is enrolled in managed care, the “MEDICAID EXP” segment will be shown as well as the managed care segment, “MED4” (Medallion 4.0), or “CCCP” (CCC Plus). Additional Medicaid expansion resources for providers can be found on the DMAS Medicaid Expansion webpage at: <http://www.dmas.virginia.gov/#/medex>.

PROVIDER CONTACT INFORMATION & RESOURCES	
Virginia Medicaid Web Portal Automated Response System (ARS) Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.	www.virginiamedicaid.dmas.virginia.gov
Medicall (Audio Response System) Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.	1-800-884-9730 or 1-800-772-9996
KEPRO Service authorization information for fee-for-service members.	https://dmas.kepro.com/
Managed Care Programs Medallion 4.0, Commonwealth Coordinated Care Plus (CCC Plus), and Program of All-Inclusive Care for the Elderly (PACE). In order to be reimbursed for services provided to a managed care enrolled individual, providers must follow their respective contract with the managed care plan/PACE provider. The managed care plan may utilize different guidelines than those described for Medicaid fee-for-service individuals.	
Medallion 4.0	http://www.dmas.virginia.gov/#/med4
CCC Plus	http://www.dmas.virginia.gov/#/cccplus
PACE	http://www.dmas.virginia.gov/#/longtermprograms

<p>Magellan Behavioral Health Behavioral Health Services Administrator, check eligibility, claim status, service limits, and service authorizations for fee-for-service members.</p>	<p>www.MagellanHealth.com/Provider For credentialing and behavioral health service information, visit: www.magellanofvirginia.com, email: VAProviderQuestions@MagellanHealth.com, or call: 1-800-424-4046</p>
<p>Provider HELPLINE Monday–Friday 8:00 a.m.-5:00 p.m. For provider use only, have Medicaid Provider ID Number available.</p>	<p>1-804-786-6273 1-800-552-8627</p>

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