Department of Medical Assistance Services
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Richmond, Virginia 23219

www.dmas.virginia.gov

MEDICAID MEMO

TO: Providers of Services Facilitation Services, Personal Care and Case Management for the Elderly or Disabled with Consumer Direction, Intellectual Disability, Individual and Family Developmental Disabilities Waivers and Early Periodic Screening Diagnosis and Treatment (EPSDT) Program, and Medicaid Works

FROM: Cynthia B. Jones, Director
Department of Medical Assistance Services

MEMO: Special

DATE: 6/1/2016

SUBJECT: Consumer Directed Waiver Services

The purpose of this memorandum is to notify providers of changes in the consumer directed model of service delivery for personal care, respite, and companion services. Consumer directed services are available in the Elderly or Disabled with Consumer Direction (EDCD), Intellectual Disability (ID), and the Individual and Family Development Disabilities Support (DD) Waivers, as well as, the Early Periodic Screening Diagnosis and Treatment (EPSDT), and Medicaid Works programs.

Effective June 30, 2016, DMAS will implement Item 306, PPPP of the 2016 Acts of Assembly. This item states that *"The Department of Medical Assistance Services shall amend the State Plan under Title XIX of the Social Security Act, and any necessary waivers, to reflect that no authority is provided for the payment of overtime for Medicaid reimbursed consumer directed personal assistance, respite, and companion services."* This action effectively changes the number of hours any one consumer directed attendant may work per week for any one employer to a maximum of 40 hours per week. Attendants are permitted to work for more than one Employer of Record (EOR). Attendants are permitted to work up to 40 hours per week for each EOR. A work week starts on Thursday and ends the following Wednesday.

This limit does not apply to attendants that live in the same home as the individual for whom the attendant provides service. Hours provided by live in attendants may exceed 40 as they are exempt from overtime reimbursement per the Department of Labor Home Care Rule. Please note regulations at 12VAC30-120-160; 12VAC30-120-766; and 12VAC30-120-935 stating requirements when there is a live-in attendant. There must be objective, written documentation as to why there are no other providers available to render the service.

Please Note:

The number of hours an individual has been authorized for CD Services will not change. Individuals will continue to receive service authorizations for consumer directed services based on their assessed needs.

To implement this legislative action, DMAS in partnership with the fiscal/employer agent, Public Partnerships, LLC (PPL) will notify all current EORs and attendants of the change by mail. This letter will explain in detail the General Assembly action, how it may impact EORs and attendants, as well as, outline strategies that may be considered to ensure continued services while safeguarding the health and safety of individuals receiving services.

Services Facilitators (SFs) should proactively provide appropriate guidance and support to individuals receiving and EORs directing waiver services that may be affected by this change. SFs should review all records of individuals they are assisting to determine those impacted. A routine visit should be conducted to work with the EOR to develop a plan of action to provide coverage for all authorized hours. Strategies may include supporting the EOR in hiring an additional attendant and providing the option of a combination of consumer direction and agency direction; some personal care agencies may be willing to hire a qualified consumer directed attendant therefore allowing an individual to be served by a single attendant who works some hours for an agency and some for the EOR. Please note that regulations at 12VAC30-120-766; 12VAC30-120-924; and 12VAC30-120-1020 state requirements for back-up plans for Medicaid waiver individuals in the event of an emergency to ensure their health and safety.

SF providers making a routine visit or providing up to four management training hours to assist the EOR in strategies, review of back-up plans and discussions shall document the supports provided and bill as appropriate. These face-to-face visits must be conducted in accordance with applicable waiver regulations and policy manuals. Detailed documentation must be kept in the individual's record to support additional hours billed.

DMAS will continue to post information related to this change at the following link: http://www.dmas.virginia.gov/Content_pgs/ltc-home.aspx. At this link, you will also find a list of frequently asked questions and responses. Additional questions may be sent to CDSF@dmas.virginia.gov.

COMMONWEALTH COORDINATED CARE

Commonwealth Coordinated Care (CCC) is a managed care program that is coordinating care for thousands of Virginians who have both Medicare and Medicaid and meet certain eligibility requirements. Please visit the website at http://www.dmas.virginia.gov/Content_pgs/altc-home.aspx to learn more.

MANAGED CARE PROGRAMS

Many Medicaid individuals are enrolled in one of the Department's managed care programs (Medallion 3.0, CCC and 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/PACE provider may utilize different prior authorization, billing, and reimbursement guidelines than those described for Medicaid fee-for-service individuals. For more information, please contact the individual's managed care plan/PACE provider directly.

Contact information for managed care plans/PACE providers can be found on the DMAS website for each program as follows:

- Medallion 3.0: http://www.dmas.virginia.gov/Content_pgs/mc-home.aspx
- Commonwealth Coordinated Care (CCC): http://www.dmas.virginia.gov/Content_pgs/mmfa-isp.aspx
- Program of All-Inclusive Care for the Elderly (PACE): http://www.dmas.virginia.gov/Content_atchs/ltc/PACE%20Sites%20in%20VA.pdf

VIRGINIA MEDICAID WEB PORTAL

DMAS offers a web-based Internet option to access information regarding Medicaid or FAMIS member eligibility, claims status, payment status, service limits, service authorizations, and electronic copies of remittance advices. Providers must register through the Virginia Medicaid Web Portal in order to access this information. The Virginia Medicaid Web Portal can be accessed by going to: www.virginiamedicaid.dmas.virginia.gov. If you have any questions regarding the Virginia Medicaid Web Portal, please contact the Xerox State Healthcare Web Portal Support Help desk toll free, at 1-866-352-0496 from 8:00 a.m. to 5:00 p.m. Monday through Friday, except holidays. The MediCall audio response system provides similar information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider.

KEPRO PROVIDER PORTAL

Providers may access service authorization information including status via KEPRO's Provider Portal at http://dmas.kepro.com.

"HELPLINE"

The "HELPLINE" is available to answer questions Monday through Friday from 8:00 a.m. to 5:00 p.m., except on holidays. The "HELPLINE" numbers are:

1-804-786-6273 Richmond area and out-of-state long distance
1-800-552-8627 All other areas (in-state, toll-free long distance)

Please remember that the "HELPLINE" is for provider use only. Please have your Medicaid Provider Identification Number available when you call.