

MLMC Q&A
September 2016

Questions	Answers
General DD Waiver Questions	
1	<p>Q: We (residential provider) requested that our licensing specialist adjust our license to a four person group home plus one respite bed. Our licensing specialist did not know how to put that on the license. Is this still an option?</p> <p>A: Yes. Contact the regional licensing manager and discuss this with them.</p>
2	<p>Q: We have been delayed in getting DD CM contracts out. We will not get them done by 9/30. Is that a problem?</p> <p>A: No. You should be in the process prior to 9/30. DD CM billing should transfer to the CSB when contracts are signed. All contracts must be completed by 12/31/16.</p>
3	<p>Q: I had a service pended by PA who said I have to end the previous ISAR. Can we not modify an ISAR?</p> <p>A: You can modify a SA request. DBHDS has contracted with two trainers who will provide training and support with WaMS. Online training is available and the WaMS helpline can assist or direct you to the correct staff person.</p>
4	<p>Q: When submitting an ISAR, SA said they need a schedule. Is that a requirement now?</p> <p>A: Yes. The schedule is part of the providers Plan for Supports. At this time, the only exceptions are Service Facilitators or agencies utilizing the DMAS 97 A/B or nurses utilizing the CMS 485. In these situations, the DBHDS Personal Preferences Tool is required.</p>
5	<p>Q: Can you clarify what type of documentation is needed for the competencies? What do you need for training? I was told that you can put that you observed the training, is that correct?</p> <p>A: Under the “training received” column, enter the training dates and topics. It is unlikely that there would be training in every single block. If there is training related to PCP, health, etc. evidence of the training would be put in the personal file like it is now. In the “implemented skills” column provide examples that you have observed the DSP or supervisor demonstrate. You may date this entry as the date you enter the example. The last column is where competency is confirmed by entering initials and date of entry. We are currently exploring ways to improve this process to make it more manageable for providers. Until additional information is available, please follow this process.</p>

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<p>6</p> <p>Q: CM requesting behavior plans for anyone who receives a score of 2 on the SIS, can this be done by the residential or is a formal plan needed?</p> <p>Q: Which service location should we choose in WaMS?</p> <p>Q: OL specialist saying they have not been told how to add the 5 bed as respite to their license at this time.</p>	<p>A: A formal plan is not needed according to regulations, but if billing for the Exceptional Supports Rate it would be necessary.</p> <p>A: Depends on the physical service location. Choose the provider and the service tied to that provider. If it is not there, it is currently being added. We are working on system enhancements, which will permit all users to see all services.</p> <p>A: Email Dawn and she will pass along.</p>
<p>7</p> <p>Q: We have services that were imported incorrectly such as in-home instead of SR? Who do we contact?</p> <p>Q: What do we do when an external private provider does not terminate a service and continues to have an approved service authorization, which prevents adding another authorization?</p> <p>Q: When completing Assistive Technology and Environmental Modification Requests in WaMS, will the SC need to log out and back in as a provider to complete the entry?</p>	<p>A: Send info to Ester Barber and copy Cheri and they will correct.</p> <p>A: Have you reached out to the provider and ask them to end the authorization? The provider has to end the service. If necessary, the SC has the ability to assign the service to the appropriate provider.</p> <p>A: You still have to go in as the role you are completing. With the dual role you will have to assign those roles to the appropriate staff. SCs will need to have the provider ISP approval role. If you need assistance call the WaMs help desk</p>
<p>8</p> <p>Q: H2022 exceptional clients. The U1 modifier is listed but it is not paying it at this time?</p> <p>Q: How do we get the U1 removed?</p>	<p>A: Group Homes no longer receive the ESR. Services are reimbursed according to their tier and level. If you are billing the H2022 there is no ESR. A new process intended to replace the exceptional supports rate will be submitted to CMS for approval. Implementation of the new process cannot begin until approval is obtained from CMS. This process will be the method by which providers can request increased financial support for those individuals with medical/behavioral support needs that cannot be met within the current rate structure. Once approved, guidance will be provided on the parameters of accessing reimbursement under the new process.</p> <p>A: You can call Sam Pinero or send Tracy Harris the ICM number and the denial reason.</p>

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9	<p>Q: Is there a time limit on when staff have completed past trainings that supports meeting competencies in the checklist?</p> <p>A: There is no time frame for when the training was received. You can use past training if you have documentation of the training.</p>
10	<p>Q: Is there a new VaWeb Portal site?</p> <p>A: This has not changed.</p> <p>Q: Can residential staff no longer fill in for DS staff and vice versa?</p> <p>A: Will issue that guidance asap.</p>
11	<p>Q: Wait list – how many people are on the ID/DD list now?</p> <p>A: Over 10,000.</p> <p>Q: How can someone find a service they need?</p> <p>A: On August 26 a provider survey went out to collect information about available services. We will map out where they are located and it will be made available to individuals and families.</p> <p>Q: Can an individual appeal their waitlist prioritization?</p> <p>A: Appeal rights will be provided when a status is changed to a lesser priority.</p>
12	<p>Q:-Do DSPs have 180 days to meet competencies?</p> <p>A: Yes 180 days for currently qualified DSPs and new hires have 180 days from hire.</p>
13	<p>Q: My daughter has been on the non-urgent ID waiting list for 13 years. She receives EDCD now, but will be turning 18 soon. Is there any hope of receiving a DD waiver slot?</p> <p>A: There is now one statewide waiting list for the DD waivers. She may continue to get services from the school system until the age of 22. At that point she can be placed on the priority one list, but if she continues to not meet criteria for priority one by age 27 she will be removed from this list.</p>
14	<p>Q: The SC does not have access to end services. Is this going to change?</p> <p>A: We are talking to vendor about this.</p>
15	<p>Q: With an end date of 3/15/17, do group home providers have to submit a new SA to bill?</p> <p>A: Group home service authorizations that migrated into the system will end on 10/31/16. These providers need to submit a new service authorization effective 11/1/16 with the correct modifier in order to be able to continue billing. Guidance is forthcoming, which will relate to resolving any error codes that you may experience in WaMS.</p>
16	<p>Q: Are periodic supports available under the community living waiver?</p> <p>A: The amended waivers for individuals with developmental disabilities do not include PS. Providers that had PS hours approved for an individual in the ID Waiver (other than Group Home and Supported Living residential providers that now bill for a daily unit) will still have those hours in VAMMIS until a</p>

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		new service authorization request is submitted. Sponsored Residential providers will have previously approved PS hours available and may submit requests that include PS hours until 12/31/16. Back-up plans should be utilized and emergency requests for an increase in hours should be submitted with justification as soon as possible so that the additional hours can be added to the monthly amount of authorized hours.
17	Q: Do we send the certificate for the DSP supervisor test to Billie Anderson to get the Answer Key?	A: Send the certificate to your CRC.
18	Q: Do LCSW supervision hours count toward supervisor competency?	A: The competency checklists are tools that collect evidence and confirm that competencies are met. Just document what was covered and when it was covered.
19	Q: Are the advanced competencies required at 5, 6, and 7 for existing supervisors.	A: Supervisors can complete the advanced competencies along with DSPs in the last 60 days leading up to February 28 th , 2017.
Support Coordination/Case Management		
20	Q: CSB is asking the DD provider to complete VIDES assessment. Can they train their DD CM to complete the VIDES?	A: It is a train the trainer model. Power point can be reviewed by CM on website. Also Waiver Experts can assist with training on the VIDES.
21	Q: As we get the go ahead for intake/renewal/annual are we doing the DMAS forms still?	A: No, just the PC ISP. People on DD waitlist do not need a PC ISP, just those receiving waiver services.
22	Q: -Do we have to submit new service authorizations?	A: Yes. -Services that have new procedure codes (due to modifiers for group size) must resubmit. Submissions should be timely based on the request. If there are difficulties related to the system, the grace period will apply. Currently it has been extended to 11/30/16.
23	Q: MH CM asked for DD waiver screening. Person was found eligible. If a psychological is found and the person goes to ID CM. Will we be found to be in error if we bill for DD screening?	A: If it is was found that there was no prior knowledge then will not be held liable.
Employment and Day Services		
24	Q: For day services, if an individual is leaving services does that mean the old provider does not bill the last day of services?	A: This needs to be negotiated between the two providers.
25	Q: Our pre-voc services ended June 30, then DARS paid for the services in July, billing H2024. Do I need to bill the H2024 for August and start H2023-U3 starting 9/1?	A: Providing you have an authorization, yes. End service on 8/31 and start new service on 9/1 with the modifier.

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	<p>Q: Will those services automatically end on 10/31?</p> <p>Q: So for Group Supported Employment I would enter 9/1 through the end of the plan year, correct?</p>	<p>A: That only applies to residential services.</p> <p>A: Correct.</p>
26	<p>Q: Under the new waiver day support billing is supposed to be hourly but the authorization shows them approved as 46 blocks. How do I get this corrected?</p>	<p>A: Call your preauthorization consultant.</p>
27	<p>Q: In making schedules for the new day services, how much will the schedules be scrutinized as the schedule could change from day to day?</p>	<p>A: The schedule is a general schedule of supports. You can make a note that at the bottom that adjustments will be made based on individual preferences. With documentation, hours may be flexed within the monthly approved amount.</p>
28	<p>Q: Has there been any written communication/guidance about residential staff providing CE or CC?</p>	<p>A: Not at this time.</p>
29	<p>Q: Using an attendance based monetary incentive for people attending DS but looks like they will have to stop this according to the direct marketing? Paying people to attend the DS program but looks like it will no longer allow this?</p> <p>Q: Can they use a token program in place?</p>	<p>A: Correct. It will not be allowable.</p> <p>A: No.</p>
30	<p>Q: When we bill hourly do we round up weekly or at the end of month only.</p> <p>Q: Will the rates stay the same as they are now if you have not switched over to the new group day service?</p>	<p>A: Rounding is allowed once per month based on combined totals.</p> <p>A: Yes.</p>
31	<p>Q: If we offer Community Engagement, but an individual needs to-remain on site for a medical appointment, do all individuals need a Service Authorization for both Group Day and Community Engagement?</p>	<p>A: Yes, you might typically have both services approved because individuals may or may not choose to go into the community or to cover transition times and during inclement weather.</p>
32	<p>Q: If we offer both Group Day and Community Engagement, do we need two plans?</p>	<p>A: Yes two plans are required although we are working diligently to identify ways to have one plan for both services.</p>

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33	Q: Travel time and documentation are not allowable activities under allowable activities for supported employment? A: Correct.
Supported Living, Shared Living, Independent Living In-Home	
34	Q: In a shared living situation, who pays who? A: Payment goes through the agency to the individual to disperse the funds to the roommate per their agreement.
35	Q: When does a new service authorization need to be submitted for In-Home Services? A: If you modifying the service to support two or three individuals, a new request is necessary. It is not needed if you are continuing to provide the service 1:1.
Residential – Sponsored	
36	Q: How do sponsored providers enter hours for periodic supports? A: Sponsored providers should increase the total number of hours requested and explain the use of periodic supports in the notes. This process should be used until 12/31/16, when new service authorizations will be required.
Residential – Group Home	
37	Q: If someone misses day support, how can a residential provider increase the plan if they are already approved for that service? A: The residential provider can submit justification describing that the other service did not occur. The hours once approved will be added to the monthly total for the residential provider.
Residential – General Questions	
38	Q: When we (residential provider) look in the Medicaid web portal for residential group home – we see the modifier of U1. Should we be concerned that the modifier is still populating up for that person? A: Yes. That modifier is not currently used under the new system. When changed over to the H2022 there were no modifiers attached. That modifier was retained in the system to accommodate upcoming changes related to the replacement for enhanced rates. If you see this modifier, contact your PA consultant to resolve.
39	Q: For the residential 344 hours, does that 344 start 9/1 and if not, when? A: It starts 9/1 and goes until the end of plan year, or change of service or provider.
40	Q: With the 344 billing cap, can I bill for days when an individual is not in the service? A: You cannot bill for days when the individual does not receive services.
	Q: Why do group home providers have to submit new authorizations by 10/31? A: Because the correct group home modifier is needed to continue billing after that date.
	Q: If the service authorization is approved A: Yes.

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	by days, do we bill by days?
41	Q: Do we have to upload ISP in WaMS for residential services? A: Yes, but only for new authorizations, service changes, and annual renewals. It is not required for administrative related submissions, such as adding a modifier to the service.
42	Q: Our group home has all the tiers, just not the proper modifier. A: SA auth memo on 9/1/16 – H2022 you had to put the appropriate modifier into the system. After 10/31 then it will all be in there. There is a grace period for provider to correct all of this in the system.
Nursing, Crisis Therapeutic Consultation, PERS	
43	Q: Do skilled nursing providers need to submit a new application to provider enrollment to bill for private duty nursing? A: If you were not providing private duty nursing before, you need to do a new provider agreement and submit your nurse's license in order to bill for the service.
44	Q: Does Therapeutic Consultation require new service authorizations for every individual? A: A new authorization is only needed if the approved rate is incorrect for the staff providing the service.
45	Q: We are getting denial code for Skilled nursing and private duty nursing as if they were enrolled as HMO. A: Please send Ann Bevan an email about this.
WaMS, SIS, Billing	
46	Q: We (residential provider) have two NPI numbers and when WaMS was first established we had to set up two different logins. Should we be concerned that all of the individuals are under one log in? A: No. Because so many organizations had multiple NPI numbers WaMS attached all NPI numbers to the one tax ID number.
47	Q: We (Skilled Nursing provider) still cannot see the private duty LPN in WaMS. Will this be resolved soon? A: Yes. Tomorrow morning this should be resolved for all providers of the different types of services. All services will be visible to all users.
48	Q: When a SC/CM is opening a service authorization, do they select any site or do they select a specific site. A: The SC is supposed to select the site where the service is provided. Q: We have only 107 sites in WaMS but there are 300 sites for Wall Residences. How do they choose from the sites not available? A: They should have all migrated over into the WaMS system. If not, contact the provider helpline.
49	Q: I (DD SC) cannot see everyone I need to see in WaMS. How can I correct that? A: Up until today, the DD folks were visible to the DD CM agency, however, effective 9/30, a change in the assignment will occur so that only the CSB will be able to see them. For the DD CM to have access in WaMS, the CSB will have to assign them to the DD CM provider.

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50	Q: We were originally assigned one NPI number. When I go in WaMS, I have 3 additional NPI numbers for each location. Do you know why that is?	A: As long as you have the one tax ID number you should be fine. Contact the provider help line to ask why you have three NPI numbers.
51	Q: Do EM and AT providers have access to WaMS?	A: They can have access, they still need to register through WaMS
52	Q: Is there any way we can just put in the approved numbers of beds into WaMS so we don't have to modify all the services?	A: These authorizations cannot be modified. They have to be changed before 11/1. The service authorizations are for each person, not for the agency.
53	Q: Issue with clients not aligned under organization in WaMS. I spoke to WaMS Helpline; they investigated and found that the organization listed was an old organization. What do we need to do to get this corrected? We are a CM organization and we cannot see them in WaMS. This is a CSB level issue.	A: The SC can reassign them to the organization. Email the names to Sam Pinero.