



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

<http://www.dmas.state.va.us>

# MEDICAID MEMO

**TO:** All Technology Assisted Waiver Providers Participating in the Virginia Medical Assistance Program

**FROM:** Cynthia B. Jones, Director  
Department of Medical Assistance Services (DMAS)

**MEMO:** Special

**DATE:** 6/21/2016

**SUBJECT:** Changes to the Technology Assisted Waiver Program – Effective August 1, 2016

The purpose of this memorandum is to notify providers of changes to the Medicaid Technology Assisted Waiver (Tech Waiver) Program effective August 1, 2016.

Program changes described in this memo are designed to provide more flexible parameters for the provision of Skilled Private Duty Nursing (PDN) services through the Tech Waiver program and are a response to stakeholder feedback regarding challenges in finding experienced private duty nurses for Tech Waiver individuals. DMAS is implementing these changes during the proposed phase of the regulatory process currently ongoing to affect these changes.

Policy changes include:

- (1) Allowing providers to substitute a quality nurse training program in lieu of the current requirement that Registered Nurses (RNs)/Licensed Practical Nurses (LPNs) have at least six months of prior related clinical experience. A satisfactory training program will include classroom training as well as direct hands-on demonstration of skills by trainees. Training must include the following subject areas related to the care to be provided:
  - (a) Human Anatomy and Physiology
  - (b) Frequently used medications for this population of individuals
  - (c) Emergency management
  - (d) Operation of equipment

Trainers shall be an RN/Respiratory Therapist (RT) possessing at least 6 months hands on experience in the area that they are training (ventilator, tracheostomy, peg tube, nasogastric tube, etc.). Providers are responsible for assuring competency of staff prior to assignment to a Tech Waiver individual. Documentation of competency and training shall be maintained in personnel records.

- (2) Removal of the wording requiring families/caregivers to provide at least 8 hours of care in a 24-hour day. Effective August 1, 2016, nursing hours will be approved per week rather than per day and will be determined by an individual's assessment utilizing the Technology Assisted Waiver Pediatric Referral form (DMAS 109) and medical necessity based on the Technology Assisted

Waiver Adult Referral form (DMAS 108). Individuals and caregivers will be permitted to use DMAS approved hours across a week (Sunday-Saturday) to best meet service and personal needs of the individual and the family.

- (3) Effective August 1, 2016, removal of the current wording related to make up or re-scheduling of missed hours. There will no longer be a need for this language as individuals and families will have the added flexibility to move hours within the week.

Questions regarding changes implemented by this memo may be directed to:

Roberta Matthews, RN  
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Department of Medical Assistance Services  
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### **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](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](http://www.dmas.virginia.gov/Content_pgs/mc-home.aspx)
- Commonwealth Coordinated Care (CCC): [http://www.dmas.virginia.gov/Content\\_pgs/mmfa-isp.aspx](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](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](http://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.