



Department of Medical Assistance Services
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MEDICAID MEMO

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

FROM: Jennifer S. Lee, M.D., Director
Department of Medical Assistance Services (DMAS)

MEMO: Special

DATE: 9/4/2018

SUBJECT: Three New Services Added to the Developmental Disabilities (DD) Waivers

The purpose of the memorandum is to notify providers that there are three new services available in the Community Living (CL), Family and Individual Supports (FIS) and Building Independence (BI) Developmental Disabilities (DD) Waivers. These services are: 1) Community Guide, 2) Peer Mentoring, effective July 1, 2018, and 3) Benefits Planning, effective September 1, 2018.

Service Definitions

Community Guide: Community Guide Services include direct assistance to promote individuals' self-determination through brokering community resources that lead to connection to and independent participation in integrated, independent housing or community activities so as to avoid isolation.

Community Guides:

- Investigate and coordinate as necessary available, naturally occurring community resources of interest to enable an individual's participation in those resources which are of interest;
- Provide information and directed assistance that facilitate the development of supportive community relationships; and
- Explore community resources that promote implementation of the person-centered plan.

This service involves face-to-face contact with the individual to determine the individual's specific interests, which may lead to typical community activities or settings in which the individual will engage or reside. In addition to primarily engaging face to face with the individual to identify and explore community resources, there is a component of supporting the individual that may occur without him/her present. Community Guide services involve helping the individual identify the type of community options which maximize the individual's opportunities for meaningful engagement and growth in independence. The Community Guide will provide the in-depth individualized assistance needed to connect with community activities and foster engagement distinct from the activities provided through routine support coordination. This service is designed to be short-term and periodic in nature.

There are two categories of Community Guides:

I. General Community Guide services: Utilizes an individual's existing assessment information regarding the individual's general interests in order to determine specific activities and venues that are available in the community (e.g., clubs, special interest groups, physical activities/sports teams, etc.) to promote inclusion and independent participation in community life. The desired result is an increase in daily or weekly natural supports, as opposed to increasing hours of paid supports.

General Community Guide services may be provided by persons who have successfully completed and received a certificate of completion for both The Learning Community's Person-Centered Thinking training AND Community Connections training.

The activities associated with this category of the service include:

1. Utilizing assessment and other information provided by the support coordinator in tandem with an in depth discussion with the individual regarding his interests in order to develop a Plan for Supports which contains a step by step strategy for the individual and his family/friends, as appropriate, to carry out in order to reduce barriers and challenges to accessing community resources/activities to support his interests. The plan for supports should identify targeted actions that will promote community integration and independent or naturally supported involvement;
2. Assisting the individual in connecting to the identified, non-Medicaid funded community resources by researching and contacting the parties responsible for the identified integrated activities, supports, services, and/or resources delineated in the individual's plan for supports;
3. Providing advocacy and informal counseling that helps guide the individual in problem solving and decision making that enhances the individual's ability to interact and contribute in the local community;
4. Guiding the individual and/or demonstrate on site the means of accessing the identified integrated community activities, supports, services, and/or resources;
5. Ensuring the individual's active and appropriate utilization of the activities, supports, services and/or resources to which the Community Guide assisted in connecting.

II. Community Housing Guide: Supports an individual's move to independent housing by helping with transition and tenancy sustaining activities. The community housing guide will collaborate with the support coordinator, regional housing specialist, and others to enable the individual achieve and sustain integrated, independent living.

Community Housing Guide services may be provided by persons who have successfully completed: Person-Centered Thinking training AND DBHDS Independent Housing Curriculum Modules 1-3 AND one of the following:

- Regional Fair Housing course offered by the VA Fair Housing Office
- VHDA Rental Education Coursework

The activities associated with this category of the service include:

1. Conducting a tenant screening that identifies the individual's preferences and barriers related to successful tenancy;
2. Developing a plan with outcomes and support activities that the community guide will provide to identify and secure safe, affordable housing and assist the individual in the community as he or she implements the plan and work with the case manager to propose recommendations as to waiver support services and activities needed in the Individual Service Plan;
3. Assisting with the housing search and application process;
4. Helping identify resources to cover expenses such as security deposit, moving costs, furnishings, adaptive aids, environmental modifications, moving costs and other one-time expenses;
5. Assisting in arranging for and supporting the details of the move;
6. Providing education and training on the role, rights and responsibilities of the tenant and landlord during the transition from home or congregate setting;
7. Providing training in being a good tenant and lease compliance; support with activities related to household management as part of the transitional support activities;
8. Assisting in resolving disputes with landlords and/or neighbors to reduce risk of eviction or other adverse action during the period of time that community guide services are authorized; and
9. Assisting with the housing recertification process, if or when requested by the support coordinator or the individual's support team.

The Community Guide is expected to be a short, periodically intermittent, intense service associated with a specific outcome. An individual may receive one or both of the two categories of Community Guide services in an ISP year. Each category of Community Guide service may be authorized for up to six (6) consecutive months, and the cumulative total across both categories may be no more than 120 hours in a plan year. Community Guide activities may include those conducted not in the presence of the individual, such as researching and contacting potential sites, supports, services and resources; however, these may not comprise more than twenty-five percent of authorized plan for support hours.

The Community Guide must not supplant, replace, or duplicate activities that are required to be provided by the support coordinator. Prior to accessing funding for this waiver service, all other available and appropriate funding sources, including those offered by Virginia Medicaid State Plan, the Department of Aging and Rehabilitative Services, and Department of Education, must be explored and exhausted.

Providers must have a signed provider participation agreement with DMAS in order to provide Community Guide services. The provider designated in the Participation Agreement must directly provide the services and bill DMAS for reimbursement.

Peer Mentor Supports: Peer Mentor Supports provide information, resources, guidance, and support from an experienced, trained peer mentor to an individual receiving CL, FIS or BI waiver supports. This service is delivered by individuals with developmental disabilities who are or have received services, have shared experiences with the individual, and provide support and guidance to him/her. The service is designed to foster connections and relationships which build individual resilience. Peer mentors share their successful strategies and experiences in navigating a broad range of community resources with waiver participants. Waiver participants become better able to advocate for and make a plan to achieve integrated opportunities and experiences in living, working, socializing, and staying healthy and safe in his/her own life. Peer mentoring is intended to assist with empowering the individual receiving the service. This service is provided based on the support needs of the individual as outlined in his/her person-centered plan. This service is designed to be a short-term, periodically intermittent, intense service associated with a specific outcome. Peer Mentor Supports may be authorized for up to six (6) consecutive months, and the cumulative total across that timeframe may be no more than 60 hours in a plan year.

Peer Mentor Supports are provided by an individual with a developmental disability who has lived independently in the community for at least one (1) year and is currently receiving or has received services, including, but not limited to, publicly-funded housing, Medicaid waiver services, work incentives, and supported employment. Individuals who receive supports through DD or other waivers may be peer mentors. Peer mentors must be at least 21 years of age and may provide these supports only to individuals 16 years of age and older.

The Peer Mentor must not supplant, replace, or duplicate activities that are required to be provided by the support coordinator. Prior to accessing funding for this waiver service, all other available and appropriate funding sources must be explored and exhausted.

Peer Mentors cannot mentor their own family members.

The activities associated with this service include:

1. The administering agency facilitating peer to peer "matches" and follows up to assure the matched relationship meets the individual's expectations;
2. The peer mentor engaging in face to face contact with the individual to discuss his/her specific interests/desired outcomes related to realizing greater independence and the barriers to achieving them;
3. The peer mentor explaining community services and programs and suggests strategies to the individual to achieve his/her desired outcomes, particularly related to living more independently, engaging in paid employment and expanding social opportunities in order to reduce the need for supports from family members or paid staff;

4. The peer mentor providing information from his/her experiences to help the individual in problem solving, decision making, developing supportive community relationships and exploring specific community resources that promote increased independence and community integration;
5. The peer mentor assisting the individual in developing a personal plan for accessing the identified integrated community activities, supports, services, and/or resources.

The peer mentor must have completed DBHDS's DD Peer Mentor training curriculum and passed the accompanying test. The training will be delivered by trained volunteers through the DBHDS Office of Recovery Services. In the application to become a peer mentor, the applicant will be asked to detail his/her personal experience related to managing independent living, managing self-direction of supports, experience with finding and maintaining a job, accessing the community and building community supports.

The Peer Mentor Supports' administering agency must have a signed provider participation agreement with DMAS. The administering agency shall be a DBHDS licensed provider of DD services or a Center for Independent Living. The administering agency shall serve as the enrolled provider and maintain the documentation of the peer mentor's qualifications, criminal background and Child Protective Registry (if service recipient is under age 18) checks, and other required documentation.

Benefits Planning: Benefits planning is an individualized analysis and consultation service provided to assist individuals receiving waiver services and social security benefits (SSI, SSDI, SSI/SSDI) to understand their benefits and explore the possibility of work, to start work, and the effect of work on local, state, and federal benefits. This service includes education and analysis about current benefits status and implementation and management of state and federal work incentives as appropriate.

This service results in the development of written resource documents to assist individuals and their families/legal representatives to better understand the current and future benefits of working, thereby reducing ambivalence about losing necessary supports and benefits if they choose to work or stay on the job. This service enables individuals to make an informed choice about the initiation of work. This service also provides information and education to working individuals to make successful transition to financial independence.

Allowable activities include the following as may be appropriate for the individual as documented in his plan for supports:

1. Pre-employment Benefits Review which may include:
 - a. Benefits Planning Query (BPQY from SSA)
Description: A BPQY provides information about an individual's disability cash benefits, health insurance, scheduled continuing disability reviews, representative payee, and work history, as stored in SSA's electronic records. The BPQY is an important planning tool for the individual or other person who may be developing customized services for an individual who wants to start working or stay on the job.

- b. Pre-employment Benefits Summary and Analysis (BS&A)
Description: Work with and on behalf of the individual to develop a benefits analysis and net income analysis report with both a current situation and at least two other potential situations involving Social Security work incentives.
 - c. Employment Change Benefits Summary and Analysis
Description: Work with and on behalf of the individual when he experiences a change in employment situation to develop a benefits analysis and net income analysis report with both a “current situation” and at least two other potential situations involving Social Security work incentives.
2. Work Incentives Development or Revisions (PASS, IRWE, BWE, IDA): Work with the individual and family/legal representative to develop:
- a. Plan to Achieve Self-Support (PASS):
(Part 1) Description: Develop, in collaboration with the individual and provider, a Plan to Achieve Self-Support (PASS) and ensure that it is submitted to the Social Security Administration (SSA).

(Part 2) Description: Ensure the approval of the PASS plan from the SSA PASS CADRE through modifications or other appropriate services.
 - b. Impairment Related Work Expenses (IRWE):
Description: IRWEs reduce the amount of income that Social Security counts against an individual's benefits by deducting the amount of an expense from their total countable wages. In order to qualify for the IRWE, the expense shall be related to the individual's disability, work, and be an expense without which he cannot work. This service involves working with the individual to develop and submit appropriate forms and supporting documents to SSA, as needed, to successfully obtain the IRWE work incentive.
 - c. Blind Work Expenses (BWE):
Description: Work with and on behalf of an individual confirmed to be blind to develop and submit appropriate forms and supporting documents to SSA, as needed, to successfully obtain the BWE work incentive, which is that SSI will not count any earned income when the primary diagnosis is blindness when the expense is reasonably attributed to earning the income, i.e., guide dog, transportation to and from work, etc.
 - d. Individual Development Accounts (IDA):
Description: Work with and on behalf of the individual to develop matched savings accounts to assist him in saving towards the purchase of a lifelong asset such as a home.
 - e. Student Earned Income Exclusion (SEIE):
Description: Work with and on behalf of the individual to develop and submit appropriate documents to SSA to receive benefits under the SEIE work incentive. Student earned income exclusion allows individuals under the age of 22 who regularly attend school or are involved in a vocational education program to exclude earned income up to a certain amount per a month.

- f. Medicaid While Working – Section 1619(b)
Description: Work with and on behalf of the individual to develop and submit an appropriate letter and supporting documents to SSA and the Virginia Department of Social Services (VDSS), and Medicaid, as needed, to receive benefits under 1619(b), provides for the continuation of Medicaid when a beneficiary loses his SSI due to earning wages above the SSI threshold.
 - g. Medicaid Works (Virginia’s Medicaid Buy-In Program)
Description: Work with and on behalf of the individual who is currently eligible for and/or receiving Medicaid to complete and submit the MEDICAID WORKS agreement and supporting documents to the Virginia Department of Social Services (VDSS), as needed, to enroll in the Medicaid Buy-In program (may include Medicaid application or updating the resource section of the Medicaid application). This enables workers with disabilities to earn higher income and retain more in savings or resources than is usually allowed by Medicaid.
 - h. Work Incentive Revisions
Description: Work with and on behalf of the individual to revise one of the work incentives plans above as determined needed by a significant change in status.
3. Resolution of SSA benefits issues (e.g., Overpayments, Subsidies, Student Earned Income Exclusion, Medicaid While Working)
- a. Overpayments:
Description: Work with and on behalf of the individual to address Social Security overpayments that arise.
 - b. Subsidies:
Description: Work with and on behalf of the individual to develop and submit appropriate documents to SSA to receive the subsidy work incentive.
 - c. Work Activity Reports:
Description: Assist the individual family/legal representative in filling out and returning forms to SSA.
4. Other Services
- a. ABLEnow
Description: Work with and on behalf of the individual and family, if applicable, to open an ABLEnow account.
 - b. Financial Health Assessment
Description: The Financial Health Assessment (FHA) is a tool used to gauge an individual's understanding of his current financial situation.

Each of the allowable activities is available dependent upon the individual meeting criteria for receipt of the service activity. Receipt of this service shall not be tied to the receipt of any other covered waiver or Medicaid service. This service may be authorized one time per allowable activity per individual per calendar year. However, a service may be reauthorized within a calendar year if the individual's situation has changed in terms of disability conditions, benefit type, or employment status.

Providers may not bill for waiver Benefits Planning services while the eligible individual has an open employment services case with DARS and is eligible for this through DARS.

The annual year limit for this service is \$3,000. No unspent funds from one plan year may be accumulated and carried over to subsequent plan years.

Hourly Limits per Activity

Plan for Achieving Self-Support-Part 1	7.0 hours
Plan for Achieving Self Support-Part 2	12.5 hours
Impairment Related Work Expense	9.0 hours
Blind Work Expense	9.0 hours
1619(b) Medicaid	4.5 hours
Student Earned Income Exclusion	9.0 hours
Subsidy	9.0 hours
Work Activity Reports:	6.0 hours
Medicaid Works	5.5 hours
Overpayment	3.5 hours
Benefits Planning Query	1.0 hours
Pre-Employment BSA	7.0 hours
WorkWORLD Summary and Analysis	7.0 hours
Individual Development Accounts	7.0 hours
Section 301/Able Now	4.5 hours
Financial Health Assessment	3.5 hours
WI Revisions	7.0 hours

All providers of this service shall have current, signed participation agreements with DMAS. The provider designated in this agreement shall directly submit claims to DMAS for reimbursement.

Eligible providers for this service shall possess written verification that they are one of the following:

- a. A nationally certified Social Security Administration (SSA) Community Work Incentive Coordinators (CWIC); or
- b. A Department for Aging and Rehabilitative Services (DARS) certified Work Incentive Specialist Advocate (WISA) approved vendor.

Only providers that have completed required Community Financial Empowerment and Financial Literacy training from the Consumer Financial Protection Bureau (CFPB) and Your Money, Your Goals will be eligible to receive payment for a completed Financial Health Assessment.

Procedure Codes, Units, Rates and Other Billing Information

Service	Proc. Code	Area	Rate as of 7/1/2018	Unit
Community Guide	H2015	ROS	\$39.19	Hourly
		NOVA	\$49.62	
Peer Mentor Supports	H0038	ROS	\$24.47	Hourly
		NOVA	\$28.49	
Benefits Planning	T1023	ROS	\$44.83	Hourly
		NOVA	\$54.06	

MAGELLAN BEHAVIORAL HEALTH OF VIRGINIA (Behavioral Health Services Administrator)

Providers of behavioral health services may check member eligibility, claims status, check status, service limits, and service authorizations by visiting www.MagellanHealth.com/Provider. If you have any questions regarding behavioral health services, service authorization, or enrollment and credentialing as a Medicaid behavioral health service provider please contact Magellan Behavioral Health of Virginia toll free at 1-800-424-4046 or by visiting www.magellanofvirginia.com or submitting questions to VAProviderQuestions@MagellanHealth.com.

MANAGED CARE PROGRAMS

Most Medicaid individuals are enrolled in one of the Department’s managed care programs: Medallion 3.0, 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 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 can be found on the DMAS website for each program as follows:

- Medallion 3.0:
<http://www.dmas.virginia.gov/#/med3>
- Medallion 4.0:
<http://www.dmas.virginia.gov/#/med4>
- Commonwealth Coordinated Care Plus (CCC Plus):
<http://www.dmas.virginia.gov/#/cccplus>
- Program of All-Inclusive Care for the Elderly (PACE)
<http://www.dmas.virginia.gov/#/longtermprograms>

COMMONWEALTH COORDINATED CARE PLUS

Commonwealth Coordinated Care Plus is a required managed long-term services and supports program for individuals who are either 65 or older or meet eligibility requirements due to a disability. The program integrates medical, behavioral health, and long-term services and supports into one program and provides care coordination for members. The goal of this coordinated delivery system is to improve access, quality and efficiency. Please visit the website at: <http://www.dmas.virginia.gov/#/cccplus>

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 Conduent Government Healthcare Solutions 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 <https://providerportal.kepro.com/Account/Login.aspx?ReturnUrl=%2f>

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.

TO ALL MEDICAID PROVIDERS: PROVIDER APPEAL REQUEST FORM NOW AVAILABLE

There is now a form available on the DMAS website to assist providers in filing an appeal with the DMAS Appeals Division. The link to the page is <http://www.dmas.virginia.gov/#/appealsresources> and the form can be accessed from there by clicking on, "Provider Appeal Request Form." The form is in PDF format and has fillable fields. It can either be filled out online and then printed or downloaded and saved to your business computer. It is designed to save you time and money by assisting you in supplying all of the necessary information to identify your area of concern and the basic facts associated with that concern. Once you complete the form, you can simply print it and attach any supporting documentation you wish, and send to the Appeals Division by means of the United States mail, courier or other hand delivery, facsimile, electronic mail, or electronic submission supported by the Agency.

PROVIDERS: NEW MEDICARE CARDS ARE COMING

CMS is removing Social Security Numbers from Medicare cards to help fight identity theft and safeguard taxpayer dollars. In previous messages, CMS has stated that you must be ready by April 2018 for the change from the Social Security Number based Health Insurance Claim Number to the randomly generated Medicare Beneficiary Identifier (the new Medicare number). Up to now, CMS has referred to this work as the Social Security Number Removal Initiative (SSNRI). Moving forward, CMS will refer to this project as the New Medicare Card.

To help you find information quickly, CMS designed a new homepage linking you to the latest details, including how to [talk to your Medicare patients](#) about the new Medicare Card. Bookmark the [New Medicare Card](#) homepage and [Provider](#) webpage, and visit often, so you have the information you need to be ready by April 1st.

Providers (which includes fee for service, Medicaid Managed Care Organizations, and Commonwealth Coordinated Care Plus) may share the following information with members:

MEMBERS: NEW MEDICARE CARDS ARE COMING

Medicare will mail new Medicare cards between April 2018 and April 2019. Your new card will have a new Medicare Number that is unique to you, instead of your Social Security Number. This will help to protect your identity.

Additional information is available at the following link:

<https://www.medicare.gov/forms-help-and-resources/your-medicare-card.html>
