Department of Medical Assistance Services
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http://www.dmas.state.va.us

MEDICAID MEMO

TO: All Providers of Sponsored Residential Services

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

MEMO: Special

DATE: 12/19/2016

SUBJECT: Sponsored Residential Service Changes for the Community Living Waiver - Effective 1/1/2017

This memo describes changes to Sponsored Residential services in the Community Living Waiver (CL). In accordance with CMS approval and the 2016 Acts of the General Assembly, Chapter 780 Item 306.CCCC, the Department of Medical Assistance Services (DMAS) will implement a new Sponsored Residential services rate structure effective January 1, 2017.

Service Details

Sponsored Residential (formerly part of Congregate Residential Supports) provides individuals the ability to live with a family or single "sponsor" in the community. No more than two individuals receiving sponsored residential services can live in the sponsor's home. The supports provided by the sponsor may include skill building, assistance with activities of daily living (ADLs) and instrumental activities of daily living (IADLs), community access and recreation/social supports, as well as general supports. Sponsors are generally not related to the individual unless all other alternatives were investigated and found not to be appropriate for the individual. Sponsors are affiliated with a Department of Behavioral Health and Developmental Services (DBHDS) licensed agency and Sponsored Residential homes are required to be licensed as DBHDS Sponsored Residential Home Services. The licensed agency which is responsible for identifying, training and supervising the activities of the sponsors in the homes, is the billing agent and pays sponsored homes based on an agreement between the provider agency and the sponsor. This service is intended to provide a family setting with minimal use of "paid" staff who may supplement either the skill set of the sponsor or provide brief supports when the sponsor must be away from the home.

Reimbursement

Rates for Sponsored Residential varies based on four Rate Tiers. The Tiers are described in the Medicaid Memo dated May 24, 2016 and reflect different levels of support from low (Tier 1) to high (Tier 4). Providers do not have to enter the Tier on the claim. DBHDS will enter the individual's Tier on the eligibility file and claim payments will be based on the Tier in the eligibility file. If the individual's Service Authorization is missing a tier, Medicaid will pay at the Tier 1 rate. Once the tier is properly entered, the provider will be able to correct the claim submissions.

All individuals were assigned a default level Tier 2 until the SIS® assessment is complete. Providers for individuals who are eventually assessed above Tier 2 will need to adjust their claims to receive the correct reimbursement amount. Providers are responsible for identifying and submitting their own claim adjustments. DMAS will not automatically identify or adjust affected claims.

Please note that the Sponsored Residential, Exceptional Supports Rate (using the U1 modifier) will no longer be supported as a current service after December 31, 2016.

Please see the table below for Sponsored Residential rates for individuals served through the CL Waiver. Additional waiver rate information can be found on the DMAS website at http://www.dmas.virginia.gov/.

Service	National Code	Tier	Modifier	Unit	Location	Rate Effective 1/1/17
Sponsored Residential	T2033	1	N/A	344 billing days Per Diem	NOVA	$161.80
					ROS	$131.98
Sponsored Residential	T2033	2	N/A	344 billing days Per Diem	NOVA	$222.80
					ROS	$180.98
Sponsored Residential	T2033	3	N/A	344 billing days Per Diem	NOVA	$287.16
					ROS	$232.60
Sponsored Residential	T2033	4	N/A	344 billing days Per Diem	NOVA	$372.57
					ROS	$301.19

Migration of current authorizations to new rate structure

Beginning January 1, 2017, the Sponsored Residential unit of service will move from an hourly unit to a per diem/344 billing days per year. All authorizations, including those beginning 1/1/17 should be entered in Waiver Management System (WaMS) per the normal procedures. Beginning the end of November, the WaMS edit limiting authorizations to 12/31/16 was removed to allow for end dates to span the duration of the annual plan year or to the end date requested. The unit of service will continue to be in hourly units until after 1/1/17 until providers have a new service authorization. For those providers that received a system generated end date of 12/31/16, they should request new authorizations beginning 1/1/17. Information about this process was distributed on 12/7/16 by DBHDS.

During the month of December, DMAS will migrate active authorizations to the new unit structure with the end dates consistent with those in Medicaid Management Information System (MMIS) at the time of migration. Providers will receive notifications of both the ended authorizations with the former hourly unit and the new authorization for the per diem unit when this migration is completed.

ADDITIONAL INFORMATION ON THE MEDICAID WAIVER REDESIGN:
Virginia's Home and Community Based Services (HCBS) Developmental Disabilities Waivers have been redesigned to better assure that people with disabilities have the supports needed to design and achieve lives of quality and meaning in their communities. Updates on the waiver redesign can be found on the DBHDS website under *My Life, My Community* by going to: www.dbhds.virginia.gov. For questions, call toll-free 1-844-603-9248 (1-844-603-WAIV).

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.