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MEDICAID MEMO

TO: All Support Coordinators/Case Managers and Providers of Community Living (CL), Family and Individual Supports (FIS) and Building Independence (BI) Waiver Services

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

MEMO: Special

DATE: 12/19/2016

SUBJECT: Developmental Disabilities (DD) Waivers Redesign Implementation Clarification

The purpose of this memorandum is to provide policy clarifications and additional information specific to the September 1, 2016 implementation of the new Medicaid 1915(c) Home and Community Based Services (HCBS) DD Waivers. The work undertaken to achieve this goal is part of a larger initiative called *My Life, My Community* which advances community inclusion, opportunity and choice for individuals with a developmental disability. For further information of the DD waivers redesign, please reference a series of Medicaid memoranda that outline the services and changes to the system, which can be accessed through the Medicaid Web-portal.

Grace Period Extension

During the migration of information into the new Waiver Management System (WaMS), DMAS, in a 9/1/16 Medicaid Memo, allowed providers and Community Service Boards until 10/31/16 to update service authorizations impacted by this migration and back date the authorization, as appropriate, to 9/1/16. Due to subsequent migration and WaMS access issues, it was determined to be necessary to extend the "grace period" from 10/31/16 to 11/30/16.

The grace period, and its extension to 11/30/16, was permitted for service authorizations (SA) submitted through WaMS effecting the following changes:

- adding Group Supported Employment group size modifier,
- adding the group home size modifier,
- changing Therapeutic Consultation codes,
- adding needed modifiers for number of individuals supported through In-Home Supports: and;
- changing the procedure code for nursing services (the former Skilled Nursing code became the Private Duty Nursing code, so those truly providing Skilled Nursing must complete a SA request to change to the new code).

The grace period does not apply to initial, renewal or modification service authorization requests that which cannot be "back-dated". This extension does not apply to the extension of the 10/31/16 end date for the H2022 group home procedure code to continue billing during the transition.

Interpretation of Rate Methodology for Group Homes

During the development of the rate methodologies for group home residential services, considerations were made based on the licensed bed capacity of the home. Group home residential rate methodologies ranged from a licensed bed capacity of 4 or fewer, using the modifier of "UA" for service authorizations, to a licensed bed capacity of 12, using a modifier of "U9" for service authorizations. While the rate methodology does not specifically say "12 beds or more," it is the interpretation of DMAS that, for those homes licensed for *12 or more*, the "U9" modifier and associated rate shall be applied and authorized in the WaMS and Medicaid Management Information System (MMIS) systems.

Documentation for DD Support Coordination/ Case Management Records for CSBs

Beginning 7/1/16, Community Service Boards (CSBs)/Behavioral Health Authorities (BHAs) assumed responsibility for providing support coordination/case management services for all individuals receiving services in the DD waivers. As part of that process, CSB/BHAs were required to contract with private entities and acquire necessary information for support coordination/case management records. CSB and BHA records for persons formerly on the Individual and Family Developmental Disabilities Support (IFDDS) waiver that are missing the disability determination documentation due this change should contain, for audit purposes, the October 24, 2016 Department of Behavioral Health and Developmental Services (DBHDS) memorandum titled, "Disability Determination Verification for Individuals Formerly on the Individuals and Family Developmental Disabilities Services (DD) Waiver."

Plan of Care changes for Individuals Previously on the IFDDS Waiver

For individuals formerly receiving IFDDS waiver services, and individuals receiving case management services and on the waiting list, whose service planning meetings took place prior to September 30, 2016, the DD Plan of Care (DMAS 456) and DD Waiver Supporting Documentation (DMAS 457) will be accepted by Quality Management Review and Program Integrity until the individuals' next person-centered planning meeting in 2017. These plans are completed or updated on at least an annual basis and must be current in order to receive reimbursement for services.

After September 30th, the case manager should convene a person-centered planning meeting and ensure the completion of Parts 1-5 of the Individual Support Plan (ISP) (http://www.dbhds.virginia.gov/professionals-and-service-providers/developmental-disability-services-for-providers/provider-development).

Guidance for Accommodating Semi-Predictable Events

Semi-predictable events include, but are not limited to, events such as illness, inclement weather resulting in the closing of group day service site, holidays, etc. Individuals receiving services and supports through one of the DD Waivers have different available natural supports, back-up plans and service provider resources. Therefore, solutions for accommodating semi-predictable events will vary from person to person. The chart below provides guidance to address semi-predictable events for specific services.

There are times when a provider may anticipate a need for an increase in service hours due to holidays, doctor visits, etc. In these situations a provider may submit a service authorization request (if not already included in their annual plan request) with 1) the appropriate explanation such as clear notation of the insufficiency of the back-up plan, and 2) planned usage of additional hours and documentation of the supports that will be provided during those specific periods. Service authorization requests may be submitted after, but in the same month as service delivery. The chart below provides guidance to address semi-predictable events for specific services.

If you are a provider of…	And, a semi-predicable event occurs or is anticipated, such as…	Then, the following steps should be taken…
In-Home Supports Personal Assistance Services Companion Services	Illness, holiday or inclement weather…	In-home supports, personal assistance services and companion services all require a back-up plan be identified in an individual's ISP. The back-up support should be considered as the first option to provide needed supports during semi-predicable events such as inclement weather, illness, etc. The back-up plan may, in some circumstances, involve the use of paid staff who substitute for those regularly scheduled or at times other than what may be regularly scheduled If the back-up plan is not an option, the provider may submit a service authorization request clearly noting 1) the back-up support was consulted and was not an option, and 2) planned usage of additional hours and documentation of the supports that will be provided during those specific periods. The service authorization will add the additional hours provided to that month's authorized hours.
An individual may receive a combination of day services. If you are a provider of two or more of these day	And, flexibility is required to…	Then…the following steps should be taken

services…		
Group Day Services Community Engagement Services Community Coaching Services	Accommodate individual choice and preference and/or inclement weather…	A provider may request additional hours to their service authorization request for the combination of these services. In no circumstances can the additional hours total more than 66 hours per week; The request should include the reason for the additional hours; The provider must state that they understand that only services delivered will be billed; Attendance log and provider documentation must be maintained to verify service deliver.

Services not included in the chart are not eligible for an increase in authorized hours during semi-predictable events. On October 12, 2016 written guidance on accommodating semi-predicable events and emergencies within the current plans of care and authorizations was disseminated to providers. Please refer to the DBHDS website for that guidance, additional information and examples.

Services Facilitation and Support Coordination/Case Management
Per CMS approval of the amended DD waivers, it is now allowable for a provider of Support Coordination/Case Management services for an individual to also provide that individual with Services Facilitation in the CL and FIS Waivers. Previously, this was allowable in the IFDDS Waiver, but was not allowable in the ID Waiver. This change was effective 9/1/16 with implementation of the amended DD waivers and will be reflected in the permanent regulations.

Clarification to 12VAC30-50-455.E.1-3 Related to Support Coordination/Case Management for Individuals with Developmental Disabilities (DD).
The regulation noted above currently does not allow a support coordinator/case manager to "be (i) the direct care staff person, (ii) the immediate supervisor of the direct care staff person, (iii) otherwise related by business or organization to the direct care staff person, or (iv) an immediate family member of the direct care staff person". There are *current* relationships that exist that would be in conflict with this resolution such as a parent working at a CSB and their family member received services from that CSB. There shall be no dissolution of *existing* relationships where the parent, spouse, or any family living with the individual is an employee of a CSB/BHA which provides support coordination for the individual.

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.