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MEDICAID BULLETIN

Last Updated: 07/12/2022

Face-To-Face Supervisory and Case Management Visits

The purpose of this bulletin is to communicate that DMAS has been directed by the Governor's office to waive the enforcement of face-to-face visits in the event the member or family does not agree to participate in a face-to-face visit for the following Medicaid services: case management, service facilitation, and supervisory visits for personal care.

DMAS regulations require providers of certain services to have face-to-face visits with individuals receiving the service to ensure that Medicaid members needing complex care are healthy and safe in their home environment. During the State Public Health Emergency (PHE), the Governor’s Executive Order (EO) 51 authorized DMAS to waive enforcement of the agency’s regulations. During that time, DMAS waived its regulatory requirements for face-to-face visits for case management, service facilitation, and supervisory visits for personal care. The resulting flexibilities permitted case managers, service facilitators, and personal care agencies to perform the required 90-day visits via telehealth (which included telephone and audio/visual) in lieu of face-to-face contact for the purpose of supervision of services. This flexibility was necessary in the initial phases of the pandemic to ensure continuity of care while promoting social distancing and maintaining the health and safety of individuals and providers.

With the end of the State PHE and the expiration of EO 51 on June 30, 2021, DMAS no longer had state authority to waive regulatory requirements and resumed enforcement of its regulations for face-to-face visits. In order to provide a transition period for providers to resume face-to-face visits, DMAS implemented a 60-day non-enforcement period through August 29, 2021.

From that date, Developmental Disability and Intellectual Disability Waiver case management, service facilitation routine and reassessment visits and personal care service supervisory visits should have been conducted face-to-face. In recent months, Virginia along with many other states, witnessed the rapid spread of the COVID-19 Delta variant, and some home-based care providers and members expressed concern over continuing face-to-face visits. In response to these concerns, DMAS will exercise a limited period of non-enforcement with respect to the face-to-face visit requirements in the DMAS regulations listed below. Instead, those face-to-face visits and all the requirements related to the visits may be conducted by telephonic or audio/visual methods in the event the member or family does not agree to participate in a face-to-face visit in compliance with the regulations listed below. The provider should document all efforts made to conduct face-to-face visits and only then may the provider complete the visit by telephonic or audio-visual means during the non-enforcement period specified below.

The period of non-enforcement will be from August 30, 2021 through December 31, 2021 while DMAS initiates the promulgation of emergency regulations. The emergency regulations will be limited to service facilitation, case management, and personal care supervisory visits only and will “sunset” when the Federal PHE for COVID-19 expires.

DMAS encourages providers to use personal protective equipment (PPE) and social distancing

measures to decrease the risk of infection. Please visit the CDC website for more information on protecting yourself and others: https://www.cdc.gov/coronavirus/2019-ncov/index.html

The Non-Enforcement Period for face-to-face visits applies to the regulations below: (Also see Appendix A for regulatory detail)

CCC Plus Waiver:

Agency Directed Personal Care

12VAC30-120-935.F.2

Agency-Directed Respite

12VAC30-120-935.G.1.a.(2)

Services Facilitation

12VAC30-120-935.H.4.b

DD waiver regulations:

12VAC30-122-20-Definition for face-to-face
12VAC30-122-340. D.4.e.- Companion Service
12VAC30-122-460 D.4 e.- Personal Assistance Service
12VAC30-122-490.D.9.a- Respite
12VAC30-122-500 B.2.d- Service Facilitation Service
12VAC30-122-500 B.3- Service Facilitation Service

ID Case Management:

12VAC30-50-440.A.1

DD Case Management:

12VAC30-50-490.A.1
12VAC30-50-490.A.2

Appendix A

References to visits in the home in the CCC Plus Waiver

Agency-Directed Personal Care

12VAC30-120-935.F.2

During a home visit, the RN supervisor shall evaluate, at least every 90 days, the LPN supervisor's performance and the waiver individual's needs to ensure the LPN supervisor's abilities to function competently and shall provide training as necessary.

Agency-Directed Respite

12VAC30-120-935.G.1.a.(2)

When respite care services are not received on a routine basis but are episodic in nature, a RN/LPN supervisor shall conduct the home supervisory visit with the aide/LPN on or before the start of care.

Services Facilitation

12VAC30-120-935.H.4.b

After the initial comprehensive visit, the services facilitator shall continue to monitor the plan of care on an as-needed basis, but in no event less frequently than every 90 days for personal care, and shall conduct face-to-face meetings with the individual and may include the family/caregiver.

References to home visits in DD waiver regulations:

12VAC30-122-20- "Face-to-face contact" means an in-person meeting between the support coordinator and the individual and family/caregiver, as appropriate, for the purpose of assessing the individual's status and determining satisfaction with services, including the need for additional services and supports.

12VAC30-122-340. D.4.e.- Companion Service- The supervisor shall make supervisory home visits as often as needed to ensure both quality and appropriateness of the service.

12VAC30-122-460 D.4 e.- Personal Assistance Service

The supervisor shall make supervisory home visits as often as needed to ensure both quality and appropriateness of the service.

12VAC30-122-490.D.9.a- Respite
The supervisor shall make supervisory home visits or center-based visits to DBHDS-licensed settings as often as needed to ensure both quality and appropriateness of the service. When respite service is received on a routine basis, the minimum frequency of these supervisory visits shall be at least every 90 days under the agency-directed model, depending on the individual's needs.

12VAC30-122-500 B.2.d- Service Facilitation Service

After the initial visit, the services facilitator shall continue to monitor the individual's plan for supports quarterly (i.e., every 90 days) and more often as needed. If consumer-directed respite service is provided, the services facilitator shall review the utilization of consumer-directed respite service either every six months or upon the use of 240 respite service hours, whichever comes first.

12VAC30-122-500 B.3- Service Facilitation Service

An in-person meeting shall occur between the services facilitator and the individual at least every six months to reassess the individual's needs and to ensure appropriateness of any consumer-directed service received by the individual. During these visits with the individual, the services facilitator shall observe, evaluate, and consult with the individual, EOR, and the individual's family/caregiver, as appropriate, for the purpose of assessing the adequacy and appropriateness of consumer-directed

service with regard to the individual's current functioning, medical needs, and social needs.

ID Case Management:

12VAC30-50-440.A.1

An active individual for intellectual disability support coordination/case management shall mean a person for whom there is an individual support plan (ISP) (as defined in 12VAC30-122-20) in effect that requires direct or -related individual-related contacts or communication or activity with the individual, the individual's family or caregiver, service providers, significant others, and others including at least one face-to-face contact with the individual every 90 days.

DD Case Management:

12VAC30-50-490.A.1

Support coordinators/case managers shall make face-to-face contact with the individual at least every 90 calendar days to monitor the special service need, and documentation is required to support such contact.

12VAC30-50-490.A.2

Face-to-face contact between the support coordinator/case manager and the individual shall occur at least every 90 calendar days in which there is an activity submitted for billing.

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PROVIDER CONTACT INFORMATION & RESOURCES	
Virginia Medicaid Web Portal Automated Response System (ARS) Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.	www.virginiamedicaid.dmas.virginia.gov
Medicall (Audio Response System) Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.	1-800-884-9730 or 1-800-772-9996
KEPRO Service authorization information for fee-for-service members.	https://dmas.kepro.com/

Provider Appeals DMAS launched an appeals portal in 2021. You can use this portal to file appeals and track the status of your appeals. Visit the website listed for appeal resources and to register for the portal.	https://www.dmas.virginia.gov/appeals/
Managed Care Programs 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 guidelines than those described for Medicaid fee-for-service individuals.	
Medallion 4.0	http://www.dmas.virginia.gov/#/med4
CCC Plus	http://www.dmas.virginia.gov/#/cccplus
PACE	http://www.dmas.virginia.gov/#/longtermprograms
Magellan Behavioral Health Behavioral Health Services Administrator, check eligibility, claim status, service limits, and service authorizations for fee-for-service members.	www.MagellanHealth.com/Provider For credentialing and behavioral health service information, visit: www.magellanofvirginia.com, email: VAProviderQuestions@MagellanHealth.com,or Call: 1-800-424-4046
Provider HELPLINE Monday–Friday 8:00 a.m.-5:00 p.m. For provider use only, have Medicaid Provider ID Number available.	1-804-786-6273 1-800-552-8627
Aetna Better Health of Virginia	www.aetnabetterhealth.com/Virginia 1-800-279-1878
Anthem HealthKeepers Plus	www.anthem.com/vamedicaid 1-800-901-0020
Molina Complete Care	1-800-424-4524 (CCC+) 1-800-424-4518 (M4)
Optima Family Care	1-800-881-2166 www.optimahealth.com/medicaid
United Healthcare	www.Uhccommunityplan.com/VA and www.myuhc.com/communityplan 1-844-752-9434, TTY 711
Virginia Premier	1-800-727-7536 (TTY: 711), www.virginiapremier.com