Department of Medical Assistance Services
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https://dmas.virginia.gov

MEDICAID BULLETIN

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Project BRAVO: Service Authorizations Transition Process and Requirements for Intensive Community Treatment (ICT) (H0039), Assertive Community Treatment (ACT) (H0040), Day Treatment/Partial Hospitalization (H0035 HB), Mental Health Partial Hospitalization

The purpose of this bulletin is to provide information about the transition process and requirements for service authorizations for Medicaid members and providers affected by the July 1, 2021 implementation of the enhanced services through Project BRAVO. These transitions include:

- Intensive Community Treatment (H0039) transitioning to Assertive Community Treatment (H0040)
- Day Treatment/Partial Hospitalization (H0035 HB) transitioning to Mental Health Partial Hospitalization Program (H0035)
- Therapeutic Day Treatment (H0035, all modifiers) transitioning to a new procedure code H2016

The transitions for Intensive Community Treatment fall into several categories and guidance for each is listed below:

- **Intensive Community Treatment (H0039) Service Authorizations that end on 06/30/2021:**
  - The provider must submit a new initial Assertive Community Treatment (H0040) service request authorization, individual service plan (ISP) and the most recently updated assessment if the individual requires continued services beyond 6/30/2021.
- **Intensive Community Treatment (H0039) Service Authorizations that extend beyond 06/30/2021 for Assertive Community Treatment providers that have become licensed by the Department of Behavioral Health and Developmental Services (DBHDS) and credentialed with the MCOs/BHSA:**
  - The existing service request authorization will be administratively transferred to the new code for Assertive Community Treatment (H0040) by the Managed Care Organization (MCO) or Behavioral Health Services Administrator (BHSA) for the duration of the original authorization.
  - However, the provider must submit a new initial Assertive Community Treatment (H0040) service request authorization, ISP and the most recently updated assessment no sooner than 14 calendar days (MCO) or 30 days (BHSA) before the end of their original

service authorization end date in order to request continued service.

For Example: A provider has a current ICT authorization from March 1, 2021 through August 31, 2021. The MCO or the BHSA will end date the ICT authorization for 06/30/2021 and start an ACT authorization from 07/01/2021 through 08/31/2021. The provider will not need to submit any additional paperwork for the ICT authorization to transfer to an ACT authorization. The provider will be notified by the MCO/BHSA of the new ACT authorization. The provider would need to submit a new initial ACT service request authorization to the MCO/BHSA and complete a new ISP and updated assessment in order to request that ACT services continue beyond 08/31/2021.

- **Intensive Community Treatment (H0039) Service Authorizations if the provider has not been licensed by the Department of Behavioral Health and Developmental Services for Assertive Community Treatment (H0040) and contracted with the MCO/BHSA by 07/01/2021:**
  - The service request authorizations that extend beyond 6/30/2021 will expire and cannot be billed against. The MCOs/BHSA will identify affected members, coordinate with service providers and either transition the individual to a licensed/contracted ACT provider or plan for alternate wrap around services as established in an active plan of care.

The following guidance is for the transition of Day Treatment / Partial Hospitalization to the new Mental Health Partial Hospitalization Service:

- **Day Treatment/Partial Hospitalization (H0035 HB) Service Authorizations that end on 06/30/21:**
  - The provider must submit a new initial Mental Health Partial Hospitalization Program (H0035) service request authorization, ISP and the most recently updated assessment if the individual requires continued services beyond 6/30/2021.
- **Day Treatment/Partial Hospitalization (H0035 HB) Service Authorizations that extend beyond 6/30/21:**
  - The service request authorization will be transferred to the new code for Mental Health Partial Hospitalization Program (H0035) for the duration of the original authorization.
  - The provider must submit a new initial Mental Health Partial Hospitalization Program (H0035) service request authorization, individualized service plan and updated assessment prior to the end of their original service authorization end date in order to request continued service.

The following guidance is for the transition of Therapeutic Day Treatment services to the new procedure code H2016. There is no change in the service description, provider qualifications, or medical necessity criteria for Therapeutic Day Treatment services; this service is simply undergoing a code change to assure that the codes DMAS assigns are aligned with correct coding based on national definitions.

- **Therapeutic Day Treatment Service (H0035 HA, UG, U7) Authorizations that end on 06/30/21:**
  - The provider must use and submit the new Community Mental Health Rehabilitation Services continued stay service authorization request form with the new procedure code

for Therapeutic Day Treatment (H2016) if the individual requires continued services beyond 6/30/2021.

- **Therapeutic Day Treatment Service (H0035 HA, UG, U7) Authorizations that extend beyond 6/30/21:**
  - The service request authorization will be administratively transferred to the new code for Therapeutic Day Treatment (H2016) by the MCOs/BHSA for the duration of the original authorization.

All forms can be found here on the DMAS website:
https://www.dmas.virginia.gov/for-providers/behavioral-health/training-and-resources/

For questions, please email: enhancedbh@dmas.virginia.gov

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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 is launching an appeal portal in late May 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/#/appealsresources
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
Magellan Complete Care of Virginia	www.MCCofVA.com 1-800-424-4518 (TTY 711) or 1-800-643-2273
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