



Last Updated: 07/26/2022


Personal Care Rate Update Effective July 1, 2020

The purpose of this bulletin is to inform providers of an increase, effective July 1, 2020, in the rates for personal care services. Pursuant to Item 313.SSSS(1) of the 2020 Appropriation Act, there will be a 5% increase in the rates for agency and consumer directed personal care, respite and companion services in the home and community based services waivers and Early Periodic Screening, and Diagnosis and Treatment (EPSDT) program.

Agency Directed			
Procedure Code	Service Description	Location	Rates Effective 7/1/2020
T1019	Personal Care	NOVA	\$16.94
T1019	Personal Care	ROS	\$14.39
T1005	Respite Care	NOVA	\$16.94
T1005	Respite Care	ROS	\$14.39
S5135	Companion Care	NOVA	\$16.94
S5135	Companion Care	ROS	\$14.39

Consumer Directed			
Procedure Code	Service Description	Location	Rates Effective 7/1/2020
S5126	Personal Care	NOVA	\$12.78
S5126	Personal Care	ROS	\$9.87
S5150	Respite Care	NOVA	\$12.78
S5150	Respite Care	ROS	\$9.87
S5136	Companion Care	NOVA	\$12.78
S5136	Companion Care	ROS	\$9.87

Rate Updates Effective 7/1/2020

Waiver rates are posted on the DMAS website at <http://www.dmas.virginia.gov/#/longtermwaivers>. For questions on personal care reimbursement, please contact Sara Benoit by email: Sara.Benoit@dmas.virginia.gov, or by phone: (804) 786-3673. 

Medicaid Expansion Eligibility Verification

Medicaid coverage for the new expansion adult group began January 1, 2019. Providers may use the Virginia Medicaid Web Portal and the Medicaid audio response systems, as shown in the table below,



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to verify Medicaid eligibility and managed care enrollment, including for the new adult group. In the Virginia Medicaid Web Portal, individuals enrolled in the new adult group are shown as “MEDICAID EXP.” If the individual is enrolled in managed care, the “MEDICAID EXP” segment will be shown as well as the “MED4” (Medallion 4.0) or “CCCP” (CCC Plus) managed care enrollment segment. Eligibility and managed care enrollment information is also available through the DMAS Medicaid eligibility verification system. Additional Medicaid expansion resources for providers are available on the DMAS Medicaid Expansion webpage at: <http://www.dmas.virginia.gov/#/medex>.

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://providerportal.kepro.com
Managed Care Programs Medallion 4.0, Commonwealth Coordinated Care Plus (CCC Plus), and the 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 Managed Care Program	http://www.dmas.virginia.gov/#/med4
CCC Plus Managed Care Program	http://www.dmas.virginia.gov/#/cccplus
PACE Program	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.magellanoofvirginia.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