



Last Updated: 07/26/2022

## **Annual Provider Staff Training Requirement for Agency-Directed Personal Care and Respite in the Commonwealth Coordinated Care Plus (CCC Plus) Waiver**

The purpose of this bulletin is to remind providers of agency-directed personal care and respite care services of the requirement to provide annual provider staff training. Under the CCC Plus waiver, a requirement of these services to provide care under the waiver is ongoing training of all aides on an annual basis. The Department of Medical Assistance Services (DMAS) and Managed Care Organizations conduct Quality Management Reviews of personal care and respite care providers. Through these reviews, failure to meet annual training requirements has been identified as an area of deficiency among providers. DMAS has a responsibility to both the Centers for Medicare and Medicaid Services (CMS) and CCC Plus waiver members through quality assurance monitoring to ensure the health and welfare of members in the community. This includes ensuring that providers are adequately trained and qualified to provide services.

In addition to initial training requirements, CCC Plus Waiver emergency regulations at 12VAC30120-930.1.4 states, "Personal care aides who are employed by personal care agencies that are licensed by VDH shall meet the requirements of 12VAC5-381. In addition, personal care aides shall also receive annually a minimum of 12 documented hours of agency-provided training in the performance of these services." For agencies that are not licensed by Virginia Department of Health, 12VAC30-120-930.1.5.b states that, "personal care aides shall also be required to receive annually a minimum of 12 documented hours of agency-provided training in the performance of these services."

Chapter II of the *CCC Plus Waiver Provider Manual* includes the following information: "This training is provided by the provider agency and must be related to the performance of personal care services. Documentation of this training must be kept in the employee's personnel files."

All personal care and respite care agencies are expected to ensure each aide receives at least 12 hours of training annually as it relates to personal care services and that proper documentation regarding the aide's training is maintained in his or her employee file. Failure to meet these requirements may result in a finding during a quality review or audit. Additionally, any questions related to CCC Plus Waiver policy can be sent to [cccpluswaiver@dmas.virginia.gov](mailto:cccpluswaiver@dmas.virginia.gov).



# MEDICAID BULLETIN

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## **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, to verify Medicaid eligibility and managed care enrollment, including for the new adult group. In the Virginia

Medicaid Web Portal, individuals eligible in the Medicaid expansion covered 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>.

| <b>PROVIDER CONTACT INFORMATION &amp; RESOURCES</b>  |   |
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| <b>Virginia Medicaid Web Portal Automated Response System (ARS)</b><br>Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.   | <a href="http://www.virginiamedicaid.dmas.virginia.gov">www.virginiamedicaid.dmas.virginia.gov</a>  |
| <b>Medicall (Audio Response System)</b><br>Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.   | 1-800-884-9730 or 1-800-772-9996  |
| <b>KEPRO</b><br>Service authorization information for fee-for-service members.   | <a href="https://providerportal.kepro.com">https://providerportal.kepro.com</a>   |
| <b>Managed Care Programs</b><br>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. |   |
| <b>Medallion 4.0 Managed Care Program</b>  | <a href="http://www.dmas.virginia.gov/#/med4">http://www.dmas.virginia.gov/#/med4</a>   |
| <b>CCC Plus Managed Care Program</b>   | <a href="http://www.dmas.virginia.gov/#/cccplus">http://www.dmas.virginia.gov/#/cccplus</a>   |
| <b>PACE Program</b>  | <a href="http://www.dmas.virginia.gov/#/longtermprograms">http://www.dmas.virginia.gov/#/longtermprograms</a>   |
| <b>Magellan Behavioral Health</b><br>Behavioral Health Services Administrator, check eligibility, claim status, service limits, and service authorizations for fee-for-service members.  | <a href="http://www.MagellanHealth.com/Provider">www.MagellanHealth.com/Provider</a><br>For credentialing and behavioral health service information, visit:<br><a href="http://www.magellanofvirginia.com">www.magellanofvirginia.com</a> , email:<br><a href="mailto:VAProviderQuestions@MagellanHealth.com">VAProviderQuestions@MagellanHealth.com</a> , or<br>call: 1-800-424-4046 |
| <b>Provider HELPLINE</b><br>Monday-Friday 8:00 a.m.-5:00 p.m. For provider use only, have Medicaid Provider ID Number available.   | 1-804-786-6273<br>1-800-552-8627  |



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