



Last Updated: 08/30/2022

One-time COVID-19 Support Payment for Attendant/Aides

The purpose of this bulletin is to notify providers about the one-time COVID-19 support payment authorized by House Bill 7001 on August 21, 2021. In accordance with this bill, and contingent upon federal approval, the Department of Medical Assistance Services (DMAS) will provide a one-time COVID-19 support payment to Home and Community-Based Services (HCBS) Agency Directed Aides and Consumer Directed Attendants.

In accordance with House Bill 7001, Attendant/Aides who provided agency directed or consumer directed personal care (T1019, S5126), respite care (T1005, S5150), or companion care services (S5135, S5136) for Medicaid members during the first quarter of the State Fiscal Year (SFY) 2022 (July 1, 2021 - September 30, 2021) qualify for a one-time \$1000 support payment. The services are available through the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) benefit, Developmental Disability Waivers or the Commonwealth Coordinated Care Plus Waiver.

DMAS anticipates that payments will be made in March 2022. In order to allow this to occur, agency providers must submit claims no later than December 31, 2021. Consumer Direction payments will be made through the member's respective Fiscal/Employer Agent. Attendant work hours for the first quarter of SFY 22 must be submitted, approved and paid no later than December 31, 2021 in order for the attendant to be eligible for the one-time payment.

Agency Directed Services

DMAS or the contracted agent will access provider claims data to determine the aides that provided service during the eligibility period. DMAS or its designated agent will provide each agency with a roster of their eligible aide staff. To ensure one payment is made to the aides, the provider agency shall review the roster and provide the social security number for each eligible aide to DMAS/Contractor within ten (10) business days of the request. The social security number is the unique identifier that will be used to identify aides that may have provided services for more than one agency or through consumer direction. The employee information provided to DMAS/Contractor is considered confidential personally identifiable information (PII) and appropriate safeguards will be established to ensure the security of the information. Additional information will be provided to detail how the agency provider will receive and return the aide roster. DMAS/Contractor will send a final roster of aides that should receive the payment from the agency.

Each provider agency will receive funds to provide the \$1,000 payment to each of the aides included in the final roster. The agency shall be responsible for providing the payment directly to the aides, withholding any applicable payroll taxes. Funds to support the provider agency in the payment of employer taxes and administrative costs will be added to each payment.

Consumer Direction

CD payments will be made through the member's respective Fiscal/Employer Agent. This process



MEDICAID BULLETIN

will occur automatically and there are no additional steps need to be taken by the member, employer of record, attendant, or services facilitator in order for the attendant to receive the one-time payment.

Further Information

DMAS will provide additional information as it is available to further clarify the process.

<u>PROVIDER CONTACT INFORMATION & RESOURCES</u>	
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



MEDICAID BULLETIN

<p>Magellan Behavioral Health Behavioral Health Services Administrator, check eligibility, claim status and service authorizations for fee-for- service members.</p>	<p>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</p>
<p>Provider HELPLINE Monday-Friday 8:00 a.m.-5:00 p.m. For provider use only, have Medicaid Provider ID Number available.</p>	<p>1-804-786-6273 1-800-552-8627</p>
<p>Aetna Better Health of Virginia</p>	<p>www.aetnabetterhealth.com/Virginia 1-800-279-1878</p>
<p>Anthem HealthKeepers Plus</p>	<p>www.anthem.com/vamedicaid 1-800-901-0020</p>
<p>Molina Complete Care</p>	<p>1-800-424-4524 (CCC+) 1-800-424-4518 (M4)</p>
<p>Optima Family Care</p>	<p>1-800-881-2166 www.optimahealth.com/medicaid</p>
<p>United Healthcare</p>	<p>www.Uhcommunityplan.com/VA and www.myuhc.com/communityplan 1-844-752-9434, TTY 711</p>
<p>Virginia Premier</p>	<p>1-800-727-7536 (TTY: 711), www.virginiapremier.com</p>