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

Last Updated: 07/08/2022

Clarifications and Changes: Group-Based Service Delivery in Behavioral Health and Addiction and Recovery Treatment Services (ARTS) during the COVID-19 State of Emergency.

This fourth memo for Behavioral Health and ARTS providers is part of a series of memos that set out the Agency's guidance on the flexibilities available to providers in light of the public health emergency presented by the COVID-19 virus. Underlined text in this memo includes clarifications and changes from the text of the March 19, 2020, "Provider Flexibilities Related to COVID-19", the March 27, 2020, "Clarifications and Changes: Behavioral Health and ARTS Provider Flexibilities Related to COVID-19", and the June 11, 2020, "Behavior Therapy Provider Flexibility Update" memos, for Behavioral Health and ARTS services. These changes affect both fee-for-service and Managed Care Organization (MCO) models of care. These flexibilities are relevant to the delivery of covered services related to COVID-19 detection and treatment, as well as maximizing access to care and minimizing viral spread through community contact. This memo outlines allowances for the delivery of face-to-face group-based services.

This is a rapidly emerging situation and additional changes are forthcoming. The flexibilities afforded within this document are approved through a combination of state and federal authorities and thus timelines for availability are subject to changes from numerous sources.

On May 26, 2020, the Governor amended Executive Order fifty-one declaring that a state of Emergency "continues" to exist in the Commonwealth of Virginia, and "shall remain in full force and effect until amended or rescinded by further executive order." As information is available regarding provider flexibilities expiration, continuation, or permanent integration into policy, specific memo guidance will be published to provide guidance on each flexibility. Providers are encouraged to frequently access the Agency's website to check the central COVID-19 response page for both Frequently Asked Questions (FAQs) and guidance regarding new flexibilities as they are implemented. For additional questions about this memo or other COVID-19 related issues, the agency has created a centralized point of access for submission at http://dmas.virginia.gov/contactforms/#/general. Questions may also be submitted to COVID-19@dmas.virginia.gov.

Clarifications and Changes Related to Behavioral Health and ARTS

The provider flexibilities and directives summarized here remain effective during the Governor's declared State of Emergency. Behavioral Health and ARTS providers are advised of the following new flexibilities and requirements, **indicated by the underlined text below**, and effective upon date of publication of this memo.

As of the date of publication of this memo, DMAS will resume reimbursement for face-to-face delivery of group-based services. DMAS advises that providers carefully weigh the vulnerabilities and benefits of resuming face-to-face group services. Group-based providers are reminded that they retain, until further notice, the ability to offer services individually or through individual or group tele-health or telephonic contact. Providers are encouraged to prioritize the health and safety of members and their staff and to consider member preferences, engagement and optimal access to care. Providers who elect to provide face-to-face services should integrate guidance provided through the Centers for Disease Control and Prevention, the Virginia Department of Health, and any relevant licensing bodies. For initial and continued stay reviews, a service authorization request shall be completed for those services that require a prior authorization to verify medical necessity and appropriateness of the service delivery model.

Changes and Clarifications to Community Mental Health and Rehabilitation Services

- *Therapeutic Day Treatment (TDT), Intensive In-Home Services (IIH), Mental Health Skill-Building, Behavior Therapy (including applied behavior analysis (ABA)), Intensive Community Treatment and Psychosocial Rehabilitation.*
    - Service delivery may be provided outside of the school setting, office setting, or clinic setting for ~~the next 120 days~~ for the duration of the state of the emergency.
    - Face-to-face service requirements will continue to be waived, but documentation shall justify the rationale for the service through a different model of care until otherwise notified. Providers shall maintain appropriate documentation if the plan to provide or continue care deviates from the normal protocol or plan of care.
    - For youth participating in both TDT and IIH, TDT should not be used in the home as this would be a duplication of services.
    - TDT providers licensed for school-based and non-school based care may provide services outside of the school, including during the summer, with their current license due to current needs to maintain social distancing. Providers are reminded that they must report to DBHDS Office of Licensing any changes to their programs that have occurred as a result of COVID-19.
    - The prior authorization request for new services will be used to track which members are continuing to receive these services, assess the appropriateness of the services being delivered via different modes of treatment, and to determine if this is an appropriate service to meet the member's needs.
    - If the provider is only providing services through telephonic communications, the provider shall bill a maximum of one (1) unit per member per day, regardless of the amount of time of the phone call(s). This limit has been removed for Behavioral Therapy providers. Behavioral Therapy providers do not have a one (1) unit max limit per day for audio-only communications.
    - Individuals who have not participated in a service in thirty (30) days do not have to be discharged from the service. If the service authorization period ends, a new authorization request shall be made for the service to continue.
    - For Behavior Therapy services, a physician letter, referral, or determination is not required for submission of a prior authorization. The MCO shall review the request and make a determination without the physician referral. The physician referral, letter or determination shall be completed within at least sixty (60) days of the start of the service.

- As the situation evolves regarding COVID-19, DMAS will re-evaluate the need for adaptation of these services.

If you have additional questions about the behavioral health specific portions of this memo, you may also email EnhancedBH@dmas.virginia.gov in addition to the centralized access point that was noted at the beginning of this memo.

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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/
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
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),