



Last Updated: 07/11/2022

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

**This memorandum (which supersedes the memo dated December 14, 2021 entitled, “One-time COVID-19 Support Payment for Attendant/Aides”) is a REVISION to the previous memo.**

The purpose of this memorandum is to notify providers of Personal Care, Respite, and Companion Services regarding a one-time COVID-19 support payment for agency-directed aides and consumer-directed attendants.

On August 10, 2021, the General Assembly of Virginia approved House Bill 7001 authorizing the Department of Medical Assistance Services (DMAS) to provide a one-time COVID-19 support payment to aides and attendants who provided agency-directed or consumer-directed (CD) 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 2022 (July 1, 2021 - September 30, 2021). Qualifying services are those provided through the Early Periodic Screening, Diagnosis and Treatment (EPSDT) benefit, Developmental Disability Waivers, or the Commonwealth Coordinated Care Plus Waiver.

To identify the staff who are eligible to receive the one-time support payment, agency providers will need to submit claims no later than December 31, 2021. Claims submitted after December 31, 2021, will not be considered for the one-time payment. CD payments will be made through the member’s respective Fiscal/Employer Agent. To identify the CD attendants who are eligible to receive the one-time support payment, CD work hours for the first quarter of the State Fiscal Year 2022 must be submitted, approved, and paid no later than December 31, 2021, for the attendant to receive the one-time payment.

### Agency Directed Services

DMAS or its contracted agent will access provider claims data to determine the aides that provided service during the eligibility period. DMAS/contracted agent will provide each agency with a roster of its eligible aide staff. To ensure one payment is made to the aides, the provider agency shall review the roster and provide the social security numbers for each eligible aide within ten (10) calendar 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 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



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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. All payments are subject to future audits.

## Consumer Direction

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

## Payment Delivery

DMAS anticipates the distribution of payments to be made in March 2022.

DMAS will provide additional information as it is available to further clarify the process. DMAS will post information on the DMAS website: <https://www.dmas.virginia.gov/for-providers/>

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<b><u>PROVIDER CONTACT INFORMATION &amp; RESOURCES</u></b>	
<b>Virginia Medicaid Web Portal Automated Response System (ARS)</b> 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> 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> Service authorization information for fee-for-service members.	<a href="https://dmas.kepro.com/">https://dmas.kepro.com/</a>
<b>Provider Appeals</b> 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.	<a href="https://www.dmas.virginia.gov/appeals/">https://www.dmas.virginia.gov/appeals/</a>



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## 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.

<b>Medallion 4.0</b>	<a href="http://www.dmas.virginia.gov/#/med4">http://www.dmas.virginia.gov/#/med4</a>
<b>CCC Plus</b>	<a href="http://www.dmas.virginia.gov/#/cccplus">http://www.dmas.virginia.gov/#/cccplus</a>
<b>PACE</b>	<a href="http://www.dmas.virginia.gov/#/longtermprograms">http://www.dmas.virginia.gov/#/longtermprograms</a>
<b>Magellan Behavioral Health</b> 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> <a href="#">For credentialing and behavioral health service information, visit:</a> <a href="http://www.magellanofvirginia.com">www.magellanofvirginia.com</a> , email: <a href="mailto:VAProviderQuestions@MagellanHealth.com">VAProviderQuestions@MagellanHealth.com</a> , or Call: 1-800-424-4046
<b>Provider HELPLINE</b> 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	<a href="http://www.aetnabetterhealth.com/Virginia">www.aetnabetterhealth.com/Virginia</a> 1-800-279-1878
Anthem HealthKeepers Plus	<a href="http://www.anthem.com/vamedicaid">www.anthem.com/vamedicaid</a> 1-800-901-0020
Molina Complete Care	1-800-424-4524 (CCC+) 1-800-424-4518 (M4)
Optima Family Care	1-800-881-2166 <a href="http://www.optimahealth.com/medicaid">www.optimahealth.com/medicaid</a>
United Healthcare	<a href="http://www.Uhccommunityplan.com/VA">www.Uhccommunityplan.com/VA</a> and <a href="http://www.myuhc.com/communityplan">www.myuhc.com/communityplan</a> 1-844-752-9434, TTY 711
Virginia Premier	1-800-727-7536 (TTY: 711), <a href="http://www.virginiapremier.com">www.virginiapremier.com</a>