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MEDICAID MEMO

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Funding for Psychiatric Residential Treatment Facilities (PRTF) Placements and new and updated forms for Children's Services Act (CSA) Referrals and Transfer of Jurisdiction for Residential Treatment Services (effective date 7/1/2021)

The purpose of this memorandum is: 1) to clarify the appropriate utilization of Medicaid funding for Psychiatric Residential Treatment Facilities (PRTFs) as well as 2) to inform providers of an updated CSA Referral for Residential Treatment Services form (DMAS-600) and new Transfer of Children's Services Act (CSA) Jurisdiction for Medicaid Funded Residential Placement form (DMAS-600-T) effective July 1, 2021. Placements and funding of youth in PRTF settings are governed by relevant DMAS regulations (12VAC30-50-130, 12VAC-30-60-61, 12VAC30-70-417, 12VAC30-80-10) and policies of DMAS, the Virginia Department of Social Services (VDSS), and Office of Children's Services (OCS), including those governing emergency placements by a Local Department of Social Services (LDSS). The intent of this memorandum is to ensure that PRTF placements for youth with Medicaid coverage are properly funded through utilization of appropriate federal, state, and local sources in accordance with federal and state regulations. While this memorandum focuses on funding for PRTFs, the updated CSA Referral for Residential Treatment Services form (DMAS-600) and the new Transfer of Children's Services Act (CSA) Jurisdiction for Medicaid Funded Residential Placement form (DMAS-600T) apply to both levels of residential treatment services, PRTF and Therapeutic Group Home (TGH) services including Early and Periodic Screening Diagnostic and Treatment (EPSDT) PRTF and EPSDT TGH services.

Medicaid covers core service components for PRTF settings defined as: room and board, daily supervision, and therapeutic services. Room and board and daily supervision are covered as part of the PRTF per diem. Specific therapeutic services are covered as part of the per diem and others are allowed to be reimbursed by Medicaid outside of the per diem (see Chapter V of the Residential Treatment Services Manual for details). As stated in Chapter V of the Residential Treatment Services Manual, the core service components included in the Medicaid per diem "cannot be reimbursed separately from or in addition to the per diem."

In accordance with 42CFR 447.15 "...the Medicaid agency must limit participation in the Medicaid program to providers who accept, as payment in full, the amounts paid by the agency plus any deductible, coinsurance or copayment required by the plan to be paid by the individual." Providers shall not receive additional funds for services that qualify for Medicaid reimbursement. Medicaid covers all treatment services, daily supervision, and room and board in PRTFs, leaving education costs as the primary cost reimbursed by other state and local funds.

Chapter V of the Residential Treatment Services Manual contains a list of therapeutic services in

addition to other Medicaid covered services that are reimbursed separately from the per diem. EPSDT services available under 1905(a) of the Social Security Act for youth in residential treatment services are covered by Medicaid regardless of whether the service is included in the youth's plan of care. These EPSDT services include 1:1 supervision for youth who meet medical necessity criteria. PRTFs must submit all EPSDT medically necessary service requests for youth eligible for Medicaid to Magellan of Virginia, including 1:1 supervision requests.

The use of Medicaid funds for youth in PRTFs and TGHs generates a local financial match requirement that is collected through OCS. The CSA Referral for Residential Treatment Services Form (DMAS-600) has been updated to correctly capture the responsible locality.

Billing and Reimbursement of PRTF Services, effective July 1, 2021:

Policies related to billing all costs covered by the Medicaid per diem to DMAS or its contractor are longstanding and do not represent a policy change; the inclusion of this clarification is to promote understanding of this existing policy.

- PRTF providers shall bill all costs covered by the Medicaid per diem (room and board, daily supervision, and specific therapeutic services) for Medicaid members to Magellan of Virginia at the approved rates. Chapter 56 of the 2020 Special Session 1 Acts of Assembly (the Appropriation Act) includes a Medicaid rate increase for PRTF services effective 7/1/2021.
- PRTFs must obtain any necessary service authorization for Medicaid covered services. This includes submitting service authorization requests for all EPSDT-covered medically necessary services for youth with Medicaid coverage to Magellan of Virginia, including 1:1 supervision requests.
- PRTFs must bill DMAS or its relevant fee for service (FFS) contractor for Medicaid covered services reimbursable outside of the Medicaid per diem.
- Providers shall not bill the LDSS for Title IV-E funds for any part of services covered by the Medicaid per diem rate or allowed by Medicaid to be reimbursed separately from the per diem including 1:1 supervision, which is covered under EPSDT.
- Education costs are not covered by Medicaid.
- For out-of-state facilities that are not Virginia Medicaid providers, the PRTF must negotiate single case agreements with DMAS and Magellan of Virginia.

Updated CSA Referral for Residential Treatment Services form (DMAS-600) and new Transfer of Children's Services Act (CSA) Jurisdiction for Medicaid Funded Residential Placement (DMAS-600-T), effective July 1, 2021 for both PRTF and TGH service authorizations

The CSA Referral for Residential Treatment Services form (DMAS-600) is critical for identifying the youth's locality of residence and for proper billing. The DMAS-600 no longer includes rate information, as providers shall bill the PRTF or TGH per diems established in their respective DMAS contracts. Third Party Liability (TPL) rules apply (see Chapter II of the DMAS Residential Treatment Services Manual). Effective July 1, 2021, initial PRTF and TGH service requests submitted to Magellan of Virginia for youth with active CSA agreements must include a completed DMAS-600 signed by an authorized CSA. The authorized CSA completes the top portion of the DMAS-600 and forwards to the PRTF or TGH for completion of the bottom portion.

The new Transfer of Children's Services Act (CSA) Jurisdiction for Medicaid Funded Residential Placement form (DMAS 600-T) is used to identify youth who are transferring from one CSA Jurisdiction to another or are no longer affiliated with a CSA locality.

Both forms will be available on the DMAS website at: https://www.virginiamedicaid.dmas.virginia.gov/wps/portal/ and on the Magellan of Virginia website at https://www.magellanofvirginia.com/for-providers/residential-program-process/

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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/
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
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 www.optimahealth.com/medicaid
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), www.virginiapremier.com