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https://dmas.virginia.gov

MEDICAID MEMO

Last Updated: 07/28/2022

Transitioning from the Commonwealth Coordinated Care Plus (CCC Plus) Waiver to a Developmental Disabilities Waiver

The purpose of this memorandum is to notify providers of procedural changes for enrollment in the Developmental Disabilities (DD) Waivers, effective December 20, 2019, which includes the Community Living (CL), Family and Individual Supports (FIS) and the Building Independence (BI) Waivers. These changes will improve efficiencies on the Level of Care (LOC) enrollment and service authorization process. This guidance affects individuals who are enrolled with a Managed Care Organization (MCO) and CCC Plus Waiver members transferring to a DD Waiver.

The Department of Medical Assistance Services (DMAS) must implement a consistent approach to transition members enrolled with a MCO and who are transitioning from the CCC Plus Waiver to a DD Waiver. When a managed care enrolled member is transitioning from the CCC Plus Waiver to a DD Waiver, DD Waiver enrollment, service authorizations and services cannot begin earlier than the first day of the month after the month in which CCC Plus Waiver service authorization ended. For example, if an individual currently enrolled in CCC Plus Waiver is assigned a DD Waiver slot on December 10th, the earliest that any DD Waiver services may be authorized to begin is January 1st. The CCC Plus Waiver service authorization will automatically end based on the effective date of the DD waiver enrollment.

The Support Coordinators for DD Waivers and Care Coordinators for the CCC Plus Waiver must communicate and coordinate transitions together in order to ensure the transition of MCO covered services to DD Waiver services. This collaboration and coordination ensures a seamless experience for individuals on the Waivers. Coordination activities include the following:

1. When a DD Waiver slot is assigned to individuals enrolled in the CCC Plus Waiver, the Support Coordinator will contact the CCC Plus Waiver Care Coordinator with the member's currently assigned MCO. The Support Coordinator will notify the MCO Care Coordinator of the assignment of a DD Waiver slot and the effective date of the DD waiver enrollment. The Support Coordinator and MCO Care Coordinator coordinate the transition date for the first day of the month in which DD waiver services are to begin.
2. The Support Coordinator will enter the assignment of the DD Waiver slot in WaMS for an effective date of the first day of the month in which the DD waiver services are expected to begin. SA staff will enter the DD waiver enrollment in WaMS, for an

effective date of the first day of the month, which will update the LOC and end the CCC Plus Waiver enrollment.

3. The MCO Care Coordinator will verify current service authorizations expected to transition to the DD waiver. The MCO Care Coordinator will ensure authorizations are end-dated appropriately aligned with the DD waiver enrollment date.

Continuity of Care Service Authorization

To ensure a seamless transition and mitigate service interruption, a continuity of care service authorization process for personal assistance services is being implemented. For individuals transitioning from the CCC Plus Waiver to a Community Living (CL) or Family and Individual Supports (FIS) Waiver, DBHDS service authorization staff will honor the number of hours of personal care services authorized by the MCO for an individual enrolled in the CCC Plus Waiver. The period for continuity of care service authorization for CL and FIS Waiver personal assistance services is 30 days.

Personal assistance services continuity of care service authorization:

1. The Support Coordinator contacts the individual receiving services and asks for consent for the Support Coordinator and services facilitator/agency provider to exchange information.
2. The Support Coordinator contacts the MCO Care Coordinator to determine the existing number of authorized personal care hours currently in place in order to initiate the continuity of care service authorization process. If the Support Coordinator does not know who the MCO Care Coordinator is, they should call the health plan directly.
3. The services facilitator/agency provider uploads into WaMS the CCC Plus Waiver plan of care (DMAS 97A/B). The services facilitator/agency provider notes in the justification box in WaMS "continuity of care service authorization request."
4. The Support Coordinator confirms the number of authorized personal care hours on the DMAS 97A/B is consistent with the hours reported by the MCO Care Coordinator. If accurate, the Support Coordinator submits the continuity of care service authorization request (DMAS 97A/B) to DBHDS. If the hours on the DMAS 97A/B are not consistent with the authorized hours, the Support Coordinator requests a revised DMAS 97A/B that reflects the currently authorized hours.
5. DBHDS service authorization staff will approve the 30-day service authorization for personal assistance services for the same number of personal care hours approved by the CCC Plus health plan on the DMAS 97A/B.
6. The services facilitator/agency provider completes and submits to DBHDS all required assessments and documentation for CL or FIS Waiver service authorization of personal assistance services by the 20th of the month that the continuity of care authorization is in effect. It is imperative that the services facilitator/agency provider submit this information timely to avoid an interruption in services and/or payment of CD

employees. DD waiver service authorization requests received after the 30-day continuity of care period will result in a start date of the date the request is received, which will result in a lapse in service authorization and payment for services rendered.

7. DBHDS service authorization staff process the service authorization for personal assistance services following standard operating procedures.
8. For consumer directed services, the services facilitator must submit the Fiscal Agent Request Form to Consumer Direct Care Network and initiate the change in fiscal employer agent, if applicable, and the change from CCC Plus Waiver services to DD Waiver services.
9. The Support Coordinator provides the MCO Care Coordinator with an update on authorized services rendered under the DD waiver.
10. Continued collaboration with the MCO Care Coordinator occurs to ensure appropriate, comprehensive care planning with primary and acute services.

The continuity of care service authorization process will be effective December 20, 2019.

ADDITIONAL INFORMATION ON THE MEDICAID WAIVERS:

DBHDS website:

http://www.dbhds.virginia.gov/individuals-and-families/developmental-disabilities/my-lifemy-community

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Medicaid Expansion

New adult coverage began on January 1, 2019. Providers use the same web portal and enrollment verification processes in place today to verify Medicaid expansion coverage. In ARS, individuals eligible in the Medicaid expansion covered group will be shown as "MEDICAID EXP." If the individual is enrolled in managed care, the "MEDICAID EXP" segment will be shown as well as the managed care segment, "MED4" (Medallion 4.0), or "CCCP" (CCC Plus). Additional Medicaid expansion resources for providers can be found on the DMAS Medicaid Expansion webpage at: http://www.dmas.virginia.gov/#/medex.

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-forservice 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