



Last Updated: 08/01/2022

Commonwealth Coordinated Care Plus Waiver Provider Manual—Chapters II and IV—and Forms UPDATES

The purpose of this bulletin is to notify providers of updates to the Commonwealth Coordinated Care Plus Waiver Provider Manual. Chapters II and IV have been revised and updated to clarify policy. The DMAS-99 and DMAS-116 have also been updated.

The revisions are highlighted as follows:

- Chapter II
 - Updated links to the DMAS website and provider portal.
 - Personal care agencies: added language on licensing/accreditation requirement upon enrollment.
- Chapter IV
 - Initial Visits (AD and CD): Added language that the initial visit must be in the home where the individual will receive the care
 - Services Facilitation: The agreed-upon frequency of routine visits in the CD Model is to be documented on the DMAS-99
 - Center-Based Respite: Added language regarding supervisory visits and completing the DMAS-90
 - EVV: Added additional language from existing guidance documents to ensure ongoing compliance among personal care agencies
 - PDN: Added language to document use of signals and alerts and proper completion of the CMS-485 and what agencies should do when they are unable to staff all hours
 - Added language on the prior provider's responsibility to provide documents to the new provider when an individual transfers services; "Disenrollment from Consumer-Directed Services"; and "Transitioning to Developmental Disability (DD) Waiver for Individuals under Managed Care"
- DMAS-99
 - Critical Incidents: Added questions regarding critical incidents and a definition
 - Revised questions for the aide/attendant, primary caregiver, and PERS/Supervision
 - Made the frequency of visits question required in both AD and CD models
- DMAS-116
 - Added frequency to questions in the Technology/Nursing Needs section
 - Added question "Individual's ability to signal or alert in case of an emergency"
 - Added table on Home Physical Standards and adequacy
 - Added question on how support system handles an emergency involving the PDN individual

Please review these changes carefully and download the updated DMAS-99 and DMAS-116 going forward.



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PROVIDER CONTACT INFORMATION & RESOURCES	
<p>Virginia Medicaid Web Portal Automated Response System (ARS) Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.</p>	<p>https://vamedicaid.dmas.virginia.gov/</p>
<p>Medicall (Audio Response System) Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.</p>	<p>1-800-884-9730 or 1-800-772-9996</p>
<p>KEPRO Service authorization information for fee-for-service members.</p>	<p>https://dmas.kepro.com/</p>
<p>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.</p>	<p>https://www.dmas.virginia.gov/appeals/</p>
<p>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.</p>	
<p>Medallion 4.0</p>	<p>http://www.dmas.virginia.gov/#/med4</p>
<p>CCC Plus</p>	<p>http://www.dmas.virginia.gov/#/cccplus</p>
<p>PACE</p>	<p>http://www.dmas.virginia.gov/#/longtermprograms</p>
<p>Magellan Behavioral Health Behavioral Health Services Administrator, check eligibility, claim status, service limits, 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>



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Anthem HealthKeepers Plus	www.anthem.com/vamedicaid 1-800-901-0020
Molina Complete Care	1-800-424-4524 (CCC+) 1-800-424-4518 (M4)
Optima Family Care	1-800-881-2166 www.optimahealth.com/medicaid
United Healthcare	www.Uhcommunityplan.com/VA and www.myuhc.com/communityplan 1-844-752-9434, TTY 711
Virginia Premier	1-800-727-7536 (TTY: 711), www.virginiapremier.com