



Last Updated: 12/28/2022

Face-To-Face Supervisory, Services Facilitation and ID/DD Case Management Visits 1/1/2023

This is to provide an update to and supersedes the “Face-to-Face and Case Management Visits” Medicaid Bulletin posted on March 17, 2022.

DMAS regulations require providers of certain services to have face-to-face visits with individuals receiving the service to ensure that Medicaid members needing complex care are healthy and safe in their home environment. During the State Public Health Emergency (PHE), the Governor’s Executive Order (EO) 51 authorized DMAS to waive enforcement of the some of the agency’s regulatory requirements. During that time, DMAS waived its regulatory requirements for face-to-face visits for ID/DD case management, service facilitation, and supervisory visits for personal care. The resulting flexibilities permitted case managers, service facilitators, and personal care agencies to perform the required 90-day visits via telehealth (which included telephone and audio/visual) in lieu of face-to-face contact for the purpose of supervision of services. This flexibility was necessary in the initial phases of the pandemic to ensure continuity of care while promoting social distancing and maintaining the health and safety of individuals and providers. When the State PHE ended and EO 51 expired, DMAS exercised discretion to temporarily continue the flexibility as a transition period for providers and members. On November 19, 2021, DMAS released a Bulletin continuing the period of non-enforcement as the Commonwealth was in its last phase of the pandemic.

At this point, DMAS has been made aware of reports of health, safety, and/or welfare concerns from Medicaid members who utilize a number of waiver and state plan services that have not been seen face-to-face for an extended period of time. Face-to-face visits are integral in ensuring the health and safety of Medicaid Members receiving home and community based services. Therefore, effective January 1, 2023, DMAS will reinstate the enforcement of regulations related to face-to-face visits for ID/DD case management, services facilitation, and supervisory visits for personal care. Any face-to-face visits for ID/DD case management, services facilitation, and supervisory visits for personal care conducted on or after January 1, 2023 must occur in person as defined in the DMAS program rules; telephonic or virtual visits which were made temporarily available as a result of the public health emergency are no longer billable if conducted remotely as of January 1, 2023. If requested by the families or individuals, DMAS encourages providers to use personal protective equipment (PPE) and social distancing measures to decrease the risk of infection. Please visit the CDC website for more information on protecting yourself and



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others: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>

DMAS also reminds Personal Care Agencies and Services Facilitator providers of program rules regarding RN/LPN supervisory visits and routine on-site visits (99509). While these visits can be conducted every month, there is no requirement that all individuals must receive a monthly visit. Program rules state that individuals may agree to routine visits of a frequency no less than once every 90 days. It is up to the discretion of the individual, family, and caregiver, as appropriate--not the provider--to determine this frequency of visits. The frequency of routine visits, as decided by the individual, should be documented on the DMAS-99. Providers may discuss changing the frequency of these visits with individuals as the individual's needs and preferences dictate.

Reinstatement of face-to-face visits previously identified applied to the regulations below: (Also see Appendix A from 11/19/21 Bulletin for regulatory detail)

CCC Plus Waiver:

Agency Directed Personal Care

12VAC30-120-935.F.2

Agency-Directed Respite

12VAC30-120-935.G.1.a.(2)

Services Facilitation

12VAC30-120-935.H.4.b

DD waiver regulations:

12VAC30-122-20-Definition for face-to-face

12VAC30-122-340. D.4.e.- Companion Service

12VAC30-122-460 D.4 e.- Personal Assistance Service

12VAC30-122-490.D.9.a- Respite

12VAC30-122-500 B.2.d- Service Facilitation Service

12VAC30-122-500 B.3- Service Facilitation Service

ID Case Management:

12VAC30-50-440.A.1

DD Case Management:

12VAC30-50-490.A.1

12VAC30-50-490.A.2



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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.	https://vamedicaid.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



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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