



Last Updated: 10/10/2024

Updates to the DD Provider Manual Chapter 4 and Appendix D

The purpose of this bulletin is to notify providers that Chapter 4 and Appendix D of the DD waiver manual has been updated with the following changes:

- Added Telehealth and Telemedicine information for DD waiver services, including reference to the Telehealth Services Supplement for the telemedicine-specific service limitations. Please note, for Independent Living Supports, up to 25% of monthly services can be billed as telemedicine; limited to no more than 2 hours per day. This will be communicated in a forthcoming Telehealth Services Supplement update.
- Supports Intensity Scale (SIS) updates in response to upcoming re-norming to SIS-A Second edition.
- Updated process for service authorizations which are rejected or denied.
- Updated information for interruption in services and waiver slot retention requests due to an interruption in services.
- Updates to 60-day assessment service authorization process.
- Updated instructions for ending waiver services.
- Extensive updates to customized rate to match updates in the Community Living waiver and to match what occurs operationally.
- Updates to reimbursement information for screenings for individuals with DD other than Intellectual Disability (ID)
- Added statement regarding transferring support coordinator and decision timeline for new Community Services Board/ Behavioral Health Authority to accept transfer
- Assistive technology: updated hyperlink to Durable Medical Equipment manual, removed cost of smartwatch fees, AT&T monitoring.
- Updated Electronic Home-Based Supports (EHBS) requirements based on guidance document. Added information on new optional EHBS assessment form.
- Updated information based on upcoming Individualized Service Plan format updates.
- Changed Medicaid Management Information System to Medicaid Enterprise System throughout manual.
- Updated Medical System information and how to access.
- Clarified time frames, billing and service authorization process for several services (Crisis, EHBS, community guide, community coaching, companion, in home support services).
- Clarification of documentation requirements for service authorization for nursing services.
- Updated Shared Living documentation requirements for service authorization.
- Updated localities considered "Northern Virginia" (NOVA) according to the fair market



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rent (FMR) areas included in the rate methodology.

- Updated outdated or broken hyperlinks.
- Added minor clarifying language to several sections, grammar and format updates and removed duplicate language.

Added grid of compatible and incompatible services.

To avoid disruption to claims payment through FFS and the MCOs providers must periodically check the DMAS provider portal, also known as the Provider Services Solution (PRSS), to ensure that the provider's enrollment, contact information, and license information is up to date, for all of the provider's respective service locations. Under federal rules, MCOs and DMAS are prohibited from paying claims to network providers who are not enrolled in PRSS. Additional information is provided on the [MCO Provider Network Resources webpage](#) and includes links to resources, tutorials and contact information to reach Gainwell with any provider enrollment or revalidation related questions. Dental providers should continue to enroll directly through the DMAS Dental Benefits Administrator, DentaQuest.

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

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

Cardinal Care Managed Care 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.

Cardinal Care Managed Care PACE

[https://www.dmas.virginia.gov/for-providers/managed-care/cardinal-care-managed-care/Program of All-inclusive Care \(virginia.gov\)](https://www.dmas.virginia.gov/for-providers/managed-care/cardinal-care-managed-care/Program of All-inclusive Care (virginia.gov))



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Provider Enrollment	In-State: 804-270-5105 Out of State Toll Free: 888-829-5373 Email: VAMedicaidProviderEnrollment@gainwelltechnologies.com
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	https://www.aetnabetterhealth.com/virginia/providers/index.html 1-800-279-1878
Anthem HealthKeepers Plus	http://www.anthem.com/ 1-800-901-0020
Molina Complete Care	1-800-424-4524 https://www.molinahealthcare.com/providers/va/medicaid/home.aspx
Sentara Community Plan United Healthcare	1-800-881-2166 https://www.sentarahealthplans.com/providers www.uhcprovider.com/ 1-844-284-0149
Dental Provider DentaQuest	1-888-912-3456
Fee-for-Service (POS) Prime Therapeutics	https://www.virginiamedicaidpharmacyservices.com/ 1-800-424-4046
Acentra Health Behavioral Health and Medical Service Authorizations	https://vamedicaid.dmas.virginia.gov/sa 1-804-622-8900