



Department of Medical Assistance Services
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<http://www.dmas.virginia.gov>

MEDICAID MEMO

TO: All Providers of Home and Community Based Services Waivers (HCBS) and Early Periodic Screening, Diagnosis, and Treatment (EPSDT) services participating in Virginia Medical Assistance Programs and Medicaid Managed Care Organizations (MCOs)

FROM: Karen Kimsey, Director
Department of Medical Assistance Services (DMAS)

DATE: 1/14/2021

SUBJECT: Update Developmental Disabilities (DD) and Commonwealth Coordinated Care (CCC) Plus Waivers: Provider Flexibilities Related to COVID-19

This memo is part of a series that sets out the Agency's guidance on the flexibilities available to providers in light of the public health emergency presented by the COVID-19 virus. The flexibilities in this memo include specific items related to Home and Community-Based Services (HCBS) Waivers, including the DD Waivers and the CCC Plus Waiver. These flexibilities are relevant to the delivery of covered services for COVID-19 detection and treatment, as well as maximizing access to care and minimizing viral spread through community contact and were included in earlier DMAS Medicaid memos dated March 19, 2020; April 22, 2020; May 15, 2020; June 26, 2020; and August 11, 2020.

Providers are encouraged to frequently access the Agency's website to check the central COVID-19 response page for both FAQs and guidance regarding new flexibilities as they are implemented. For additional questions about this memo or other COVID-19 related issues, the agency has created a centralized point of access for submission at <http://dmas.virginia.gov/contactforms/#/general>. Questions may also be submitted to COVID19@dmas.virginia.gov.

Any flexibilities listed in previous Medicaid Memos are still in effect during this current state of emergency unless explicitly stated otherwise. At such time that these and other flexibilities and allowances cease, providers will be notified through a Medicaid Memo noting the effective dates of those actions.

Extension of HCBS 1915 (c) Waiver Flexibilities

The purpose of this memo is to provide an update on the change of expiration date of the HCBS 1915(c) Waiver flexibilities originally set to expire on January 26, 2021. The Centers for Medicare and Medicaid Services (CMS) has granted the Agency's request to extend the current

waiver flexibilities to March 12, 2021. Currently, the federally imposed maximum amount of time that a state may exercise emergency flexibilities is one year.

DD Waiver Service Flexibilities

DD waiver service flexibilities that ended October 31, 2020 shall be available through March 12, 2021. This includes flexibilities in In-home Support Services, Community Engagement, Community Coaching, and Group Day Services. As a reminder, all normal documentation requirements must be in place in addition to that documentation that may also relate to the variance in service provisions. For example, if Group Day Services is being provided in a residential setting, the provider must adhere to all normal documentation requirements such as attendance sheets, documentation of staffing ratios and progress notes of the services provided as well as the documentation required by licensing around the requirements to provide the service in the group home.

For authorization requests received on or after January 14, 2021, Group Day Services may be authorized under a telehealth model. The telehealth service may be provided for individuals who have the technological resources and ability to participate with remote Group Day staff via virtual platforms (e.g., ZOOM, UberConference, etc.) in order to build skills to connect them with other community members and maintain current independent living skills. These services will not be allowed to be provided telephonically.

Examples of Group Day Service allowable activities that might be amenable to provision via telehealth:

- Developing problem-solving abilities; sensory, gross, and fine motor control abilities; and communication and personal care skills;
- Developing self, social, and environmental awareness skills;
- Developing skills as needed in positive behavior, using community resources, community safety and positive peer interactions, educational programs in integrated settings, forming community connections or relationships;
- Monitoring the individual's health and physical condition and other medical needs;
- Supporting older adults who participate in meaningful retirement activities in their communities, i.e., hobbies; and/or
- Career planning and resume developing based on career goals, personal interests, and community experiences

Providers interested in providing services to individuals under this model would make that authorization request in the Waiver Management System. These authorizations may only be requested through the March 12, 2021 consistent with Appendix K end date. Documentations, at a minimum, would need to include a revised Plan for Support for Group Day Services detailing the specific activities to be provided under telehealth. As a reminder, all changes to the Plan for Supports must involve a meeting with the individual's team. Authorizations will not be approved for more than twenty (20) units per week specific to use of telehealth. Groups are recommended to be no more than three (3) but may be allowed up to five (5) with justifications submitted to service authorization. There will need to be supporting documentation that shows the group ratios at the time of authorization request.

ADDITIONAL INFORMATION ON THE MEDICAID WAIVERS:

DBHDS website

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

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/
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
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
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),