



Department of Medical Assistance Services  
600 East Broad Street, Suite 1300  
Richmond, Virginia 23219

<http://www.dmas.virginia.gov>

# MEDICAID MEMO

**TO:** Medicaid Long-Term Services and Supports (LTSS) Screening Entities (Community-Based and Hospital Teams); and other State Agencies involved in the Screening Process [DBHDS, DSS Eligibility]

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

**DATE:** TBD

**SUBJECT:** Availability of Physician Training for Medicaid Long Term Services and Supports Screening

The purpose of this memorandum is to alert physicians who review and provide final authorization or denial of Medicaid Long Term Services and Supports (LTSS) Screenings of the availability of the training module specific for physicians.

**Please note: None of the requirements in this memo shall be implemented during the COVID-19 emergency declaration period. Once the period is over, additional guidance regarding this requirement will be provided.**

All physicians (and those authorized to sign for a physician per the Code of Virginia, 54.1-2957.02 and 54.1-2952.2) who have not yet been certified for the Medicaid LTSS Screening, and who are responsible for reviewing and final authorization or denial of the Medicaid LTSS screenings must complete the physicians' training, Module 5. Physicians should allow approximately 30 minutes for the training including taking the quiz at the end of the module and reviewing the resource handout LTSS Key Knowledge Points for Physicians. A certification number will be provided following successful completion. Physicians will be required to enter this code when approving screenings; otherwise, the screening will not be valid in the Medicaid information system and potentially jeopardize Medicaid payment for services the individual receives. Completion of the training is required every three years.

Specific information regarding registration and the web accessible link for the training is available on the DMAS website, located under "Long Term Care" in the "Screening for LTSS" tab. The link for long-term care programs is: <http://www.dmas.virginia.gov/#/longtermprograms>. [Details regarding training completion dates are forthcoming.](#)

## **Background**

The Code of Virginia in § 32.1-330 requires a LTSS screening of all Medicaid members or Medicaid eligible individuals applying for admission to a certified nursing facility, as defined in § 32.1-123, or enrollment in the Commonwealth Coordinated Care Plus Waiver or Program for All-inclusive Care for the Elderly (PACE).

Per Virginia regulation **12VAC30-60-310. Competency Training and Testing Requirements**, beginning July 1, 2019, each individual conducting screenings and providing authorization for approval of Medicaid LTSS shall have completed required training and passed competency tests achieving a score of at least 80%. Authorizing screeners are individuals who sign and attest to the *DMAS-96 Medicaid LTSS Authorization* form, including nurses, social workers, and physicians.

Questions and inquiries regarding this bulletin should be directed to:

[ScreeningAssistance@dmas.virginia.gov](mailto:ScreeningAssistance@dmas.virginia.gov).

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**Medicaid Expansion**

New adult coverage began January 1, 2019. Providers will 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>.

<b>PROVIDER CONTACT INFORMATION &amp; RESOURCES</b>	
<b>Virginia Medicaid Web Portal Automated Response System (ARS)</b> Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.	<a href="http://www.virginiamedicaid.dmas.virginia.gov">www.virginiamedicaid.dmas.virginia.gov</a>
<b>Medicall (Audio Response System)</b> Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.	1-800-884-9730 or 1-800-772-9996
<b>KEPRO</b> Service authorization information for fee-for-service members.	<a href="https://dmas.kepro.com/">https://dmas.kepro.com/</a>
<b>Managed Care Programs</b> 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.	
<b>Medallion 4.0</b>	<a href="http://www.dmas.virginia.gov/#/med4">http://www.dmas.virginia.gov/#/med4</a>
<b>CCC Plus</b>	<a href="http://www.dmas.virginia.gov/#/cccplus">http://www.dmas.virginia.gov/#/cccplus</a>
<b>PACE</b>	<a href="http://www.dmas.virginia.gov/#/longtermprograms">http://www.dmas.virginia.gov/#/longtermprograms</a>
<b>Magellan Behavioral Health</b> Behavioral Health Services Administrator, check eligibility, claim status, service limits, and service authorizations for fee-for-service members.	<a href="http://www.MagellanHealth.com/Provider">www.MagellanHealth.com/Provider</a> For credentialing and behavioral health service information, visit: <a href="http://www.magellanofvirginia.com">www.magellanofvirginia.com</a> , email: <a href="mailto:VAProviderQuestions@MagellanHealth.com">VAProviderQuestions@MagellanHealth.com</a> , or call: 1-800-424-4046

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<p><b>Provider HELPLINE</b> 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>
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