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

http://www.dmas.virginia.gov

MEDICAID MEMO

TO: Developmental Disability Waiver Services Providers

FROM: Jennifer S. Lee, M.D., Director
Department of Medical Assistance Services (DMAS)

MEMO: Special

DATE: 9/4/2019

SUBJECT: Authorization of Personal Assistance Services in the Developmental Disability Waiver

The purpose of this memorandum is to notify providers, stakeholders and families of children under the age of 21 receiving Developmental Disability Waiver services in the Community Living (CL) and Family and Individual Supports (FIS) Waivers that DMAS has reached agreement with the Centers for Medicare and Medicaid (CMS) to reverse a policy implemented in November 2017 regarding the authorization of personal assistance services.

CMS previously instructed Virginia to evaluate personal assistance hours based on criteria established in the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) benefit. As a result of this policy change, decisions about the number of personal assistance hours approved for individual members relied heavily on an assessment of medical necessity.

Starting September 4, 2019, the evaluation of the number of personal assistance hours required for our members will be based on criteria outlined in the Community Living (CL) and Family and Individual Supports (FIS) Developmental Disability Waivers. Decisions about personal assistance hours will be determined based on an assessment of the services needed for members to remain in their homes and their communities if they choose that option over institutional care.

This change will apply only to personal assistance services through the CL and FIS Waivers for members under the age of 21 for service authorization effective date on or after September 4, 2019. The *Medical Necessity Assessment and Personal Care Service Authorization* form, also known as the DMAS-7, will no longer be required for these members after that date. The change was already implemented, effective May 1, 2019, for individuals who are on the Commonwealth Coordinated Care Plus Waiver.

For members who experienced personal care hour reductions under EPSDT and indicate their needs are not met, the provider may submit a new authorization request to have hours reviewed under the DD Waiver criteria. Reminder: providers are required to ensure that services are adequate to meet the member's needs.

The chart below summarizes the required documentation for service authorization requests for dates of service effective after September 4, 2019 for children under 18 years of age. The *Request for Supervision* form will not be needed for individuals 18 years of age and older (please see attachment). This form will be used to determine supervision hours needed for children taking into consideration health, safety and well-being and the current support system available for supervision.

SERVICE	PROCEDURE CODE (CPT codes)	REQUIRED DOCUMENTATION
Personal Care	T1019 (agency directed) S5126 (consumer directed)	□ DMAS 97A/B, if a personal care agency, along with the DBHDS Personal Preferences Tool and the "Modified Use" of the Part V OR □ Part V of the Individual Support Plan (ISP) if DBHDS licensed agency; □ Documentation submitted must include name of the person delivering the service and relationship to the individual; and □ If supervision hours are being requested, a completed Request for Supervision Hours in Personal Assistance form (DMAS-P257) is required.

There are no changes to any other services.

Attachment 1: Request for Supervision form

Medicaid Expansion

New adult coverage began January 1, 2019. Providers can 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.

CONTACT INFORMATION & RESOURCES FOR PROVIDERS	
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

REQUEST FOR SUPERVISION HOURS IN PERSONAL ASSISTANCE

Individual Name: _____ Medicaid ID: _____

Personal Assistance Provider/Services Facilitation Provider: _____

INDIVIDUAL COGNITIVE AND PHYSICAL NEEDS WHICH JUSTIFY NEED FOR SUPERVISION (for children under 18 years of age)

A. **Cognitive Status**: Describe the individual's cognitive status and the impact it has on his/her behavior, which may necessitate supervision by a Personal Assistant (for example, may include but not be limited to, self-injury, elopement, impulsivity).

_____

_____

_____

Can the individual be left alone without risking their health or safety? ☐ Yes ☐ No (If no, why (Please explain below.)

_____

_____

What is the maximum amount of time, if any, that the individual can be left alone without risking their health or safety?

Hrs.	Min.

_____

_____

Does the individual have sufficient judgement/decision making abilities to enable him/her to be safe if left alone? ☐ Yes ☐ No

B. **Physical Status**: Please check all that apply.

Physical Issue	Presence/Absence	Further Detail	
Incontinence	☐ Yes ☐ No	☐ Bowel	☐ Bladder
Ability to Transfer	☐ Yes ☐ No	☐ Cannot Transfer	☐ Requires Assistance
Potential for skin breakdown	☐ Yes ☐ No	☐ Temporary	☐ Ongoing
Fall Risk	☐ Yes ☐ No	☐ Frequent	☐ Infrequent
Seizures	☐ Yes ☐ No	☐ Frequent	☐ Infrequent
		☐ Type_____	
Mobility		☐ Ambulatory	☐ Non-ambulatory

C. Can the individual call (via telephone) for assistance: ☐ Yes ☐ No

D. CURRENT SUPPORT SYSTEM

1. Primary Caregiver Information

Name: _____ Home/Cell Phone: _____

Does the primary caregiver live with the individual? ☐ Yes ☐ No

If no, primary caregiver's address is:

_____

_____

Does the primary caregiver work outside of home? ☐ Yes ☐ No
Does the primary caregiver work from the home? ☐ Yes ☐ No
If yes, to either of the above, what are the days/hours worked:_____

_____

_____

Are there other children (under 18) in the home? ☐ Yes ☐ No

2. Backup Plan/System for the primary care giver when the Personal Assistant is absent from home.

_____

_____

_____

_____

E. Provide any additional information/justification not addressed above to further demonstrate the need for supervision.

_____

_____

_____

_____

_____

Agency Representative Date

_____ _____

REQUEST FOR SUPERVISION HOURS IN PERSONAL ASSISTANCE

RN Supervisor/Service Facilitator _____ Date _____

Instructions

If a participant is requesting supervision, the provider must fill this form out completely and submit it to DBHDS SA for authorization. The DBHDS SA must approve the request before DMAS will reimburse for this service.

This form contains patient-identifiable information and is intended for review and use of no one except authorized parties. Misuse or disclosure of this information is prohibited by State and Federal Laws. If you have obtained this form by mistake, please send it to: DMAS, 600 East Broad Street, Suite 1300, Richmond, VA 23219