Department of Medical Assistance Services
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www.dmas.virginia.gov

MEDICAID
PROVIDER MANUAL UPDATE

TO: All Psychiatric Service Providers, Acute Care and Psychiatric Hospitals, Level C Residential Treatment Facilities, Level A and Level B Group Homes, EPSDT Residential Treatment Providers, Magellan and Managed Care Organizations

MEMO: Update

FROM: Cynthia B. Jones, Director
Department of Medical Assistance Services (DMAS)

DATE: 6/30/2017

SUBJECT: New Residential Treatment Services Program Manual

The purpose of this memorandum is to announce the implementation of the changes to psychiatric residential treatment services as defined in the Medicaid Memo issued on June 1, 2017. The Department of Medical Assistance Services (DMAS) has developed a NEW Residential Treatment Services Manual, which updates program criteria and program rules that will go into effect on July 1, 2017. This new Residential Treatment Services Manual will supersede program criteria and rules previously defined in the Psychiatric Services and Community Mental Health Rehabilitation Services (CMHRS) manuals for Psychiatric Residential Treatment Facility (PRTF) and Therapeutic Group Home (TGH) services.

The new manual also provides detail on policy topics previously defined by DMAS:

- Adds content in Chapter 2 and Chapter 4 from the Medicaid Memo dated June 9, 2014 regarding Services Provided "Under Arrangement" in Psychiatric Residential Treatment Facilities;
- Provides policy and procedural guidance based on regulatory changes that were effective on March 8, 2017; the requirements for services provided under arrangement have been in place since July 1, 2014 as defined in the Medicaid Memo of June 9, 2014;
- Additional clarification on the requirements for reporting serious incidents and seclusion and restraint;
- New attestation letter format implemented to align with the Centers for Medicare and Medicaid Services (CMS) requirements on seclusion and restraints.

Level A Group Home Transition Process (effective July 1, 2017)

Revised regulations establish two levels of residential care: PRTF and TGH. Both levels of care require licensure by the Department of Behavioral Health and Developmental Services (DBHDS).

In order to better align service delivery with federal mandates and licensing requirements, Level A group home service providers who wish to provide continued Medicaid covered services and be reimbursed by Medicaid must obtain a license from DBHDS. In the DMAS Program Manual update issued on December 9, 2016, Level A service providers were instructed to contact DBHDS and indicate their interest in applying for licensure by February 1, 2017. On January 20, 2017, DBHDS conducted an information session for Level A providers, outlining the transition process to become licensed as a TGH. As of February 1, 2017, Magellan stopped enrolling new Level A providers with licenses issued by the Department of Social Services (DSS). **As of May 1, 2018, DMAS and Magellan will no longer reimburse for TGH services provided by a DSS licensed facility.**

Level A Transition Summary:

Level A providers who have applied to DBHDS for a TGH license by June 30, 2017 will be able to do the following:

1. Continue to accept new Level A admissions via the Independent Assessment Certification and Coordination Team (IACCT) process using TGH medical necessity criteria.
2. Continue receiving reimbursement for authorized services through April 30, 2018.

Level A providers who have not applied to DBHDS for a TGH license by June 30, 2017 will be able to do the following:

1. Accept new Level A admissions via the IACCT process through September 30, 2017 using TGH medical necessity criteria.
2. Receive reimbursement for previously authorized admissions through April 30, 2018.
3. Begin the DBHDS licensure process after June 30, 2017, but will not be able to receive reimbursement after April 30, 2018 until a DBHDS license is issued.

Based on data received from DBHDS related to application status, beginning March 1, 2018, Magellan will identify those providers with open authorizations that extend beyond April 30, 2018. For providers who have not obtained a TGH license, Magellan will provide care coordination for those members that were in placement prior to May 1, 2018 who choose to be transitioned to another group home. Care coordination will include reaching out to the providers and the legal guardian of the member to provide notice and assist in identifying alternative placements for youth that continue to meet medical necessity criteria for TGH services. For members who do not continue to meet TGH criteria, Magellan can assist in linking members to community based services. Legal guardians may choose to seek alternative funding for the child to remain in the DSS facility. This process will begin in March 2018 in order to allow Magellan and providers sixty (60) days to work collaboratively on appropriately transitioning these children by May 1, 2018.

Additional information and training resources including recorded information about the program changes and the IACCT process is available on the Magellan of Virginia website at: Residential Service Changes.

Questions about the Residential Treatment Services and IACCT process may be directed by email to: RTCChange@dmas.virginia.gov.

MAGELLAN BEHAVIORAL HEALTH OF VIRGINIA (Behavioral Health Services Administrator)

Providers of behavioral health services may check member eligibility, claims status, check status, service limits, and service authorizations by visiting www.MagellanHealth.com/Provider. If you have any questions regarding behavioral health services, service authorization, or enrollment and credentialing as a Medicaid behavioral health service provider please contact Magellan Behavioral Health of Virginia toll free at 1-800-424-4046 or by visiting www.magellanofvirginia.com or submitting questions to VAProviderQuestions@MagellanHealth.com.

MANAGED CARE PROGRAMS

Most Medicaid individuals are enrolled in one of the Department's managed care programs: Medallion 3.0, Commonwealth Coordinated Care (CCC), 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/PACE provider may utilize different prior authorization, billing, and reimbursement guidelines than those described for Medicaid fee-for-service individuals. For more information, please contact the individual's managed care plan/PACE provider directly.

Contact information for managed care plans/PACE providers can be found on the DMAS website for each program as follows:

- Medallion 3.0: http://www.dmas.virginia.gov/Content_pgs/mc-home.aspx
- Commonwealth Coordinated Care (CCC): http://www.dmas.virginia.gov/Content_pgs/mmfa-isp.aspx
- Commonwealth Coordinated Care Plus (CCC Plus): http://www.dmas.virginia.gov/Content_pgs/mltss-proinfo.aspx
- Program of All-Inclusive Care for the Elderly (PACE): http://www.dmas.virginia.gov/Content_atchs/ltc/WEB%20PAGE%20FOR%20PACE%20Sites%20in%20VA.pdf

COMMONWEALTH COORDINATED CARE PLUS

Commonwealth Coordinated Care Plus is a required managed long term services and supports program for individuals who are either 65 or older or meet eligibility requirements due to a disability. The program integrates medical, behavioral health, and long term services and supports into one program and provides care coordination for members. The goal of this coordinated delivery system is to improve access, quality and efficiency. Please visit the website at: http://www.dmas.virginia.gov/Content_pgs/mltss-home.aspx.

VIRGINIA MEDICAID WEB PORTAL

DMAS offers a web-based Internet option to access information regarding Medicaid or FAMIS member eligibility, claims status, payment status, service limits, service authorizations, and electronic copies of remittance advices. Providers must register through the Virginia Medicaid Web Portal in order to access this information. The Virginia Medicaid Web Portal can be accessed by going to: www.virginiamedicaid.dmas.virginia.gov. If you have any questions regarding the Virginia Medicaid Web Portal, please contact the Conduent Government Healthcare Solutions Support Help desk toll free, at 1-866-352-0496 from 8:00 a.m. to 5:00 p.m. Monday through Friday, except holidays. The MediCall audio response system provides similar information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider.

KEPRO PROVIDER PORTAL

Providers may access service authorization information including status via KEPRO's Provider Portal at http://dmas.kepro.com.

"HELPLINE"

The "HELPLINE" is available to answer questions Monday through Friday from 8:00 a.m. to 5:00 p.m., except on holidays. The "HELPLINE" numbers are:

1-804-786-6273	Richmond area and out-of-state long distance
1-800-552-8627	All other areas (in-state, toll-free long distance)

Please remember that the "HELPLINE" is for provider use only. Please have your Medicaid Provider Identification Number available when you call.

TO ALL MEDICAID PROVIDERS: PROVIDER APPEAL REQUEST FORM NOW AVAILABLE

There is now a form available on the DMAS website to assist providers in filing an appeal with the DMAS Appeals Division. The link to the page is http://www.dmas.virginia.gov/Content_pgs/appeal-home.aspx and the form can be accessed from there by clicking on, "Click here to download a Provider Appeal Request Form." The form is in PDF format and has fillable fields. It can either be filled out online and then printed or downloaded and saved to your business computer. It is designed to save you time and money by assisting you in supplying all of the necessary information to identify your area of concern and the basic facts associated with that concern. Once you complete the form, you can simply print it and attach any supporting documentation you wish, and send to the Appeals Division by means of the United States mail, courier or other hand delivery, facsimile, electronic mail, or electronic submission supported by the Agency.