



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

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

# MEDICAID BULLETIN

**TO:** All Providers of Personal Care, Attendant/Aide Care, Respite Care, and Companion Care Services for the Early Periodic Screening, and Diagnosis and Treatment (EPSDT), Developmental Disability Waivers (DDW), Commonwealth Coordinated Care (CCC) Plus Waiver programs, DMAS-Contracted Managed Care Organizations, Department of Behavioral Health Developmental Services (DBHDS), and Virginia Department of Health (VDH)

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

**DATE:** 3/17/22

**SUBJECT:** Update Face-To-Face Supervisory and Case Management Visits

This purpose of this is to provide an update to the “Face to Face Supervisory and Case Management Visits” Medicaid Bulletin posted on 12/20/2021. DMAS will continue to waive the enforcement of face-to-face visits in the event the member or family does not agree to participate in a face-to-face visit for the following Medicaid services: case management, service facilitation, and supervisory visits for personal care. This bulletin extends this period of non-enforcement until the end of the Federal Public Health Emergency (PHE).

DMAS will exercise a limited period of non-enforcement with respect to the face-to-face visit requirements in the DMAS regulations listed below. Instead, those face-to-face visits and all the requirements related to the visits may be conducted by telephonic or audio/visual methods in the event the member or family refuses a face-to-face visit in compliance with the regulations listed below due to concerns about COVID-19. The provider should document all efforts made to conduct face-to-face visits and only then may the provider complete the visit by telephonic or audio-visual means during the non-enforcement period specified below.

The period of non-enforcement will be from August 30, 2021 through the expiration of the Federal PHE for COVID-19.

The non-enforcement period is intended to provide flexibility only to members that have on-going concerns about COVID-19 and the safety of having outside individuals in their home. This flexibility is not for the convenience of the providers. Face-to-face visits are integral in ensuring the health and safety of members. When a member refuses the visit, providers should take steps to explain to the member/family why the visit is important, and work with them to come up with

a plan that moves toward the return of face-to-face visits. Providers and members are encouraged to utilize PPE and social distancing measures to decrease any risk of infection. Additionally vaccination resources are available at: <https://www.vdh.virginia.gov/covid-19-vaccine/>. Please visit the CDC website for more information on protecting yourself and others: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>

**The Non-Enforcement Period for face-to-face visits applies to the regulations below: (Also see Appendix A for regulatory detail)**

**CCC Plus Waiver Regulations:**

- Agency Directed Personal Care: 12VAC30-120-935.F.2
- Agency-Directed Respite: 12VAC30-120-935.G.1.a.(2)
- Services Facilitation: 12VAC30-120-935.H.4.b

**DD Waiver Regulations:**

- 12VAC30-122-20: Definition for face-to-face
- 12VAC30-122-340. D.4.e: Companion Service
- 12VAC30-122-460 D.4 e: Personal Assistance Service
- 12VAC30-122-490.D.9.a: Respite
- 12VAC30-122-500 B.2.d: Service Facilitation Service
- 12VAC30-122-500 B.3: Service Facilitation Service

**ID Case Management:**

- Support coordination/case management services for individuals with intellectual disability: 12VAC30-50-440.A.1

**DD Case Management:**

- Support coordination/case management for individuals with developmental disabilities: 12VAC30-50-490.A.1
- Support coordination/case management for individuals with developmental disabilities: 12VAC30-50-490.A.2

**Appendix A**

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**References to visits in the home in the CCC Plus Waiver:**

Agency-Directed Personal Care  
12VAC30-120-935.F.2

During a home visit, the RN supervisor shall evaluate, at least every 90 days, the LPN supervisor's performance and the waiver individual's needs to ensure the LPN supervisor's abilities to function competently and shall provide training as necessary.

#### Agency-Directed Respite

12VAC30-120-935.G.1.a.(2)

When respite care services are not received on a routine basis but are episodic in nature, a RN/LPN supervisor shall conduct the home supervisory visit with the aide/LPN on or before the start of care.

#### Services Facilitation

12VAC30-120-935.H.4.b

After the initial comprehensive visit, the services facilitator shall continue to monitor the plan of care on an as-needed basis, but in no event less frequently than every 90 days for personal care, and shall conduct face-to-face meetings with the individual and may include the family/caregiver.

#### References to home visits in DD waiver regulations:

12VAC30-122-20- "Face-to-face contact" means an in-person meeting between the support coordinator and the individual and family/caregiver, as appropriate, for the purpose of assessing the individual's status and determining satisfaction with services, including the need for additional services and supports.

12VAC30-122-340. D.4.e.- Companion Service- The supervisor shall make supervisory home visits as often as needed to ensure both quality and appropriateness of the service.

12VAC30-122-460 D.4 e.- Personal Assistance Service

The supervisor shall make supervisory home visits as often as needed to ensure both quality and appropriateness of the service.

12VAC30-122-490.D.9.a- Respite

The supervisor shall make supervisory home visits or center-based visits to DBHDS-licensed settings as often as needed to ensure both quality and appropriateness of the service. When respite service is received on a routine basis, the minimum frequency of these supervisory visits shall be at least every 90 days under the agency-directed model, depending on the individual's needs.

12VAC30-122-500 B.2.d- Service Facilitation Service

After the initial visit, the services facilitator shall continue to monitor the individual's plan for supports quarterly (i.e., every 90 days) and more often as needed. If consumer-directed respite service is provided, the services facilitator shall review the utilization of consumer-directed respite service either every six months or upon the use of 240 respite service hours, whichever comes first.

12VAC30-122-500 B.3- Service Facilitation Service

An in-person meeting shall occur between the services facilitator and the individual at least every six months to reassess the individual's needs and to ensure appropriateness of any consumer-directed service received by the individual. During these visits with the individual, the services

facilitator shall observe, evaluate, and consult with the individual, EOR, and the individual's family/caregiver, as appropriate, for the purpose of assessing the adequacy and appropriateness of consumer-directed service with regard to the individual's current functioning, medical needs, and social needs.

**ID Case Management:**

**12VAC30-50-440.A.1**

An active individual for intellectual disability support coordination/case management shall mean a person for whom there is an individual support plan (ISP) (as defined in 12VAC30-122-20) in effect that requires direct or -related individual-related contacts or communication or activity with the individual, the individual's family or caregiver, service providers, significant others, and others including at least one face-to-face contact with the individual every 90 days.

**DD Case Management:**

**12VAC30-50-490.A.1**

Support coordinators/case managers shall make face-to-face contact with the individual at least every 90 calendar days to monitor the special service need, and documentation is required to support such contact.

**12VAC30-50-490.A.2**

Face-to-face contact between the support coordinator/case manager and the individual shall occur at least every 90 calendar days in which there is an activity submitted for billing.

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<b><u>PROVIDER CONTACT INFORMATION &amp; RESOURCES</u></b>	
<p><b>Virginia Medicaid Web Portal Automated Response System (ARS)</b> Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.</p>	<p><a href="http://www.virginiamedicaid.dmas.virginia.gov">www.virginiamedicaid.dmas.virginia.gov</a></p>
<p><b>Medicall (Audio Response System)</b> Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.</p>	<p>1-800-884-9730 or 1-800-772-9996</p>
<p><b>KEPRO</b> Service authorization information for fee-for-service members.</p>	<p><a href="https://dmas.kepro.com/">https://dmas.kepro.com/</a></p>
<p><b>Provider Appeals</b> 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.</p>	<p><a href="https://www.dmas.virginia.gov/appeals/">https://www.dmas.virginia.gov/appeals/</a></p>

<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
<b>Provider HELPLINE</b> 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	<a href="http://www.aetnabetterhealth.com/Virginia">www.aetnabetterhealth.com/Virginia</a> 1-800-279-1878
Anthem HealthKeepers Plus	<a href="http://www.anthem.com/vamedicaid">www.anthem.com/vamedicaid</a> 1-800-901-0020
Molina Complete Care	1-800-424-4524 (CCC+) 1-800-424-4518 (M4)
Optima Family Care	1-800-881-2166 <a href="http://www.optimahealth.com/medicaid">www.optimahealth.com/medicaid</a>
United Healthcare	<a href="http://www.Uhcommunityplan.com/VA">www.Uhcommunityplan.com/VA</a> and <a href="http://www.myuhc.com/communityplan">www.myuhc.com/communityplan</a> 1-844-752-9434, TTY 711
Virginia Premier	1-800-727-7536 (TTY: 711), <a href="http://www.virginiapremier.com">www.virginiapremier.com</a>