LTSS authorization and care management transformation QRG

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This process applies to:

Agency providers and service facilitators who provide consumer-directed attendant care (S5126) and agency-directed personal care (T1019) to Anthem CCC Plus Waiver members, excluding early and periodic screening, diagnostic, and treatment (EPSDT). Authorizations for these services will now extend 30 days beyond the next Level of Care Evaluation Request Instrument (LOCERI) due date.

1. Purpose of this quick reference guide (QRG)

This QRG is a companion to the LTSS authorization and care coordination training presentation. It summarizes the updated provider-facing process, which aims to:

- Support timely care manager/provider collaboration before authorization submission.
- Align authorization periods with the member's LOCERI schedule.
- Reduce off-cycle submissions, avoidable delays, service gaps, and administrative rework.
- Keep the member at the center through Integrated Care Team (ICT) participation and coordinated service planning.

2. Key changes at a glance

Authorization alignment	ICT first	Standard sequence
Authorizations end 30 days after the next LOCERI due date.	ICT collaboration occurs before the authorization request.	1. Provider coordination 2. Care management/ICT 3. UM review 4. Final authorization

3. Provider expectations

LTSS providers are expected to:

- Engage the assigned care manager before submitting service requests.
- Participate in the ICT meeting and contribute to person-centered service planning.

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- Ensure the ICT collaboration occurs before submitting the clinical authorization request to UM.
- Plan around LOCERI-driven timelines and avoid waiting until the end of the authorization period.
- Document outreach, collaboration, refusals, and relevant planning details when applicable.

4. Workflows

Workflow 1: Initial authorization with continuity of care (COC)

Use this workflow when a member enters with a 90-day COC authorization.

Step 1	Step 2	Step 3	Step 4
COC authorization issued	**HRA + ICT by Day 30**	**Provider submits request**	**Final aligned auth**
UM honors a 90-day COC authorization at member enrollment to prevent service disruption. UM processes the auth to end 30 days after the next LOCERI due date.	Care manager and provider review their assessments and participate with the member in the ICT meeting to establish the service plan.	If a change in hours is needed, provider submits the clinical authorization request to UM using the current authorization submission process.	UM reviews and sets the authorization end date 30 days beyond the next LOCERI due date.

Key point: The 90-day COC period allows services to continue while the care manager and provider complete assessment and collaborative planning. If any changes are identified at the ICT meeting, the provider can submit a request to increase/decrease for review.

Workflow 2: Initial authorization without COC — internal referral

Use this workflow when a new internal referral or request initiates the authorization process and no COC period applies.

Step 1	Step 2	Step 3	Step 4
Referral/request submitted	**ICT by Day 30**	**Provider submits request**	**Final aligned auth**
Internal referral or request initiates the member's new service authorization process.	Care Manager and provider review their assessments and participate in the ICT meeting to establish the service plan.	Provider submits the clinical authorization request to UM for review and processing.	UM sets the authorization end date 30 days beyond the next LOCERI due date.

Key point: Assessment and ICT collaboration should occur before the provider submits the authorization request to UM.

Workflow 3: Annual authorization alignment

Use this workflow for annual renewals when the authorization is being aligned to the LOCERI cycle.

Step 1	Step 2	Step 3	Step 4
UM auto-extension	**Annual Assessment + ICT**	**Provider submits request**	**Renewed aligned auth**
UM extended all active auths on March 14, 2026, to end 30 days after the next LOCERI due date using system reports.	Care manager and provider review their annual assessments and ICT before the auto-extension expires.	Provider submits the clinical authorization request to UM for the renewed authorization period.	UM issues the aligned annual authorization, valid for 30 days beyond the next LOCERI due date.

Key point: Once aligned, future authorizations continue to end 30 days beyond the next LOCERI due date.

5. Deviation reminders

When collaboration does not occur

Care managers and providers would still need to collaborate on members who are UTC to see if there's any contact info each other has that may be different to try. If members do not complete a LOCERI assessment, they will not be able to remain on the waiver.

6. Support and resources

Resource	How to use it
Provider website	Go to **https://anthem.com/va/provider** > Access the Virginia Medicaid provider site. Under the Resources menu, you'll find guides, training materials, and forms. Under the Communications menu, you'll find our newsletter, Provider News.
Provider Services	**800-901-0020** for general assistance and routing to appropriate support areas.
Standard LTSS authorization fax	**844-864-7853** for standard LTSS requests, as referenced in the webinar questions document.
LTSS Utilization Management	Call Provider Services at **800-901-0020** and request the Virginia LTSS MMS Intake team. If your call goes to voicemail, leave a message; the team will return your call within 48 hours.
Assigned care manager information	Use Total Member View in **https://Availity.com**. Go to the *Care Management* tab. The LTSS care manager is listed under the programs. It's not in the banner at the top for members who are co-managed with other care managers (for example, FIDE members or members receiving a specialized targeted care manager and LTSS care manager). If the care manager is not displayed in Total Member View, email anthemvaltss@anthem.com to request name and contact information.

Resource	How to use it
LTSS network relations specialist	valtsspr@anthem.com
LTSS network education	Write to valtssnetworkeducation@anthem.com for questions about processes, training, or systems.

Provider takeaway

The updated workflow is designed to align services with LOCERI-driven reassessment timelines, improve continuity, and reduce avoidable administrative rework. Early engagement with the care manager and meaningful ICT participation are the key provider actions that support a smooth authorization process.