



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

MEDICAID MEMO

TO: All Home and Community Based Waiver Providers, and Managed Care Organizations (MCOs) participating in the Virginia Medical Assistance Program, Area Agencies on Aging (AAA), Community Service Boards (CSBs), Local Departments of Social Services, and Community Independent Living Centers

FROM: Patrick W. Finnerty, Director
Department of Medical Assistance Services

MEMO: Special

DATE: 6/11/2008

SUBJECT: – Introduction of Money Follows the Person (MFP) – *Effective Date July 1, 2008*
– New Services Added to Existing Waivers – *Effective Date July 1, 2008*

The purposes of this memorandum are to notify providers of the Money Follows the Person (MFP) Program which provides individuals living in nursing facilities, intermediate care facilities for persons with mental retardation (ICF/MRs), and long-stay hospitals with informed choices and options about transitioning into a more integrated community setting. This memo will describe the program, goals, services, and supports as well as the enrollment, and prior authorization (PA) procedures for services under MFP. MFP adds two new services: 1) Transition Coordination to the Elderly or Disabled with Consumer-Direction (EDCD) Medicaid Waiver, and 2) Transition Services/Funding.

Other additional permanent waiver services have been added under the existing long-term care home and community-based waivers. This memo also discusses the PA procedures for these services.

The Money Follows the Person Project

In May 2007, Virginia received an award from the federal Medicaid agency, the Centers for Medicare and Medicaid Services, for the Money Follows the Person Rebalancing Demonstration Project established by the federal Deficit Reduction Act of 2005. Funding to make this initiative possible comes from both federal and state sources.

This project provides individuals of all ages and all disabilities that live in institutions in Virginia options for community living that have not been offered before. No age or disability is excluded from participation. The project has been designed at every stage, from application to development of the Operational Protocol (also called Virginia's Money Follows the Person Project "Guidebook"), with input from many individuals, including state and local agencies, advocates, individuals living in institutions, and individuals who have transitioned from institutions to the community.

MFP is available to persons who reside in a nursing facility, intermediate care facility for persons with mental retardation, or long-stay hospitals for 6 months and continue to require long term care benefits from Medicaid upon discharge. It is anticipated that more than 1,000 individuals will transition out of institutions during the 4 year demonstration period.

The MFP Project has Three Goals:

Goal 1: To provide individuals who live in nursing facilities, intermediate care facilities for persons with mental retardation, and long-stay hospitals more informed choices and options about where they live and receive services;

Goal 2: To transition individuals from these institutions if they choose to live in the community; and

Goal 3: To promote quality care through services that are person-centered, appropriate, and based on individual needs.

All activities of the project are designed to address the following objectives:

- Increase the use of Medicaid home and community-based waivers, rather than institutional services;
- Eliminate barriers that prevent or restrict Medicaid funding from being used to meet individual needs;
- Assist individuals to receive support for appropriate and necessary services in the settings of their choice;
- Increase the ability of the State Medicaid program to continue to provide home and community-based waiver services to individuals who choose to transition from an institution to a community setting; and
- Ensure procedures are in place to monitor and continuously improve the quality of services.

1- New Services and Supports Available with the MFP Project

In order to best address the needs of individuals transitioning from institutions into the community, Virginia has made the following additional services permanently available to individuals using home and community-based waivers who currently do not have access

to them. This is true not only for individuals participating in this project, but also for all individuals receiving the applicable home and community based care waiver services:

- Personal Emergency Response System and Personal Emergency Response System medication monitoring;
- Assistance with up-front, essential household expenses at transition;
- Assistive Technology, including devices that enhance your ability to function and communicate, such as specialized toilets, braces, chairs, and computer hardware and software;
- Assistance with making modifications to homes and primary vehicles to make them accessible;
- Use of *2-1-1 Virginia* as the Tier 3 emergency back up support for individuals participating in the Money Follows the Person project; and
- Transition coordination to support individuals who elect services through the Elderly or Disabled with Consumer Direction Waiver both before and after they move to the community.

In addition to Medicaid waiver services, the Commonwealth of Virginia is developing housing and transportation services that can be used by individuals who are transitioning to the community. For example:

- Additional assistance for home modifications and rental payments of up to 60 days during the modifications period are available through the Virginia Department of Housing and Community Development to individuals who participate in this project.
- A Housing Task Force is developing recommendations that will become part of an annual action plan to steadily increase the availability of accessible, affordable housing.
- The Statewide Independent Living Council has set aside resources to support Virginia's 16 Centers for Independent Living in educating individuals about this project and about housing plans and options.
- The Virginia Department of Rail and Public Transportation will be making grant awards to transportation districts to improve the availability and accessibility of transportation for individuals with disabilities and seniors.

General Questions Regarding MFP:

The MFP phone number is 804-225-2984. On the DMAS website go to: www.dmas.virginia.gov and click on the Long-Term Care and Waiver Services from the home page. For additional information, please visit the Virginia Olmstead website at: <http://www.olmsteadva.com/mfp/>.

DMAS will receive general inquiries on the MFP project at mfp@dmas.virginia.gov. Please enter “MFP Inquiries” in the subject line.

2- Requesting MFP Enrollment through the Appropriate Entity

KePRO, DMHMRSAS, and DMAS will accept requests and perform review for enrollment for the MFP Program and for the additional permanent HCBS waiver services.

Enrollment in MFP must be submitted to the appropriate PA entity through either the Transition Coordinator for EDCD Waiver or the Case Manager for Developmental Disabilities (DD); Mental Retardation (MR); Technology Assisted (Tech); and HIV/AIDS Waivers.

The following chart identifies the party responsible for submitting the request for MFP enrollment and where to submit the enrollment request.

Where to Submit MFP Enrollments – Effective July 1, 2008

	Elderly or Disabled with Consumer Direction Waiver (EDCD)	Individual and Family Developmental Disabilities Waiver (DD)	AIDS/HIV Waiver	Mental Retardation (MR) Waiver	Technology Assisted (Tech) Waiver
Party Responsible to Make MFP Enrollment Request	Transition Coordinator	Case Manager	Case Manager	Case Manager	Facility Discharge Planner
Where to Submit MFP Enrollment Request	KePRO	DMAS	KePRO	DMHMRSAS	DMAS

3- There are two new MFP services:

A - Transition Coordination:

Transition Coordination, which is only available in the EDCD Waiver, is a series of services provided by the DMAS enrolled provider who is responsible for supporting the recipient and family, as appropriate, with the activities associated with transition from an institution to the community. Requests for Transition Coordination for EDCD Waiver must be submitted to KePRO for review. DMAS has conducted a series of trainings on MFP and the Transition Coordination role and are prepared to enroll Transition Coordinators as Medicaid providers at any point in time. Several local area agencies on aging and departments of social services have expressed interest in becoming Transition

Coordinators and a list of these coordinators will be posted on the DMAS website. The website link is: <http://www.dmas.virginia.gov/downloads/forms/pe-HCBCS.pdf>

Transition Coordinators will function in much the same capacity as case managers. The qualifications for a Transition Coordinator are as follows:

- Transition Coordination is the management and coordination of the transition of a participant from the institution to the community;
- Transition Coordination is exclusively for the EDCD waiver; and
- Transition Coordination is limited to 12 months from the date of discharge and up to 3 months prior to discharge.

DMAS is currently in the process of recruiting and enrolling Transition Coordinators. Providers interested in locating a Transition Coordinator in their area, should visit the DMAS Provider Search function of our website. The website link is: http://www.dmas.virginia.gov/provider_search.ASP

B - Transition Services/Funding Services:

Transition Services/Funding is a one time lifetime limit per recipient of \$5,000 to assist in procuring essential goods and services to transition into home and community living. Transition Services/Funding must be approved on the Consumer Service Plan (CSP) by DMAS for Developmental Disabilities (DD) Waiver and by the Case Manager for the Mental Retardation (MR) Waiver before requesting prior authorization for the service. Requests for Transition Services/Funding must be submitted to the appropriate PA entity through either the Transition Coordinator for the EDCD Waiver or the Case Manager for the DD, MR, and HIV/AIDS Waivers. For the Tech, Waiver the discharge planner will discuss enrollment options with the DMAS Tech Waiver Care Coordinator.

4- Requesting Prior Authorizations for Waiver Services through the Appropriate Entity

KePRO, DMHMRSAS, and DMAS will accept requests and perform review for prior authorization (PA) for the MFP Program and for the additional permanent HCBS waiver services. See the chart at the end of the memorandum for which entity is appropriate for the prior authorization process.

Requests submitted to KePRO

Services for the EDCD, DD and AIDS waivers and certain Tech waiver services will be handled by KePRO. KePRO will accept requests through iEXCHANGE, fax, phone, or mail. For fax or mail requests, providers must use the DMAS 98 (Community Based Care Waiver Request Form), which has been revised. This revised request form and instructions are located on the DMAS website www.dmas.virginia.gov under "Prior Authorization" and on the KePRO website under "forms" at <https://dmas.kepro.org/default2.aspx>. Providers may fax requests to 1-877-OKBYFAX

(1-877-652-9329). Phone requests may be made by calling (804) 622-8900 or 1-888-827-2884. Please have all necessary information readily available to provide the quickest response. For phone requests, please limit multiple requests to 3 recipients per call.

KePRO will conduct web based training to provide instructions on how to submit requests for services through KePRO. Please check the KePRO website at <http://dmas.kepro.org> and click on *Training* to view the latest schedule of online trainings. On the training date, log on to this presentation by going to www.genesys.com and click on “join a meeting as a participant”. Enter the meeting number: *9240330*, then choose “*How to submit a successful PA for MFP and Additional Waiver Services*”. The call-in number is 1-866-462-0164. This WebEx will be recorded and available on the KePRO website to view at your convenience.

For providers that submit requests to DMAS or DMHMRSAS:

A separate mailing notifying the providers who submit PA requests directly to DMHMRSAS or DMAS will be sent at a later date. Notification will also be posted on the DMAS Learning Network, at www.dmas.virginia.gov. Once at the DMAS website, click on *Learning Network*, then *Upcoming Training Events*.

Requests for MR Waiver Services are submitted to DMHMRSAS:

DMHMRSAS will accept requests through the Case Manager by fax for MFP enrollment and Transition Services/Funding. For fax requests, the Case Manager must submit the Individual Service Authorization Request (ISAR). Fax requests may be submitted to 804-225-2260.

Requests for Tech and DD Waiver services are submitted to DMAS:

DMAS will accept requests through the Tech Waiver Health Care Coordinators and DD Waiver Analysts for MFP enrollment and Transition Services/Funding. The coordinators/analysts may be contacted by phone, fax, or mail.

Phone: 804-225-4222
Fax: 804-371-4986
Mail: Division of Long Term Care
600 East Broad Street, Suite 1300
Richmond, VA 23219
Attn: Tech Waiver Health Care Coordinator OR
Attn: DD Waiver Analyst (for DD waiver requests)

Questions Regarding the PA Process

Should you have any questions regarding the prior authorization process, please direct your inquiries to the following:

Inquiries for KePRO

KePRO or DMAS will receive inquiries via e-mail at providerissues@kepro.org or PAUR06@dmass.virginia.gov. Remember do not send PHI by e-mail unless it is sent via a secure encrypted e-mail submission. To contact DMAS by phone, call 804-225-3536. To contact KePRO by phone, call 1-888-827-2884. You will receive a response within one business day from either entity.

Inquiries for DMHMRSAS or DMAS

DMHMRSAS will receive inquiries at 804-786-0946.
DMAS will receive inquiries at 804-225-4222.

The attached chart (see separate page at end of memo) identifies the MFP services and services that have been added to existing waivers, and the appropriate entity to submit service requests. PA decisions will be made utilizing established DMAS criteria identified in the waiver manuals. MFP information will be included in all waiver manuals within a separate appendix. These manuals are located on the DMAS website www.dmass.virginia.gov.

Alternate Methods to Obtain PA, Eligibility and Claims Status Information

DMAS offers a web-based Internet option (ARS) to access information regarding Medicaid or FAMIS eligibility, claims status, check status, service limits, prior authorization, and pharmacy prescriber identification. The website address to use to request access to this system is <http://virginia.fhsc.com>. The MediCall voice response system will provide the same 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. For providers submitting requests to KePRO, you may also access prior authorization information, including status of requests via iEXCHANGE at <http://dmass.kepro.org/>.

“HELPLINE”

The “HELPLINE” is available to answer questions Monday through Friday from 8:30 a.m. to 4:30 p.m., except on state 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.

Copies of Manuals

DMAS publishes electronic and printable copies of its Provider Manuals and Medicaid Memoranda on the DMAS website at www.dmass.virginia.gov. Refer to the “DMAS Content Menu” column on the left-hand side of the DMAS web page for the “Provider Services” link, which takes you to the “Manuals, Memos and Communications” link. This link opens up a page that contains all of the various communications to providers,

including Provider Manuals and Medicaid Memoranda. The Internet is the most efficient means to receive and review current provider information. If you do not have access to the Internet or would like a paper copy of a manual, you can order it by contacting Commonwealth-Martin at 1-804-780-0076. A fee will be charged for the printing and mailing of the manuals and manual updates that are requested.

Provider E-Newsletter Sign-Up

The intent of this electronic newsletter is to inform, communicate, and share important program information with providers. Covered topics will include changes in claims processing, common problems with billing, new programs or changes in existing programs, and other information that may directly affect providers. If you would like to receive the electronic newsletter, please sign up at: www.dmas.virginia.gov/pr-enewsletter.asp.

Please note that the Provider E-Newsletter is not intended to take the place of Medicaid Memos, Medicaid Provider Manuals, or any other official correspondence from DMAS.

Prior Authorization for MFP Services and Other Waiver Services–July 1, 2008

Procedure Code	Service Description	Elderly or Disabled with Consumer Direction Waiver (EDCD), includes PA entity	Individual and Family Developmental Disabilities Waiver (DD), includes PA entity	AIDS/HIV Waiver, includes PA entity	Mental Retardation (MR) Waiver, includes PA entity	Technology Assisted (Tech) Waiver, includes PA entity
H2015	Transition Coordination	KePRO				
T2038	Transition Services	KePRO	DMAS	KePRO	DMHMRSAS	DMAS
S5160	PERS Installation	KePRO	KePRO	KePRO	DMHMRSAS	DMAS
S5161	PERS Monthly Monitoring	KePRO	KePRO	KePRO	DMHMRSAS	DMAS
S5160, U1	PERS+Med Monitor Installation	KePRO	KePRO	KePRO	DMHMRSAS	DMAS
S5185	PERS+Med Monitoring Monthly	KePRO	KePRO	KePRO	DMHMRSAS	DMAS
H2021, TD	RN Med Monitor	KePRO	KePRO	KePRO	DMHMRSAS	DMAS
H2021, TE	LPN Med Monitor	KePRO	KePRO	KePRO	DMHMRSAS	DMAS
T1999	Assistive Technology	KePRO	KePRO	KePRO	DMHMRSAS	KePRO
T1999, U5	Assistive Technology, Supply Cost Only	KePRO	KePRO	KePRO	DMHMRSAS	KePRO
S5165	Environmental Modification	KePRO	KePRO	KePRO	DMHMRSAS	KePRO
99199, U4	Environmental Modification, Maintenance Cost Only	KePRO	KePRO	KePRO	DMHMRSAS	KePRO

*** Bold areas already require PA and no changes have been made to the PA process**