



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

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

# MEDICAID MEMO

**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 and Developmental Services (DBHDS), and Virginia Department of Health (VDH)

**FROM:** Cheryl J. Roberts, Director  
Department of Medical Assistance Services  
(DMAS)

**DATE:** TBD

**SUBJECT:** Face-To-Face Supervisory, Services Facilitation and Case Management Visits 1/1/2023

This is to provide an update to and supersedes the "Face-to-Face and Case Management Visits" Medicaid Bulletin posted on March 17, 2022.

DMAS regulations require providers of certain services to have face-to-face visits with individuals receiving the service to ensure that Medicaid members needing complex care are healthy and safe in their home environment. During the State Public Health Emergency (PHE), the Governor's Executive Order (EO) 51 authorized DMAS to waive enforcement of the some of the agency's regulatory requirements. During that time, DMAS waived its regulatory requirements for face-to-face visits for case management, service facilitation, and supervisory visits for personal care. The resulting flexibilities permitted case managers, service facilitators, and personal care agencies to perform the required 90-day visits via telehealth (which included telephone and audio/visual) in lieu of face-to-face contact for the purpose of supervision of services. This flexibility was necessary in the initial phases of the pandemic to ensure continuity of care while promoting social distancing and maintaining the health and safety of individuals and providers. When the State PHE ended and EO 51 expired, DMAS exercised discretion to temporarily continue the flexibility as a transition period for providers and members. On November 19, 2021, DMAS released a Bulletin continuing the period of non-enforcement as the Commonwealth was in its last phase of the pandemic.

At this point, DMAS has been made aware of reports of health, safety, and/or welfare concerns from Medicaid members who utilize a number of waiver and state plan services

that have not been seen face-to-face for an extended period of time. Face-to-face visits are integral in ensuring the health and safety of Medicaid Members receiving home and community based services. Therefore, effective 1/1/2023, DMAS will reinstate the enforcement of regulations related to face-to-face visits for case management, services facilitation, and supervisory visits for personal care. Any dates of service conducted and billed on or after January 1, 2023 must occur in person; telephonic or virtual visits will no longer billable as of that date. If requested by the families or individuals, DMAS encourages providers to use personal protective equipment (PPE) and social distancing measures to decrease the risk of infection. Please visit the CDC website for more information on protecting yourself and others: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>

**Reinstatement of face-to-face visits previously identified applied to the regulations below: (Also see Appendix A from 11/19/21 Bulletin for regulatory detail)**

**CCC Plus Waiver:**

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:**

12VAC30-50-440.A.1

**DD Case Management:**

12VAC30-50-490.A.1

12VAC30-50-490.A.2

<b>PROVIDER CONTACT INFORMATION &amp; RESOURCES</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="https://vamedicaid.dmas.virginia.gov/">https://vamedicaid.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>
<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.</p>	

<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>