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MEDICAID MEMO

TO: Residential Treatment Services Providers, Magellan Healthcare of Virginia, and Managed Care Organizations

FROM: Jennifer S. Lee, M.D., Director
Department of Medical Assistance Services (DMAS)

MEMO: Special

DATE: 5/9/18

SUBJECT: Updates to Behavioral Health Residential Treatment Services (RTS) for Children Under the Age of 21 – Effective June 1, 2018

The purpose of this memorandum is to detail three changes related to Behavioral Health Residential Treatment Services (RTS) for children under the age of 21, including Psychiatric Residential Treatment Facilities (PRTF) and Therapeutic Group Home (TGH) settings, effective June 1, 2018. Changes include: 1) recognizing Applied Behavior Analysis (ABA) Current Procedural Terminology (CPT) codes for services provided under arrangement in EPSDT PRTFs and TGHs, and 2) updates to the service criteria for EPSDT 1:1 Services and Magellan of Virginia Service Authorization Forms in PRTFs and TGHs. DMAS and Magellan of Virginia are also removing the requirement for completion of the Adverse Childhood Experiences screening (ACEs) for RTS placement effective June 1, 2018.

Billing Under Arrangement for ABA in EPSDT PRTFs and TGHs

Effective June 1, 2018, DMAS may reimburse the following ABA CPT codes for ABA services provided only through arrangement in EPSDT RTS. Providers who have previously billed for these services using psychotherapy CPT codes should bill using the ABA CPT codes effective June 1, 2018. Note: These codes are not open for outpatient services and providers must follow the current requirements in the EPSDT Behavioral Therapy Provider Manual. In accordance with state regulations, these ABA services must be provided by a Licensed Behavior Analyst, Licensed Assistant Behavior Analyst or other licensed practitioner acting within the scope of their practice. For additional information on billing under arrangement in RTS, please refer to the DMAS *Residential Treatment Services* Provider Manual. Providers should refer to the CPT Code Book for additional information related to the use of these CPT codes. The ABA CPT codes allowed are listed below with associated rates and units:

Code	Short Description	Rates	Units
0359T	Behavior Identification Assessment	$91.28	1 unit = 1 Assessment
0360T	Observation Behavioral follow up (First 30 min)	$36.90	1 unit = 30 minutes
0361T	Observation Behavioral follow up (each additional 30 min add-on code to 0360T)	$36.90	1 unit = Add on of 30 minutes
0370T	Family Adaptive Behavior Treatment Guidance (member is not required to be present).	$73.97	1 unit = 1 session (typically lasts 60-75 minutes)
0371T	Multiple-family Group Adaptive Behavior Treatment guidance (member is not required to be present; limited to the caregivers of 8 or less members)	$20.55	1 unit = 1 session (typically lasts 90 to 105 minutes)

EPSDT 1:1 Services in PRTFs and TGHs

Effective June 1, 2018, DMAS will allow Licensed Mental Health Professionals (LMHPs) to recommend EPSDT 1:1 services in TGH settings and review the need for continued EPSDT 1:1 services in TGH settings. In PRTF settings, a physician must recommend EPSDT 1:1 services and review the need for continued EPSDT 1:1 services. The 1:1 services must be documented in the member's plan of care.

DMAS has also updated the requirements for EPSDT 1:1 services to include the following changes which must be clearly documented in the member's medical record:

- The member must demonstrate acute behavioral instability within 24 hours of the documented EPSDT 1:1 request. Acute behavioral instability includes at least one of the following: serious suicidal intent; verbalize, gesture or otherwise expresses an intent to inflict, or attempts to inflict, self-injury that would post a threat to life; high risk for imminent attempts at elopement, evidenced by elopement attempt or clear plan to elope; severe physical aggression toward staff or other individual; homicidal threat to staff or other individual; unpredictable physical aggression; or the individual's behaviors are a severe health and safety risk to self or others.

- The need for 1:1 supports must be reviewed and documented at least every 72 hours by the treatment team including the physician in PRTF settings and LMHP in TGH settings, to determine if the member continues to meet criteria for this level of intervention. The physician in PRTF settings and LMHP in TGH settings will also need to complete a face-to-face re-assessment to determine updates needed to the member's plan of care including medication evaluations.

- 1:1 Supports shall be discontinued when the clinical need for the service no longer exists. This may include but is not limited to the following: No incidences of severe physical aggression or homicidal threats in the previous 72 hours; no attempts to elope in the previous 72 hours; no serious attempts to harm self or others in the previous 72 hours; no verbalization, gestures or expressions of intent to hurt self or others in the previous 72 hours; verbal or written safety contract between member and staff addressing issues which necessitated 1:1 supports is developed, dated and signed and the physician in the PRTF setting or the LMHP in the TGH settings determines the member no longer requires the 1:1 support.

Adverse Childhood Experiences Screening

DMAS and Magellan of Virginia are also updating the Independent Assessment, Certification and Coordination Team (IACCT) process to align with feedback received from providers and stakeholders regarding the Adverse Childhood Experiences (ACEs) screening that is currently completed as part of the IACCT assessment process. Effective June 1, 2018, the ACEs will no longer be completed as part of the IACCT process. Please refer to the Magellan of Virginia blast email dated April 9, 2018 available on the Magellan of Virginia website at https://www.magellanofvirginia.com/for-providers/communications.

These changes will be included in a forthcoming update to the *Residential Treatment Services* Provider Manual.

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 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
- Medallion 4.0: http:/www.dmas.virginia.gov/Content_pgs/medallion_4-home.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/PACE%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.

PROVIDERS: NEW MEDICARE CARDS ARE COMING

CMS is removing Social Security Numbers from Medicare cards to help fight identity theft and safeguard taxpayer dollars. In previous messages, CMS has stated that you must be ready by April 2018 for the change from the Social Security Number based Health Insurance Claim Number to the randomly generated Medicare Beneficiary Identifier (the new Medicare number). Up to now, CMS has referred to this work as the Social Security Number Removal Initiative (SSNRI). Moving forward, CMS will refer to this project as the New Medicare Card.

To help you find information quickly, CMS designed a new homepage linking you to the latest details, including how to talk to your Medicare patients about the new Medicare Card. Bookmark the New Medicare Card homepage and Provider webpage, and visit often, so you have the information you need to be ready by April 1st.

Providers (which includes fee for service, Medicaid Managed Care Organizations, and Commonwealth Coordinated Care Plus) may share the following information with members:

MEMBERS: NEW MEDICARE CARDS ARE COMING

Medicare will mail new Medicare cards between April 2018 and April 2019. Your new card will have a new Medicare Number that's unique to you, instead of your Social Security Number. This will help to protect your identity.

Additional information is available at the following link:
https://www.medicare.gov/forms-help-and-resources/your-medicare-card.html