



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

<http://www.dmas.state.va.us>

MEDICAID MEMO

TO: All Providers of Services to Individuals Enrolled in the Community Living (CL), Building Independence (BI), or Family and Individual Supports (FIS) Home and Community Based Waivers; Community Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs/IID); and Nursing Facilities Providing Services to Individuals with Developmental Disabilities

FROM: Cynthia B. Jones, Director
Department of Medical Assistance Services (DMAS)

MEMO: Special

DATE: May 12, 2017

SUBJECT: Implementation of Quality Service Reviews (QSR) Pursuant to the Commonwealth's Settlement Agreement with the U.S. Department of Justice (DOJ)

The purpose of this memo is to communicate QSR participation requirements to providers of services to individuals with developmental disabilities (DD) under the DOJ Settlement Agreement. Section V.I., "*Quality Service Reviews*," of the Settlement Agreement states that Virginia shall use QSRs to evaluate the quality of services at the individual, provider, and system-wide level and the extent to which services are provided in the most integrated setting appropriate to the individuals' needs and choices.

QSRs are intended to evaluate whether:

- Individuals' needs are being identified and met through person-centered planning;
- Services are being provided in the most integrated setting appropriate to the individuals' needs and consistent with their informed choice; and
- Individuals have opportunities for integration in living arrangements, work and other day activities; access to community services and activities; and opportunities for relationships with non-paid individuals.

The Department of Medical Assistance Services (DMAS) has partnered with the Department of Behavioral Health and Developmental Services (DBHDS) to conduct the QSR reviews. QSR implementation may include:

- Face-to-face interviews of a statistically significant random sample of individuals receiving services under the Agreement, to include individuals:
 - Receiving CL, BI, and FIS) waiver services and supports;
 - Receiving services in community Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs/IID);
 - Receiving services in state training centers; and
 - With DD diagnoses in nursing facilities.
- Face-to-face surveys of individuals;
- Surveys of family members;
- Surveys of providers/professionals;
- Service record reviews; and

- Administrative policy, procedure, and employment training record reviews.

DBHDS has contracted with the Delmarva Foundation and the Partnership for People with Disabilities (Partnership) at the Virginia Commonwealth University to work together to complete the QSRs. Providers are expected to fully participate and respond to QSR and NCI requests in a timely manner.

The surveys conducted by Delmarva include Person Centered Reviews (PCR) and Provider Quality Reviews (PQR). The PCR is focused on the individual served and the services the individual receives. The PQR focuses on the services provided by the provider to individuals served. The Partnership uses the National Core Indicators (NCI) adult consumer and family survey instruments to gather a standard set of performance and outcome measures that Virginia can use to track performance over time, compare results with other states, and establish quality improvement benchmarks.

Everyone selected through the random sample process may participate in the interview. If someone needs support with understanding and/or answering questions or has limited expressive communication, he may still participate. A family member or another person chosen by the individual may be present during the interview to assist and support the individual or answer questions as a proxy. Alternative communication methods may also be used (communication boards, sign language interpreters, pointing and/or facial or body language. To the maximum extent possible, this assistance should be provided by someone other than a paid provider of service.

NCI Family Surveys

The NCI Family Surveys include:

- Adult Family Survey for family members of adults (18+) living in the family's home;
- Family/Guardian Survey for family members of adult (18+) living in residential settings, and
- Child Family Survey for families with a child who is living at home.

Support Coordinators/Case Managers may be asked to provide additional contact information for completing the surveys.

DMAS and DBHDS will use the results of these surveys to help Virginia evaluate and improve service quality and identify priorities for regional and state quality improvement initiatives. Your participation in supporting the work of Delmarva and the Partnership in this important activity is appreciated and a required element of the DOJ Settlement Agreement. NCI family surveys and QSRs are on-going, although the reporting requirements may slightly differ in any given review period.

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, CCC, CCC Plus, and 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
- Commonwealth Coordinated Care (CCC):
http://www.dmas.virginia.gov/Content_pgs/mmfa-isp.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.