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USE OF DMAS-225 BY CCC PLUS MANAGED CARE ORGANIZATIONS

BROADCAST DMAS-31

DATE: August 17, 2018

TO: Local Directors and medical assistance staff

FROM: Sandra Brown, Care Management Manager, Division of Integrated Care, Department of Medical Assistance Services

SUBJECT: Use of DMAS-225 by CCC Plus Managed Care Organizations

CONTACT: The dedicated CCC Plus email box at: CCCPlus@dmas.virginia.gov

The following acronyms are used in this broadcast:

- CBC – Community Based Care
- CCC Plus – Commonwealth Coordinated Care Plus
- DMAS – Department of Medical Assistance Services
- HCBS – Home and Community Based Services
- LDSS – Local Department of Social Services
- LTC – Long-term Care
- LTSS – Long-term Services and Supports
- MCO – Managed Care Organization
- VDSS – Virginia Department of Social Services

The purpose of this broadcast is to alert LDSS staff that the DMAS-225 is used by CCC Plus Managed Care Organizations (MCO) to relay information regarding LTC/LTSS members enrolled in their plans. There has been some confusion over the use of the DMAS-225 by entities other than the LTSS providers. The following information clarifies the MCO requirements and addresses the concerns reported by LDSS:

- CCC Plus MCOs are agents of DMAS. The LDSS does not need authorization from the patient/authorized representative to communicate with the CCC Plus MCOs.
- The DMAS-225 form is not being revised at this time.

- The CCC Plus MCO shall not require providers to submit the DMAS-225 to LDSS.
- The CCC Plus MCO shall submit a DMAS-225 form to the LDSS eligibility worker when a CCC Plus Member is determined to be newly eligible for LTSS, upon initiation of long term care services, and when certain circumstances and change occur. These changes include address or LTSS provider, the patient's death or discharge from LTC, and any other changes that could impact Medicaid eligibility.
- The CCC Plus MCO shall not contact the LDSS inquiring about the status of the form prior to 30 business days after submission.
- The CCC Plus MCO must ensure that the health plan contact information is listed on the form and that the form is completed in its entirety.
- The CCC Plus MCO should submit a new form for each identified individual to ensure only the specified member's information is shared.
- There have been some reports of the DMAS-225 not being completed uniformly by the CCC Plus MCOs. The MCOs are receiving training on the correct way to complete the DMAS-225, which should alleviate these issues.
- If a submitted DMAS-225 needs to be returned to the CCC Plus MCO, the LDSS worker should return the form to the MCO contact listed on the form and NOT the provider listed under the "Provider" section.
- When the CCC Plus MCO submits the DMAS-225, they will continue to put the individual's provider who is rendering the service in the "Provider" section.
- If a DMAS-225 is returned to the CCC Plus MCO after a patient pay determination has been made following a nursing facility or waiver admission, the LDSS worker should return to the form to the MCO contact listed on the form. The MCO is to ensure the service provider also receives a copy of the patient pay determination.
- If an individual is awarded an ID/DD Waiver slot, the CCC Plus MCO will not send the DMAS-225 to the LDSS. The Community Services Board would continue to send these on behalf of individuals going into a waiver slot.
- When a member is identified as being in hospice, the CCC Plus MCO will submit the DMAS-225 The LDSS worker should return the form to the MCO contact listed on the form. The MCO is to ensure the service provider also receives a copy of the processed DMAS-225.

Please contact CCCPlus@dmas.virginia.gov with any future issues or problems related to the DMAS-225s being sent by CCC Plus MCOs.

Medicaid LTSS Communication Form

Patient's Name:
Medicaid Member ID#: **Date of Birth:** / /
Check one: ☐ **Fee for Service** ☐ **Managed Care**
If Managed Care: Health Plan Name:
Health Plan Representative:
Phone: **Email:**

Provider Name: **Mailing Address:**

Individuals in HCBS (Waiver or PACE) only: Patient's Residential Address: **Enrollee FIPS Code:**

Provider NPI#: **Provider Representative.:** **Title:**

Telephone: **Fax:** **Date:** / /

Patient Information: DMAS-96 ☐ **attached** ☐ **unavailable**

☐ Individual admitted to *(check one):* ☐ Nursing Facility ☐ HCBS services ☐ Hospice services on *(date)* / /
from *(check one):* ☐Home ☐ Hospital ☐ Other Facility:

☐ Level of Care *(NF patients only)*: ☐ ICF ☐ SNF

☐ Patient Pay determination requested

☐ Medicaid Per Diem Rate: $ ☐ RUGS Score (*NF patients only*):

☐ HCBS Provider Hourly Rate: $

☐ Individual discharged on *(date)* / / to: ☐ Home ☐ Hospital ☐ ALF ☐ Other Facility ☐ Deceased

☐ Level of care change: from: ☐ ICF ☐ SNF ☐ HCBS ☐ Hospice to: ☐ ICF ☐ SNF ☐ HCBS ☐ Hospice

☐ Change in income, deductions, health insurance or other *(specify)*:

☐ Patient Funds Account balance *(NF patients only)* $ as of *(date)* / /
Include any additional information here:

LDSS: **FIPS Code:** **Eligibility Worker:**

Telephone: **Fax :** **Date:** / /

Eligibility Information:

☐ Eligible for full Medicaid services beginning / / (date) ☐ Eligible for QMB Medicaid only

☐ Eligible for Medicare premium payment only

☐ Ineligible for Medicaid ☐ Ineligible for Medicaid payment of LTC services from / / to / /

☐ Medicare Part A insurance: Other health insurance: LTC insurance:

☐ Change in deductions, health insurance or other:

Medicaid LTSS Communication Form **DMAS-225**

To be used only for individuals approved for or receiving long-term services and supports (LTSS): nursing facility (NF) care, home and community based services (HCBS--waiver services or PACE) or Hospice.

PURPOSE OF FORM--To allow the local Department of Social Services (LDSS), Managed Care Organizations (MCOs), nursing facilities, waiver services providers and PACE programs to exchange information regarding:

- The Medicaid eligibility status of an individual;
- A change in the individual's level of care;
- Admission or discharge of an individual to an institution, HCBS, or Hospice, or to report the death of an individual;
- Other information known to the provider that might cause a change in the eligibility status or patient pay amounts. (e.g. planned or incurred medical expense)

USE OF FORM--Initiated by either the LDSS, MCO for individuals in a managed care plan, or the provider of care. A new form must be prepared by the LDSS whenever there is any change in the individual's circumstances that results in a change in eligibility status or information needs to be given to the MCO or provider. The MCO or provider must use the form to document admission date, request Medicaid eligibility status, and notify the LDSS of changes in the individual's circumstances, discharge or death.

NUMBER OF COPIES--Original and one copy for individuals in a NF; original and two copies for individuals in HCBS.

DISTRIBUTION OF COPIES—

- For individuals in a NF, send the original to the MCO (CCC Plus) or the NF (FFS only).
- For individuals in HCBS waiver services, send the original to the following individuals:
  - MCO Care Coordinator (for individuals in a CCC Plus MCO or other managed Medicaid plans)
  - DMAS Case Manager (for FFS individuals with CCC Plus Waiver Tech Assisted services), DMAS, Division of Aging and Disability Services, 600 E. Broad St., Richmond, VA 23219
  - Service Facilitator (for FFS individuals in the CCC Plus Waiver with consumer-directed services),
  - Personal Care Provider (for FFS patients with CCC Plus Waiver personal care services and other services
  - Case Manager at the Community Service Board for the Community Living and Building Independence Waivers
  - Support Coordinator (Case Manager) at DBHDS for the Family and Individual Supports Waiver
- For individuals in Hospice, including those in a NF or who also receive waiver services, send the original to the MCO (CCC Plus) or to the Hospice provider (FFS).
- For individuals in PACE, send the original to the PACE provider.
- Place a copy of this form in the eligibility case file.

INSTRUCTIONS FOR PREPARATION OF THE FORM--Complete either the Provider/Contractor or LDSS section as appropriate. At the top of the form, enter the Individual's name, date of birth, and Medicaid identification number, if known.

MCO/Provider Section-Complete all data elements in the gray section. Check the appropriate boxes and complete all data elements as appropriate in the white section to the individual's circumstances. A copy of the DMAS-96 must be attached to this form when the individual is first admitted to care.

CCC Plus Care Coordinators and waiver services providers (FFS) must advise the LDSS of the individual's residential address when different from the address from which this form originates and provide the individual FIPS code.

Providers should ensure that the individual understands that they may have a patient pay, which is the amount of their income that must be paid to the provider every month for the cost of long-term care services they receive.

LDSS Section-Complete all data elements of the gray section. Check the appropriate boxes and complete all data elements in the white section as appropriate to the individual's circumstances. Do not provide the source of an individual's income. If the individual is ineligible for Medicaid payment of long-term care due to imposition of a penalty period, send a copy of this form to Eligibility & Enrollment Services Division, DMAS, 600 E. Broad St., Suite 1300, Richmond, Va. 23219.