

BROADCAST DMAS-31

DATE: August 17, 2018

TO: Local Directors and Medical Assistance Staff

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Department of Medical Assistance Services

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

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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 changes 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.
- 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.
- 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 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.
- The CCC Plus MCO will submit the DMAS-225 when a member is identified as being in hospice. 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.
- 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 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.
- The CCC Plus MCO should submit a new form for each identified individual to ensure only the specified member’s information is shared.

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