



INTEGRATED CARE MANAGEMENT AND QUALITY IMPROVEMENT

DMAS/ KePRO Service Authorization Process for DD, MFP and ECM Services

- **Overview of Service Authorization (Srv Auth) Process**
- **Documentation Required for Submission**
- **Program Changes and Updates**
- **iEXCHANGE Demonstration**
- **Questions and Answers**

How do I verify member eligibility?

- **DMAS web-based ARS at:**
<https://www.virginiamedicaid.dmas.virginia.gov/wps/portal>
- **Medicall at 1-800-884-9730 or 1-800-772-9996**
- **Eligibility verification avoids unnecessary delays associated with Srv Auth submission. Check eligibility for each date range requested.**
- **Providers must submit Srv Auth requests for member eligible dates of service under the Medicaid Fee For Service Plan. Service requests for dates outside the member's coverage (future dates for on going coverage is an exception) will be rejected and returned for correction.**

Submitting Srv Auth Requests for Waivers

The service types for Waiver Services covered in this training are:

- **0902 IFDDS Waiver (DD)**
- **0909 Money Follows the Person Program (MFP)**
- **0625 Elderly Case Management Program (ECM)**
- When entering cases in iEXCHANGE® please indicate “Review Type” by selecting “**Admission or Retrospective**” review. (Has this changed, or only in iEXCHANGE train? If changed, need to revise)
- A Retrospective Review is requested when verification of eligibility is received after admission date (i.e. late receipt of the DMAS 225 from DSS)

Submitting Srv Auth Requests

Requests may be submitted via:

- **iEXCHANGE**
- **Fax: 877-652-9329**
- **Telephone: 888-827-2884 or (local) 804-622-8900**
- **Mail: KePRO
2810 North Parham Road, Suite 305
Henrico, VA 23294**

Submitting Srv Auth Requests

- **Do not send duplicate requests via multiple faxes, iEXCHANGE, phone or mail unless specifically instructed by KePRO to re-send.**
- **This only causes confusion and slows the process. Please include a contact person, phone and fax number from your agency or facility on all submissions so contact can be made if there are questions.**

Submitting Srv Auth Requests

- **Srv Auth request fax forms are posted on the DMAS and KePRO websites. The applicable fax form for Waiver Services processed by KePRO is the DMAS 98.**
- **An editable Word version, that allows providers to save the form and input responses directly on to the form. Use of editable version of the Srv Auth request form will expedite processing and is preferred if providers are not using iEXCHANGE.**
- **Please clearly indicate on the DMAS 98 if a submission is an initial request, change (increase or decrease to an existing case), transfer, or a discharge. If submitting a change or discharge request, please also include the Srv Auth# that needs to be changed or cancelled.**

Submitting Srv Auth Requests

- For retrospective review, please include the date eligibility notification was received.
- All relevant clinical information should be included in the “Justification/Needs for Waiver Service” box, or via attached documentation (i.e. DMAS 99, DMAS 97A/B, etc). The “Additional Comments” box may also be used. Please refer to the DMAS 98 Fax Form Instructions for the specific documentation requirements for each service.
- Registration is required @ dmas.kepro.com. Once completed, providers can expect to receive their iEXCHANGE user login and password via email within 10 business days.

- **iEXCHANGE can be used to submit requests 24 hours/day, 7 days a week.**
- **For any questions regarding registration, contact KePRO at 888-827-2884 or via e-mail at: ProviderIssues@kepro.com**

Submitting Srv Auth Requests via iEXCHANGE

- A step-by-step iEXCHANGE user manual, on-line pre-recorded training presentation with iEXCHANGE demo, and other helpful resources are available on the KePRO website at:
<http://dmas.kepro.com>
- iEXCHANGE is the most efficient and accurate way to obtain a Service Authorization.

Information Needed for a New Submission

Specific information required for the procedure code(s) being requested can be located at:

- KePRO website: <http://dmas.kepro.com/> for live and pre-recorded trainings.
- DMAS website: <http://dmas.virginia.gov>
- DMAS Provider Manuals: IFDDS Manual (DD Waiver); MFP Appendix E (attached to the end of each applicable Manual); ECM Manual; Srv Auth Appendices at the end of each Waiver Manual.
- Or completion of the procedure code specific questionnaire in iEXCHANGE (available for all Waiver services in October 2010).

Waiver Requests

Initial Requests for Services and Enrollment

- Initial request for Services (DD, MFP, and ECM)
- Enrollment for MFP (ECM does not require a Waiver enrollment and individuals are enrolled in DD Waiver by DMAS)

Change Requests

- Need to Submit Case ID or Srv Auth # and the procedure code that is in need of a change, as well as the required justification to support.
- Change requests are inclusive of requests to increase or decrease units previous authorized, or to change dates of service currently authorized.

Waiver Requests

Discharges

- Need to Submit Case ID or Srv Auth # and the procedure code for each service being discharged, as well as the reason for the discharge.
- You must complete a new DMAS 98, submitting the DMAS 225 is not sufficient.

Completion of DMAS 98

- **Page 1:** Name, Age, Gender, Name of Service Provider, Service Provider ID (Must be 10 Digits), Diagnosis, Clinical or additional information in Blocks 15 & 16, Name of referring Provider (when applicable) and Referring Provider ID.

Waiver Requests

- **Page 2:** List type of service requested by use of the procedure code (with modifier if applicable), Hours/ units, frequency, cost (when applicable), SOC date, and End date.
- **Providers must submit request to the designated preauthorization contractor within 10 business days of initiating care or within 10 business days of receiving verification of Medicaid eligibility from the local DSS, unless otherwise specified in the DMAS Provider Manual.**
- **Please note that some services can not be retro authorized and must be submitted by the SOC date requested. Refer to the specific Provider Waiver Manual for the submission requirements for each service/procedure code.**

DD Waiver Srv Auth Service Type: 0902

DMAS performs enrollments for DD Waiver. Requests for DD Waiver services that require authorization are to be submitted to KePRO via a fully completed DMAS 98 (if submitting via electronic submission via iEXCHANGE, fax/mail, or phone.)

DD Waiver Srv Auth Service Type: 0902

The Following are the services available under the DD Waiver By Procedure Code:

- T1019(Agency Directed Personal Care)
- S5126(Consumer Directed Personal Care)
- T1005(Agency Directed Respite)
- S5150(Consumer Directed Respite)
- T1002(Skilled Nursing Services-RN)
- T1003(Skilled Nursing Services-LPN)

DD Waiver Requests

- S5165 & 99199 U4 (Environmental Modifications (EM) & EM Maintenance)
- T1999 & T1999 U5 (Assistive Technology (AT) & AT Maintenance)
- H2011 (Crisis Stabilization)
- H0040 (Crisis Stabilization)
- S5111 (Family Caregiver Training)
- H2025 & H2025 U1(Pre-vocational Services- Regular and High Intensity)

DD Waiver Requests

- **S5135 (Companion Care)**
- **S5136 (Companion Care: Consumer Directed)**
- **H2014 (In-Home Residential Services)**
- **H2023 (Supported Employment- Individual)**
- **H2024 (Supported Employment- Enclave)**
- **97537 & 97537 U1 (Day Support – Regular and High Intensity)**
- **97139 (Therapeutic Consultation)**

DD Waiver Requests

- **S5160 & S5160 U1 (Personal Emergency Response System Installation- PERS)**
- **S5161 & S5185 (Personal Emergency Response System Monitoring)**
- **H2021 TD & H2021 TE (PERS Nursing-RN or LPN)**

MFP Srv Auth Service Type: 0909

The following services are available under MFP:

- **H2015** – Transition Coordination
- **T2028** – Transition Services
- **S5165 & 99199 U4** – EM and EM Maintenance
- **T1999 & T1999 U5** – AT and AT Maintenance

MFP (Money Follows the Person)

- For MFP enrollment requests, the Transition Coordinator must include documentation stating that the individual meets MFP criteria for enrollment.
- Please refer to the applicable Waiver Services Manual, MFP Appendix E for program specific requirements and criteria for available MFP services.

H2015 (Transition Coordination)

- Transition Coordination is only available when the individual is in a Nursing Facility or Long-Stay Hospital at enrollment and will be transitioning to the EDCD Waiver in the community.
- Services may be authorized for a maximum of 60 days.
- Documentation must include statement from provider to certify that the individual meets MFP enrollment criteria.

T2038 (Transition Services)

- The Transition Coordinator/Case Manager must submit the request for Transition Services.
- The patient must be a resident of a Nursing Facility or Long Stay Hospital at the time of request. This service is automatically authorized for a 9 month period, no more, no less.
- Transition Services should not be requested until a firm approximate discharge date has been set. This will ensure the dates of service authorized covers a sufficient amount of time post discharge to utilize services.

S5165 (Environmental Modifications) & 99199 U4 (EM Maintenance)

- Environmental modifications are physical adaptations to a house, place of residence, primary vehicle or worksite, when the work site modifications exceeds reasonable accommodation requirements of the Americans with Disabilities Act (42 USC 1201 et. seq.)
- Modifications must be necessary to ensure the individuals health and safety or enable functioning with greater independence, and is of direct medical or remedial benefit to the individual.
- Modifications cannot be authorized to bring a substandard dwelling up to minimum habitation standards.
- This service does not include adaptations or improvements to the home which are of general utility i.e.: carpeting, roof repair.

S5165 (Environmental Modifications) & 99199 U4 (EM Maintenance)

- Service is available to individuals who are receiving at least one other qualifying Waiver service: Adult Day Health Care, Personal Care, or Respite Care.
- Documentation must include the written description of the item, cost of materials, labor, and must state how it provides direct medical or remedial benefit to the individual.
- Items will be covered in the least expensive, most cost effective manner.
- Any change in the cost (increase and or decrease) requires supporting documentation, including an itemized list of the cost of materials & labor.

S5165 (Environmental Modifications) & 99199 U4 (EM Maintenance)

- EM requests may be submitted by Transition Coordinators, DME providers, Personal Care Providers, Service Facilitators, and existing waiver providers that currently perform qualified services. (Adult Day Care, Personal Care, or Respite Care).
- EM and activities may include: Installation of ramps and grab bars, widening of doorways, modification of bathroom facilities, or installation of specialized electrical and plumbing systems that are necessary to accommodate the medical equipment and supplies that are necessary for the welfare of the individual, etc...

S5165 (Environmental Modifications) & 99199 U4 (EM Maintenance)

- Maximum Medicaid funded expenditure is \$5000.00 per calendar year for all Environmental Modification codes combined.
- Cost can not be carried over from one calendar year to another. For example, if the cost of an environmental modification is \$7000, it can not be split for \$5000.00 one year and \$2000.00 the next.
- Modification can not be duplicated.

T1999 (Assistive Technology) & T1999 U5 (AT Maintenance)

- Assistive Technology is defined as specialized medical equipment and supplies, devices, controls, and appliances, not available under the *State Plan for Medical Assistance*, which enable individuals to increase their abilities to perform activities of daily living, or to perceive, control, or communicate with the environment in which they live, or which are necessary to their proper functioning.
- Service is available to individuals who are receiving at least one other qualifying Waiver service: Adult Day Health Care, Personal Care, or Respite Care.

T1999 (Assistive Technology) & T1999 U5 (AT Maintenance)

- All items must be medically necessary.
- Devices can't be solely for educational purposes.
- AT items can not be duplicated.
- AT items can not be rented.
- May be multiple items requested within the calendar year, but can not exceed \$5000 for all AT procedure codes combined.
- Cost can not be carried over from one calendar year to another. For example, if the cost of an Assistive Technology request is \$7000, it can not be split for \$5000.00 one year and \$2000.00 the next.

T1999 (Assistive Technology) & T1999 U5 (AT Maintenance)

- Documentation must include the type of professional who recommended the AT and a statement to the need and medical necessity for the purchase.
- For children under 21 years of age, if the Assistive Technology request cannot be approved under MFP, the request may be submitted directly to DMAS EPSDT Unit for review.

Elderly Case Management (ECM)

- ECM Srv Auth Service Type: 0625
- Procedure Code: **T1016** (Case Management)
- No Waiver enrollment required.
- The member must be 60 years of age or older.
- Member must be dependent in at least 2 ADL's.
- Must have an unmet need that requires Case Management intervention or coordination of services. Authorization is from 2 months to a maximum of 6 months per Srv Auth request.
- Maximum units per month is 31.

Elderly Case Management (ECM)

- Authorization can not start prior to the date of the signature on the POC.
- Request must include the locality area (city or county) in which the individual resides and documentation from the UAI regarding the individual's ADL dependencies.
- Reauthorization/extension of ECM services should be requested prior to the end of the current Srv Auth.
- Must include summary of Case Management services to date.
- Reason for continued services.
- Information from the most recent POC.

To submit additional information on a pended case:

Via iEXCHANGE-

Providers may submit additional information through iEXCHANGE by choosing "add to comments". (NOTE: The "extend case" feature is used when requesting additional days of coverage). When a provider adds to comments, this puts the case back in the nurse review queue.

FAX / PHONE-

Providers may receive a faxed KePRO notice requesting additional information. Please submit this information by following the instructions provided on the "additional information request". Please label the document as additional information.

Tips for Successful Requests

- Submit correct servicing provider API/NPI # for the procedure code being requested.
- Only one service provider API/NPI # can be submitted per request.
- Be sure to include the required information from all required forms.
- Refer to DMAS 98 instructions, iEXCHANGE questionnaires, and/or the specific provider manual for detailed documentation requirements and criteria for Waiver enrollment and services.

Submitting an Appeal

All appeal requests are to be submitted in writing to:

**Director Appeals Division
Department of Medical Assistance Services
600 East Broad Street, 11th Floor
Richmond, VA 23219**

****NOTE: Providers should only submit an appeal request for services that have already been rendered.**

- **Medicaid ID number consists of 12 digits (example-123456789012)**
- **KePRO Case Number consists of 9 digits with one dash (example-07000-0000).**
- **Srv Auth number generated by ACS is 11 digits (example-12345678901).**
- **Without the correct number of digits, it will take longer to process the request.**

- A case number is generated after a service authorization has been submitted.
- The case number is different from the Srv Auth number.
- The case number is used for tracking the case through the KePRO system.
- The service authorization number is posted in iEXCHANGE and sent via fax for all Srv Auth submissions.

Receiving a Srv Auth Number from Affiliated Computer Systems (ACS)

- **Obtain the Srv Auth number from determination letters sent by ACS.**
- **Srv Auth notification letters are sent to the provider “mail to” address on file with the Provider Enrollment Unit**
- **If there is no "Mail to" address, the letter goes to the service address.**
- **Providers who wish to change their “mail to” address may do so by contacting:**

Virginia Medicaid Provider Enrollment Services

PO Box 26803

Richmond, VA 23261-6803

Phone: 888-829-5373 (in state toll-free) or 1-804-270-5105

Fax: 888-335-8476 (in state toll-free) or 1-804-270-7027

Receiving a Srv Auth Number from Affiliated Computer Systems (ACS)

- **Medicall at 1-800-884-9730 or 1-800-772-9996**
- **You may obtain the Srv Auth number from the web-based ARS at:**
<https://www.virginiamedicaid.dmas.virginia.gov/wps/portal>
- **The ARS system is easy to use. It is accessible to anyone with an internet-connected PC and a web browser.**
- **New users must register for ARS online at:**
<https://www.virginiamedicaid.dmas.virginia.gov/wps/portal>
- **Users will receive a phone call from ACS (within 72 hours of registration) with instructions.**

Retroactive Reviews

- Providers must submit all required information to KePRO within 10 business days of initiating care or within 10 business days of receiving verification of Medicaid Eligibility from the local DSS (DMAS 122 / 225), or as otherwise specified in the provider manuals. Please note that not all services can be retro authorized regardless of retro eligibility status.
- These “retro reviews” can also be submitted via iEXCHANGE, phone, fax, or mail and should include only the required clinical documentation.
- Be sure to submit the information from the DMAS 225, including the date the 225 was received.

Submitting Changes to an Existing Case

- If you are requesting a discharge or change request (increase or decrease in units/hours) – please request under the existing case ID number to be discharged. Do not request a new case.
- Requesting or creating new cases in place of updating existing cases only delays processing time and causes duplicate and overlapping date errors.

Overlapping Dates with the Same Provider

- For on-going service authorizations, check your files and verify the dates that have been authorized, denied or pended before submitting your request.
- Submit your request using the correct begin and end dates of service.
- If your new Srv Auth request overlaps with an approved or denied existing Srv Auth, your new request will be rejected and returned to you to correct the beginning and/or ending dates. Overlap will be due to the same member, same provider type, same service, and/or same or overlapping dates.

Program Changes and Updates

**Check the Medicaid Memos and Manuals
online at:**

www.dmas.virginia.gov

**Click on the link to Providers Services
or**

<http://dmas.kepro.com>

<http://dmas.kepro.com>

**Individual and Family Developmental
Disabilities Waiver Services Manual**

Pre-Admission Screening Manual

**MFP (Money Follows the Person): Waiver
Manuals, Appendix E**

Elderly Case Management Manual

Questions?