Moms In Motion / At Home Your Way

Answers Help Hope / Happier Healthier Home

Special Edition - May 2019
Respite Authorizations, Get Ready
Keep Advocating for Yourselves & the Community
CCC+ Personal Care No Longer Under EPSDT - Updates

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We at Moms & AHYW are so Excited that the DMAS-7 is gone!

(for most people - we wish all :-))



Respite Authorizations, Get Ready

Do These EPSDT Changes Affect my Respite Authorizations?

The change of taking EPSDT out of the process for Personal Care authorizations does not impact Respite authorizations at all.

How Does the Fiscal Year Affect My Respite Authorizations?

- The state's fiscal year is July 1 June 30, 2019.
- Everyone who has respite authorizations should get a fresh allotment of 480 hours to utilize from 7/1/2019 6/30/2020.
- Use or or Loose It. If you have not utilized all of your 480 hours of respite from the

previous fiscal year, you will not be able to carry those hours into the new fiscal year.

- Remember, EVERYONE IS LIMITED TO A TOTAL OF 480 HOURS OF RESPITE PER
 FISCAL YEAR. This is regardless of how many times a person might switch from FeeFor-Service Medicaid to an MCO or to another MCO and or back again :-)
 - If someone tells you otherwise, they are mistaken. You do not get a fresh bucket of 480 Respite hours at any point in time other than your initial enrollment into the waiver and at the start of a new fiscal year, July 1!:-)
 - Please note, in most cases, your authorization period is not the same as the state's fiscal year, but all Respite hours follow the state's fiscal year. That is, the 480 hours are to be used between July 1, 2018 and June 30, 2019 and the new bucket of hours will be issued on July 1, 2019, regardless of authorization period.
- Some MCOs renew your respite based on the date you started with them or had another change. CON: This does get confusing b/c your respite authorization dates will straddle the fiscal year. PRO: It allows the MCOs to spread the work of reviewing and approving services over the entire calendar year.
 - Anthem
 - Optima
- Some MCOs are renewing all of their member's respite on 7/1/2019.
 - PRO: This helps to understand that we only have 480 hours from 7/1-6/30.
 - CON: It does also put a big demand on their authorization teams which could
 potentially slow down all of their authorization turn-around-times for Respite,
 Personal Care and anything else these teams need to review.
 - MCOs renewing on 7/1 are:
 - Proactively approving this service as of now :-)
 - Magellan
 - Will start to receive our requests 30 days out from end date:
 - Aetna
 - Premier
 - United
 - If you are with one of these providers, please keep in mind that they might experience a delay in approval of our services.

Talk to your Service Facilitator if you need help figuring out how many Respite hours you have left between now and June 30, 2019 or if you have any questions about this service.

Keep Advocating for Yourself & the Community It's Working!

Moms In Motion congratulates all the parents who advocated to bring this change. Way to go! Efficient advocacy is needed to influence change in policy.

- You helped to get rid of the DMAS-7 for this community and likely for the DD Waivers community shortly.
- Did you know you are also affecting the way the authorizing entities scrutinize the hours that are being approved? It's working!
- If you have been negatively impacted, share your story, otherwise there will be no change:-) Contact the Virginia Ombudsman if you have been negatively impacted.



Here are useful links. Share your story and how it is affecting you and your family.

- Who is My Legislator?
- <u>DMAS Appeal Forms</u>
- The Virginia Ombudsman

CCC Plus Waiver Personal Care for Individuals < 21 No Longer Under EPSDT - Updates

How This Impacts People on HIPP (AKA "The HIPPSTERS")

Many of you have asked, what about me, the HIPPSTER? Here's what we know:

The Personal Care change from EPSDT back to the CCC Plus Waiver does apply to everyone on the CCC Plus Waiver under the age of 21, even if they are also enrolled in the HIPP program. HIPP is a carved out service, which means that if an individual is approved for HIPP, he/she will not be enrolled in an MCO. However, effective May 1, 2019, for Personal Care hours, the authorization will be done through the CCC Plus Waiver and no longer through EPSDT. For more information about your own authorization and for answers to questions about the HIPP Program, please contact your Service Facilitator.

BACKGROUND:

Virginia has two Medicaid related premium assistance programs that help pay for employer-sponsored health insurance. You or a member of your family must first be enrolled in a Medicaid program to be eligible to apply for the <u>HIPP programs</u>.

1. The Health Insurance Premium Payment (HIPP) For Kids Program

Is a premium assistance program for Medicaid enrolled children under the age of 19 who are eligible for or enrolled in qualified employer-sponsored coverage.

2. The Health Insurance Premium Payment Program

When determined to be cost effective, this is a cost saving program for Medicaid members and reimburses some or all of the employee portion of the group health insurance premium for members who have employer sponsored group health insurance available to them through their own or their family member's employment. All applications for premium assistance are first evaluated for the HIPP for Kids program. If it is determined that the eligibility criteria for the HIPP for Kids program are not met, the application is automatically evaluated for the HIPP program.

Moms In Motion's HIPP resource page with HIPP forms.

CCC Plus Waiver Personal Care for Individuals under 21 No Longer Under EPSDT

Please see our previous Newsletter for more details.

Reminders:

A few Q's & A's. Only applies to those under 21 with a CCC Plus Waiver:

Q: So is EPSDT totally gone?

A: No, for those on the Community Living (CL) Waiver, Family & Individual Supports (FIS) Waiver, and for those with Medicaid under 21 getting Personal Care through EPSDT and not on a waiver, EPSDT will continue to exist. Also, for those under 21 with a CCC Plus Waiver who are getting Personal Care hours in school, those specific hours will still be requested through EPSDT. For all of these individuals, Personal Care hours authorization will continue to require a DMAS-7 from the doctor.

PCA Reauth Due Before PCA Reauth Due On/After Switched to Respite only, but want PCA hours Requires a visit by your Service Requires DMAS-7 from doctor Does NOT require DMAS-7 from doctor Facilitator Service Facilitator writes Plan of Care Service Facilitator writes Plan of Care Service Facilitator writes Plan of Care based on DMAS-7 from doctor using assessment and visit data using assessment and visit data Plan of Care requires signature of Plan of Care requires signature of Plan of Care requires signature of Employer of Record Employer of Record Employer of Record MCO has final say on number of hours MCO has final say on number of hours MCO has final say on number of hours approved approved approved

Please note: In an effort to get authorizations in place for those of you that are affected by this change and who are our Moms In Motion clients, we may need some information from you. In order to protect your personal health information, we will likely ask for that information via secure email. It will come from Zixmail. Often, these emails go to spam. If your Service Facilitator tells you that they are sending you a secure email, please be on the lookout for it and respond to it quickly as it may impact your re-authorization for Personal Care hours.

Keep an eye out for our newsletters. Moms In Motion's newsletters will keep you informed! Moms In Motion will be sending weekly updates to you on this topic. Some of the info may repeat, but we will also add any new information we learn. Be sure you are subscribed to our newsletters, here.





Moms In Motion / At Home Your Way is a Service Facilitation provider for Medicaid CCC+, CL & FIS Waiver enrollees.

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