

Employment and Community Transportation Toolkit

A guide to offering services.



Thank you for your interest in offering Employment and Community Transportation (ECT) Services under the Developmental Disabilities (DD) Waivers in Virginia. This toolkit is designed to assist you with understanding how to offer services in accordance with Medicaid requirements. Forms, worksheets, and key considerations are included to assist in your efforts.

Transportation to work and community events continues to be one of the most important issues for people with DD waiver, so your interest in developing options for people with DD in Virginia is greatly valued and appreciated.

Should you have any questions regarding this toolkit or other questions about DD waivers, please contact your Provider Team Community Resource Consultant with DBHDS as listed here: <https://dbhds.virginia.gov/developmental-services/provider-network-supports/>.

What are ECT Services?

The purpose of ECT is to enable individuals to gain access to an individual's place of employment or volunteer activity, other community services or events, activities and resources, homes of family or friends, civic organizations or social clubs, public meetings or other civic activities, and spiritual activities or events as specified by the support plan.

Who can offer ECT Services?

With ECT services, an administering agency who holds ANY DBHDS license to provide services to individuals with developmental disabilities, an employment service organization, or center for independent living may administer the service. All administering agencies must be enrolled with DMAS through a Participation Agreement to provide ECT services.

How are ECT services limited?

This service is not authorized or reimbursed for individuals who can access transportation through the State Plan or other waiver services that include a transportation component. That means that ECT is not an option during the provision of the following services:

- Community Coaching
- Community Engagement
- Community Guide
- Companion
- Group Day
- Group Home Residential
- Group and Individual Supported Employment
- Independent Living Support
- Personal Assistance
- Respite
- Sponsored Residential
- Supported Living Residential

If an individual in one of these services is going to a community activity outside of service hours, for example a person in a sponsored setting going to religious services without his sponsor or a person in a group home going to an independent job site in the community, ECT can be used.

A provider delivering other waiver services to an individual may not utilize the same staff to provide ECT and may only bill if the transportation would not normally be a required element of services.

ECT services do not cover on-demand transportation such as taxis, or gig services (Uber, Lyft).

ECT may not be provided by a guardian, parent, step-parent of an individual younger than 18 years of age or by the spouse of an adult who is receiving the service. The driver can be co-workers, other family members, and legally responsible persons for adults (other than spouses).

ECT does not replace Medicaid funded Non-emergency Medical Transportation services (required under 42 CFR 431.53) such as transportation services provided through Modivcare or Managed Care Organizations for medical appointments and other Medicaid services. Non-emergency medical transportation **can/cannot** be provided in the same vehicle at the same time with ECT.

What types of transportation does ECT include?

ECT provides per trip reimbursement to a private driver under an administering agency for up to 3 individuals per trip. ECT can also be requested for reimbursement of bus and subway tickets. The administering agency may not bill for a rider who is not ECT-approved (e.g., a passenger who is the driver's family member, friend, etc.)

How do agencies confirm driver qualifications?

- 18 years or older = confirmed on a valid driver's license
- Valid driver's license = a copy obtained from driver initially and annually
- General liability insurance = copy obtained from driver initially and annually that shows driver's name on the policy, which meets minimum requirements per 12VAC30-122-440 D.4.c.(2).
- Driving records = driver requests from the DMV that an official copy be mailed to agency or obtained the agency adding the driver to the by the agency after adding the driver to the Virginia Driver Alert System at <https://www.dmv.virginia.gov/licenses-ids/cdl/voluntary>
- Criminal history = signed attestation kept on file; this attestation is signed by the private driver, the individual, and the individual's guardian or authorized representative, as appropriate, confirming that the driver has disclosed any relevant felonies and if listed on any registry
- Virginia Sexual Offender Registry = screenshot or print view from <https://www.vspсор.com/> that demonstrates the driver is not listed

How does reimbursement work?

Reimbursement is set at three different rates based on mileage and the number of people included in each trip. There is a Northern Virginia rate and a "rest of state rate" in each instance. These rates are included in the Medicaid Memo found at the end of this toolkit. It's important to note that when more than one person is included on a route, each individual is billed at the furthest trip route included in the trip. For example, if one person lives 3 miles from the destination, one 12 miles away, and one 25 miles away, all three are reimbursed at the 20+ mile rate for the trip. The administering agency is responsible for purchasing bus and/or subway tickets when these options are approved under ECT.

Are internet map print outs needed for authorization?

No, but printouts for each trip should be on file and available for program reviews.

The following resources are designed to assist in meeting service requirements and include:

- ECT Driver Checklist
- ECT Driver Criminal Attestation
- ECT Individual Record Checklist
- Employment & Community Transportation (ECT) Trip Plan DMAS #P258
- Employment & Community Transportation Monthly Trip Log DMAS #P259
- ECT Medicaid Memo 7/13/22

General Steps in Offering Services

Confirm Agency meets requirements to offer service

Select one:

- Any DBHDS license
- Center for Independent Living
- Employment Services Organization



Agency adds ECT to DMAS participation agreement



Agency locates drivers through advertising or by individual request and documents all driver requirements including:

- 18 years of age or older confirmed
- Valid driver's license on file
- Proof of general liability insurance coverage on file
- Driving records on file confirm no reckless driving charges in past 24 months
- Criminal records attestation on file
- Virginia Sex Offender Registry check on file



Agency adds or confirms access to the DBHDS Waiver Management System (WaMS) to submit service authorizations.



Agency establishes individual record

- Copy of assessment form on file (e.g. Supports Intensity Scale)
- ECT Trip Plan form(s), which serve as the Plan for Supports (DMAS #P258)
- ECT Trip Log (DMAS #P259)
- Online map service print out for trips included in the trip log Receipts for public transportation purchases (e.g. bus tickets, fare cards)
- Copies of quarterly reviews submitted to SC for quarters where services occurred
- All correspondence



Agency establishes driver and individual match, determines trip schedule, and submits ECT Trip Plan (DMAS #P258) form through WaMS with the Service Authorization Request.



Agency prints online maps and files for each approved trip, maintains all correspondence, and submits a quarterly review to the CSB Support Coordinator following quarters in which transportation is provided.



Agency submits billing per DMAS standards.

ECT Driver Checklist

Agency Name

Driver's Name

Driver's street address

Address city/county

Address state/ZIP

Driver's mobile phone

Driver's email

18 years of age or older confirmed

Valid driver's license on file

Proof of general liability insurance coverage on file

Driving records on file confirm no reckless driving charges in past 24 months

Criminal records attestation on file

Virginia Sex Offender Registry check on file

Date initial driver file completed

1st annual review completed

2nd annual review completed

3rd annual review completed

Driver reports changes in driving record and/or criminal history that result in removal as driver under ECT requirements. Enter effective date of action:

Note: annual reviews are required as long as a driver continues to provide support under this service.

ECT Driver Criminal Attestation

Legal first name:

Legal last name:

Have you ever been convicted of felony?

Yes

No

Has your name ever appeared on a sex offender registry in any US state ?

Yes

No

If yes to either question, please explain below:

I certify that this information above is true and complete to the best of my knowledge.

Driver name [print]

Signature

Date

Individual name [print]

Signature

Date

Substitute Decision-Maker,
if applicable [print]

Signature

Date

ECT Individual Record Checklist

Individual's name:

Medicaid number:

Copy of assessment form on file (e.g. Supports Intensity Scale)

ECT Trip Plan form(s), which serve as the Plan for Supports (DMAS #P258)

ECT Trip Log (DMAS #P259)

Online map service print out for trips included in the trip log

Receipts for public transportation purchases (e.g. bus tickets, fare cards)

Copies of quarterly reviews listing dates and destinations of trips taken and a statement about the individual's satisfaction with the service submitted to SC for quarters in which services occurred

All correspondence

Transportation preferences and support needs (for sharing with all drivers):

Employment & Community Transportation (ECT) Trip Plan

ECT administering providers: complete this Trip Plan Form and upload it in WaMS. Each “trip” is determined by the one-way mileage (although the private driver’s return mileage is factored into the rate). NOTE: ECT does not cover on-demand transportation such as taxis, or gig services (e.g., Uber, Lyft). ECT may not be used to transport individuals to medical appointments, as that is covered by State Plan/Non-Emergency Medicaid Transportation [NEMT], nor be used if the individual is authorized for another waiver service that would normally be required to provide transportation as an allowable activity to the desired location (e.g., group supported employment, group home residential, community coaching, community engagement, group day, independent living supports, in-home supports, sponsored residential, supported living).

Individual Information			
First Name		Last Name	
Street Address		City	
Zip		Phone	
ECT Provider Information			
Provider Agency		Agency Type (check one)	<input type="checkbox"/> DBHDS Licensed Agency <input type="checkbox"/> Center for Independent Living <input type="checkbox"/> Employment Service Organization
Does individual receive other services from ECT provider? If the ECT administering provider delivers other DD waiver services to the individual, explain in the comments below how this is NOT a duplication of services.	Yes	If yes, is the driver an agency staff member:	
	No	Yes	No

Transportation Request Details

Coverage Period for Trips

Start Date for all Trips listed below		End Date for all Trips listed below	
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Each trip is one-way. * If you have additional trips, please attach a Trip Plan Addendum.

Trip A Purpose →	<input type="checkbox"/> employment <input type="checkbox"/> volunteerism <input type="checkbox"/> community inclusion	What ISP outcome does Trip A support? →	
Point of Origin	<input type="checkbox"/> home <input type="checkbox"/> employment site <input type="checkbox"/> community location	If community location is checked, indicate type(s) of locations	
Destination	<input type="checkbox"/> home <input type="checkbox"/> employment site <input type="checkbox"/> community location	Address	
Trip Frequency (check one)	<input type="checkbox"/> One time <input type="checkbox"/> Recurring	Travel Method (select one)	<input type="checkbox"/> private vehicle <input type="checkbox"/> public transportation
If the travel method is private transportation , complete this section:			
Private Transportation →	Number of trips per month		
If the travel method is public transportation , complete this section:			
Public Transportation →	Transportation type (e.g., bus, rail)	Number of trips per month	Monthly cost

* A one-way trip begins at the eligible rider’s point of origin and ends at the eligible rider’s destination.

** A maximum of 3 riders plus the driver are allowed in a vehicle. The administering agency can be paid for a maximum of 3 ECT-approved riders per trip.

Each trip is one-way.* If you have additional trips, please attach a Trip Plan Addendum.

Trip B Purpose →	<input type="checkbox"/> employment <input type="checkbox"/> volunteerism <input type="checkbox"/> community inclusion	What ISP outcome does Trip B support? →	
Point of Origin	<input type="checkbox"/> home <input type="checkbox"/> employment site <input type="checkbox"/> community location	If community location is checked, indicate type(s) of locations	
Destination	<input type="checkbox"/> home <input type="checkbox"/> employment site <input type="checkbox"/> community location	Address	
Trip Frequency (check one)	<input type="checkbox"/> One time <input type="checkbox"/> Recurring	Travel Method (select one)	<input type="checkbox"/> private vehicle <input type="checkbox"/> public transportation
If the travel method is private transportation , complete this section:			
Private Transportation →	Number of trips per month		
If the travel method is public transportation , complete this section:			
Public Transportation →	Transportation type (e.g., bus, rail)	Number of trips per month	Monthly cost

* A one-way trip begins at the eligible rider's point of origin and ends at the eligible rider's destination.

** A maximum of 3 riders plus the driver are allowed in a vehicle. The administering agency can be paid for a maximum of 3 ECT-approved riders per trip.

Each trip is one-way.* If you have additional trips, please attach a Trip Plan Addendum.

Trip C Purpose →	<input type="checkbox"/> employment <input type="checkbox"/> volunteerism <input type="checkbox"/> community inclusion	What ISP outcome does Trip C support? →	
Point of Origin	<input type="checkbox"/> home <input type="checkbox"/> employment site <input type="checkbox"/> community location	If community location is checked, indicate type(s) of locations	
Destination	<input type="checkbox"/> home <input type="checkbox"/> employment site <input type="checkbox"/> community location	Address	
Trip Frequency (check one)	<input type="checkbox"/> One time <input type="checkbox"/> Recurring	Travel Method (select one)	<input type="checkbox"/> private vehicle <input type="checkbox"/> public transportation
If the travel method is private transportation , complete this section:			
Private Transportation →	Number of trips per month		
If the travel method is public transportation , complete this section:			
Public Transportation →	Transportation type (e.g., bus, rail)	Number of trips per month	Monthly cost

* A one-way trip begins at the eligible rider's point of origin and ends at the eligible rider's destination.

** A maximum of 3 riders plus the driver are allowed in a vehicle. The administering agency can be paid for a maximum of 3 ECT-approved riders per trip.

Comments/explanations

ECT Attestation

I confirm that the trips being requested are not covered under other Medicaid services and that I do not have personal resources to cover the cost of transportation. I understand misrepresentation or falsification of information may be cause for denial, termination, a demand for repayment and/or criminal charges. I understand DBHDS/DMAS may periodically request documentation of a private driver's license, car insurance coverage, criminal record attestation/registry check, monthly travel logs, and receipts for transportation fares.

Individual signature		Date	
Substitute Decision-Maker signature		Date	
Provider signature		Date	

ECT Trip Plan Addendum

To submit additional trips with request for authorization

Each trip is one-way.* If you have additional trips, please attach a Trip Plan Addendum.

Trip ___ Purpose →	<input type="checkbox"/> employment <input type="checkbox"/> volunteerism <input type="checkbox"/> community inclusion	What ISP outcome does Trip ___ support? →	
Point of Origin	<input type="checkbox"/> home <input type="checkbox"/> employment site <input type="checkbox"/> community location	If community location is checked, indicate type(s) of locations	
Destination	<input type="checkbox"/> home <input type="checkbox"/> employment site <input type="checkbox"/> community location	Address	
Trip Frequency (check one)	<input type="checkbox"/> One time <input type="checkbox"/> Recurring	Travel Method (select one)	<input type="checkbox"/> private vehicle <input type="checkbox"/> public transportation
If the travel method is private transportation , complete this section:			
Private Transportation →	Number of trips per month		
If the travel method is public transportation , complete this section:			
Public Transportation →	Transportation type (e.g., bus, rail)	Number of trips per month	Monthly cost

* A one-way trip begins at the eligible rider's point of origin and ends at the eligible rider's destination.

** A maximum of 3 riders plus the driver are allowed in a vehicle. The administering agency can be paid for a maximum of 3 ECT-approved riders per trip.

Each trip is one-way.* If you have additional trips, please attach a Trip Plan Addendum.

Trip ___ Purpose →	<input type="checkbox"/> employment <input type="checkbox"/> volunteerism <input type="checkbox"/> community inclusion	What ISP outcome does Trip ___ support? →	
Point of Origin	<input type="checkbox"/> home <input type="checkbox"/> employment site <input type="checkbox"/> community location	If community location is checked, indicate type(s) of locations	
Destination	<input type="checkbox"/> home <input type="checkbox"/> employment site <input type="checkbox"/> community location	Address	
Trip Frequency (check one)	<input type="checkbox"/> One time <input type="checkbox"/> Recurring	Travel Method (select one)	<input type="checkbox"/> private vehicle <input type="checkbox"/> public transportation
If the travel method is private transportation , complete this section:			
Private Transportation →	Number of trips per month		
If the travel method is public transportation , complete this section:			
Public Transportation →	Transportation type (e.g., bus, rail)	Number of trips per month	Monthly cost

* A one-way trip begins at the eligible rider's point of origin and ends at the eligible rider's destination.

** A maximum of 3 riders plus the driver are allowed in a vehicle. The administering agency can be paid for a maximum of 3 ECT-approved riders per trip.

EMPLOYMENT & COMMUNITY TRANSPORTATION MONTHLY TRIP LOG

ECT Administering Agency Name

Community Driver (First & Last Name)

Individual Name

Month/Year

Private Vehicle Trips

Date	Point of Origin (Street Address, City, Zip)	Destination (Street Address, City, Zip)	Total trip miles
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I certify that I used the transportation services above. I understand misrepresentation or falsification of information may be cause for denial, termination, a demand for repayment and/or criminal charges. I understand DMAS may request documentation of the private driver's license, car insurance coverage, criminal record attestation/registry check, monthly travel logs, and receipts for transportation fares.

Individual's/Guardian's Signature _____

Date _____

I certify that I provided the transportation services above to this individual. I understand misrepresentation or falsification of information may be cause for denial, termination, a demand for repayment and/or criminal charges. I understand DMAS may request documentation of the private driver's license, car insurance coverage, criminal record attestation/registry check, monthly travel logs, and receipts for transportation fares.

Driver's Signature _____

Date _____



Last Updated: 07/13/2022

Employment and Community Transportation (ECT)

The purpose of the memorandum is to notify providers on the required service authorization and billing procedures for Employment and Community Transportation services under the three (3) Developmental Disability (DD) Waivers (Community Living, Family and Individual Support, and Building Independence Waivers).

Service Definition and Provider Requirements:

Employment and Community Transportation offers transportation to waiver and other community services or events, activities and resources, inclusive of transportation to employment or volunteer sites, homes of family or friends, civic organizations or social clubs, public meetings or other civic activities, and spiritual activities or events as specified by the service plan and when no other means of access is available and not offered by your Non-Emergency Medical Transportation (NEMT) program (NEMT program is what is covered by Medicaid or the Medicaid-contracted MCOs).

The goal of this service is to promote independence and participation in community life. Use of ECT service must be related to the individual's desired outcomes as stated in the ISP. This ETC service is offered in addition to your NEMT program as required under 42 CFR §431.53 and transportation services under the State plan, defined at 42 CFR §440.170(a), **and does not replace your NEMT program**. The individual or legal guardian must attest that he/she/they does not have sufficient personal financial resources (e.g., through wages) to cover the cost of the transportation himself.

The ECT service will be offered through an administering agency that possesses:

1. Any Department of Behavioral Health and Developmental Services (DBHDS) license to provide services to individuals with developmental disabilities:

Or offered through an administering agency that is:

1. A current provider of Benefits Planning, Group and/or Individual Supported Employment, or Workplace Assistance Services [Employment Service Organizations];
2. A Center for Independent Living.

The administering agencies shall be enrolled with DMAS (i.e., has a participation agreement) to provide these services. An administering agency delivering other waiver services to an individual may not utilize staff to provide ECT and may only bill ECT if the transportation is not a normally required element of service provision (i.e., an allowable activity for the other service(s) the provider delivers to that individual). **ECT arrangements are not made through your NEMT program.**

The ECT service may include transportation in a private vehicle by a person such as a co-worker or other community member or the purchase of tickets for public transportation (e.g., bus, etc.). An administering agency will coordinate and bill DMAS. ECT does not cover on-demand transportation



such as taxis, or gig services (e.g., Uber, Lyft). This ECT service has no affiliation with your NEMT program nor NEMT providers.

Up to three individuals may be transported in a single, private vehicle per trip. When a private driver is transporting more than one individual to a single destination, the trip rate for all individuals is the same and is determined by the distance between the first individual picked up and the final destination. For example, the driver picks up individual A and then individual B to take them both to the same workplace. Individual A lives 15 miles from their place of employment. Individual B lives 9 miles from that destination. The administering provider may bill the 10 - 20 mile trip rate for both individuals. Included in that rate is reimbursement for the driver's return trip after dropping off the individuals.

In the case of private transportation, the administering agency will be responsible for screening community persons to drive the individual to the designated location(s) according to the ISP.

The private driver must:

- Be 18 years of age or older;
- Possess a valid driver's license;
- Possess and maintain at a minimum (1) proof of general liability insurance coverage in compliance with federal and/or state statutory requirements and (2) a satisfactory driving record defined as no reckless driving charges within the past 24 months. The insurance should insure the insured or the passengers:
 1. Against loss from any liability imposed by law for damages;
 2. Against damages for care and loss of services, because of bodily injury to or death of any person;
 3. Against injury to or destruction of property caused by accident and arising out of the ownership, use, or operation of such motor vehicle or motor vehicles within the Commonwealth, any other state in the United States, or Canada;
 4. Subject to a limit of exclusive of interest and costs, with respect to each motor vehicle of \$25,000 because of bodily injury to or death of one person in any one accident and, subject to the limit for one person, to a limit of \$50,000 because of bodily injury to or death of two or more persons in any one accident; and
 5. Subject to a limit of \$20,000 because of injury to or destruction of property of others in any one accident.

Examples of ECT:

Example #1: Mariah participates in a bowling league every Wednesday night. Her sister, Roberta lives several blocks away in Richmond. Roberta picks up Mariah at her apartment to take her to the bowling alley, which is 5 miles away from Mariah's apartment. (TRIP A) Afterwards, Roberta takes Mariah back to her apartment from the bowling alley. (TRIP B). ***Procedure code A0090 ROS is utilized.***

Example #2: Susan uses the Richmond GRTC bus to go back and forth from her apartment to work every

Monday-Friday. In addition, she uses the GRTC to go to the grocery store every Sunday. Weekly,



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Susan uses the GRTC 12 times. She goes to and from work (10 trips weekly) and to the grocery store (2 trips weekly). Susan enjoys her routine and plans to continue using the GRTC to facilitate her trips throughout her ISP year. Based on this schedule, Susan will use the bus 624 times this year (12 trips weekly / 52 weeks per year). **Procedure code A0110 is utilized.** The total amount billed would be \$586.56.

Service Authorization:

Service authorizations submitted for ECT must include a completed **DMAS P258 [Employment and Community Transportation Trip Plan]** and documentation of the trip distance estimate in the form of a MapQuest, Google Maps, or similar printout with point of origin/destination and mileage. All service authorizations for ECT must be **pre-authorized by the DBHDS Service Authorization Consultant** not your NEMT service.

Documentation

In addition to the above mentioned items to be submitted for service authorization and standard provider documentation such as a quarterly review and relevant correspondence, the administering agency must retain the following.

Documentation to support units of service delivered must be maintained in the form of a monthly trip log (**DMAS P259**) signed by the individual or caregiver/guardian, as appropriate, recording trips taken. Documentation must correspond with billing.

For private drivers:

1. Copies of valid drivers' licenses;
2. Copies of the automobile insurance policies;
3. Copies of driving records; and
4. Criminal records attestations and Virginia Sex Offender Registry record checks.
5. The driver is responsible for notifying the agency if there are any changes to previously submitted attestations or significant driving record changes vs. requiring the agency to have to obtain these every year (or whatever time period).

For public transportation, receipts for purchases of bus tickets or fare cards.

Procedure Codes, Units, Rates and Other Billing Information

Private transportation is reimbursed according to a "trip" (which is reimbursed for the round-trip) and the number of individuals being transported to the location (maximum of three). There are three trip rates depending on the one-way distance traveled.

<u>Employment & Community Transportation</u>				
Trips Under 10 Miles (one way)	Proc. Code	Area	Rate as of 07/01/2020	Unit
1 Member	A0090	ROS	\$8.91	Per Trip
		NOVA	\$10.25	



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2 Members	A0090	ROS	\$4.90	Per Trip/Per Member
		NOVA	\$5.64	
3 Members	A0090	ROS	\$3.56	Per Trip/Per Member
		NOVA	\$4.10	
Trips of 10 to 20 Miles (one way)	Proc. Code	Area	Rate as of 07/01/2020	Unit
1 Member	A0090	ROS	\$17.82	Per Trip
		NOVA	\$20.49	
2 Members	A0090	ROS	\$9.80	Per Trip/Per Member
		NOVA	\$11.27	
3 Members	A0090	ROS	\$7.13	Per Trip/Per Member
		NOVA	\$8.20	
Trips Over 20 Miles (one way)	Proc. Code	Area	Rate as of 07/01/2020	Unit
1 Member	A0090	ROS	\$29.70	Per Trip
		NOVA	\$34.15	
2 Members	A0090	ROS	\$16.34	Per Trip/Per Member
		NOVA	\$18.79	
3 Members	A0090	ROS	\$11.88	Per Trip/Per Member
		NOVA	\$13.66	
Public Transit	Proc. Code	Area	Rate as of 07/01/2020	Unit
Bus/Metro	A0110	Statewide	\$0.94	Per Trip
Para-Transit	A0120	Statewide	\$3.89	Per Trip

Please note that Employment and Community Transportation is a service exclusive to the DD Waivers (Community Living, Family and Individual Supports, and Building Independence). This is NOT the same as the DMAS Non-Emergency Medical Transportation (NEMT) service covered via the



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state plan option.

ADDITIONAL INFORMATION MAY BE FOUND AT:

DBHDS website:

<http://www.dbhds.virginia.gov/individuals-and-families/developmental-disabilities/my-life-my-community>

PROVIDER CONTACT INFORMATION & RESOURCES	
<p>Virginia Medicaid Web Portal Automated Response System (ARS) Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.</p>	<p>www.virginiamedicaid.dmas.virginia.gov</p>
<p>Medicall (Audio Response System) Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.</p>	<p>1-800-884-9730 or 1-800-772-9996</p>
<p>KEPRO Service authorization information for fee-for-service members.</p>	<p>https://dmas.kepro.com/</p>
<p>Provider Appeals DMAS is launching an appeal portal in late May 2021. You can use this portal to file appeals and track the status of your appeals. Visit the website listed for appeal resources and to register for the portal.</p>	<p>https://www.dmas.virginia.gov/#/appealsresources</p>
<p>Managed Care Programs Medallion 4.0, Commonwealth Coordinated Care Plus (CCC Plus), and Program of All-Inclusive Care for the Elderly (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 may utilize different guidelines than those described for Medicaid fee-for-service individuals.</p>	
<p>Medallion 4.0</p>	<p>http://www.dmas.virginia.gov/#/med4</p>
<p>CCC Plus</p>	<p>http://www.dmas.virginia.gov/#/cccplus</p>
<p>PACE</p>	<p>http://www.dmas.virginia.gov/#/longtermprograms</p>



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

<https://dmas.virginia.gov>

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<p>Magellan Behavioral Health Behavioral Health Services Administrator, check eligibility, claim status, service limits, and service authorizations for fee-for-service members.</p>	<p>www.MagellanHealth.com/Provider <u>For credentialing and behavioral health service information, visit:</u> www.magellanofvirginia.com, email: VAProviderQuestions@MagellanHealth.com, or Call: 1-800-424-4046</p>
<p>Provider HELPLINE Monday-Friday 8:00 a.m.-5:00 p.m. For provider use only, have Medicaid Provider ID Number available.</p>	<p>1-804-786-6273 1-800-552-8627</p>
<p>Aetna Better Health of Virginia</p>	<p>www.aetnabetterhealth.com/Virginia 1-800-279-1878</p>
<p>Anthem HealthKeepers Plus</p>	<p>www.anthem.com/vamedicaid 1-800-901-0020</p>
<p>Magellan Complete Care of Virginia</p>	<p>www.MCCofVA.com 1-800-424-4518 (TTY 711) or 1-800-643-2273</p>
<p>Optima Family Care</p>	<p>1-800-881-2166 www.optimahealth.com/medicaid</p>
<p>United Healthcare</p>	<p>www.Uhcommunityplan.com/VA and www.myuhc.com/communityplan 1-844-752-9434, TTY 711</p>
<p>Virginia Premier</p>	<p>1-800-727-7536 (TTY: 711), www.virginiapremier.com</p>