COVID-19 FAQs for Medicaid Members

The information in this document is effective during the COVID-19 health emergency.
Normal policies and procedures will resume when the emergency ends.

General Questions on Medicaid and COVID-19

How can I get health coverage?
You can apply for Medicaid at any time at https://commonhelp.virginia.gov. Medicaid covers a variety of services, including testing and treatment for COVID-19. You can also apply for low-cost health insurance through the Health Insurance Marketplace at www.healthcare.gov. You can also call the Cover Virginia Call Center at **1-855-242-8282** (TDD: 1-888-221-1590) to apply on the phone Mon - Fri: 8:00 am to 7:00 pm and Sat: 9:00 am to noon.
Cover Virginia call center response times may be longer than usual. We encourage you to apply online at https://commonhelp.virginia.gov. If you need help to answer a question about an application, please submit it at https://www.coverva.org/email/emailQuestions.cfm and a call center representative will respond as quickly as possible.

I am sick but cannot afford my co-pay to go to the doctor. What should I do?
All co-pays for Medicaid and FAMIS covered services are eliminated. You do not need to pay anything to see a doctor or for your medication.

I am worried that my prescriptions will run out. How can I prepare?
Medicaid is allowing its members to get early refills and up to a 90-day supply of many routine prescriptions. Check with your pharmacist or doctor.

Will my current coverage be canceled if I experience a change in circumstances and/or I was late mailing in my renewal documents?
No, Virginia Medicaid will not cancel or reduce coverage for eligible individuals due to a change in circumstances or paperwork issues. Our priority is to maintain your coverage during this time. If you experience issues, please contact us at https://www.dmas.virginia.gov/contactforms/#/general so that we might assist you.

I received a notice that my coverage with Virginia Medicaid was cancelled or reduced to limited coverage. What should I do?
If your Medicaid coverage was cancelled effective March 31, 2020 or later, Virginia Medicaid is taking steps to reinstate your coverage retroactively back to the cancellation date, and to keep your coverage in effect moving forward through the remainder of the COVID-19 emergency. If your coverage was reduced from full coverage to limited coverage, such as Plan First, after March 1, 2020, it will be restored to full coverage for the remainder of the COVID-19 emergency. You will receive a letter in the mail notifying you that your coverage has been reinstated**.

**There are exceptions to the above coverage protections for members enrolled in FAMIS, as well as for members with Medicaid coverage who have certain immigration statuses. If you are in one of these groups, you will no longer be eligible to keep your coverage under your current eligibility category after you turn 19 years old or at the end of a two-month period following the end of your pregnancy. We will re-evaluate you for other coverage and place you in another full or limited coverage group if eligible. If ineligible, your current coverage will end, and you will be referred to the Federal Marketplace for assistance in obtaining other health insurance. You can reapply for coverage through Virginia's Medicaid program at any time. If you receive a cancellation letter and believe we have made a mistake on your enrollment status, your letter will contain a number to call and get more information.

I had to move out of Virginia temporarily because of the coronavirus, but I am still a resident of Virginia. Can I keep my Medicaid coverage?
Yes, you will continue to be eligible for Medicaid coverage.

I filed a new application for Medicaid, and I am unable to access the documentation that has been requested due to the COVID-19 emergency. What should I do?
If you are unable to obtain needed documentation that has been requested, you should call the phone number listed on the letter requesting your documentation and advise the worker that you cannot obtain the documentation due to COVID-19. The agency will work with you to get your application processed.

If I receive an increase in Unemployment Insurance benefits as a result of the COVID-19 emergency, will this additional payment be counted in determining my eligibility for Medicaid health coverage?
No, any increase in Unemployment Insurance benefits will not be counted when determining eligibility for Medicaid health coverage.

If I receive the economic impact payment (the stimulus check) as a result of the COVID-19 emergency, will this additional payment be counted in determining my eligibility for Medicaid health coverage?
No, the economic impact payment will not be counted towards your income when determining eligibility for Medicaid health coverage. Additionally, the economic impact payment will not be counted as resources/assets when determining eligibility for Medicaid health coverage for Aged, Blind, or Disabled individuals as long as the funds are spent within 12 months of when the payment is received**.**

Will Medicaid make changes in its appeals procedures because of COVID-19?
Yes. DMAS is making the following changes:

- DMAS is seeking federal authority to accept client/member appeals filed during the COVID-19 emergency that miss the normal filing deadlines. If the authority is granted, those appeals will move forward as if the deadlines were met. This policy will apply retroactively for the length of the Governor's emergency declaration, which began on March 12, as soon as the agency receives approval.
- For all appeals resulting from a reduction or termination of coverage filed during the state of emergency, Medicaid members will automatically keep their health coverage and have access to Medicaid-covered medical services without any financial impact while the appeal is proceeding. Medicaid managed health plans will also approve continued coverage while their internal appeal process is underway.
- All DMAS State Fair Hearings will be conducted by telephone.
- DMAS will grant requests to reschedule hearings.
- Appeals may be submitted to DMAS via e-mail at **Appeals@dmas.virginia.gov**.

State Fair Hearing decisions may not be issued within the normal timeframe, depending on the length of the emergency.

Questions on Behavioral Health Services

Can I receive behavioral health services through telehealth or by telephone?
Virginia Medicaid has issued guidance to providers allowing the following Medicaid services to be offered through telehealth and by telephone: care coordination, case management, peer services, needs assessments, and psychiatric services, including medication management and individual, group, and family therapy.

My behavioral health clinician is not available (or cannot be reached), and I need assistance. What are my options?
You may call the behavioral health agency in your community and discuss options for access to other clinicians. You may

also call your managed care organization or Magellan of Virginia to ask for care coordination assistance in finding a behavioral health provider who is available to assist with your care at this time.

I do not have access to smartphones or internet, and I am isolated and need to contact my provider. Will Medicaid cover my visit if it is through my telephone?
For most services, telephonic communication will be covered; please contact your managed care organization or Magellan of Virginia if you have questions about a specific service.

What happens to my child in residential treatment? Do I need to pick my child up?
Please contact your child's residential treatment center to determine the situation and best options for your child. If you need to pick your child up and need assistance, please contact your child's managed care organization or Magellan of Virginia care coordination for assistance.

I am isolated and need more medication. How can I get my prescription refilled?
Please contact your prescriber or pharmacy. If you need additional assistance, your managed care organization or Magellan of Virginia care coordinator can assist in communicating your needs to help get your prescriptions refilled and available to you.

What happens if I refuse my behavioral health services due to concern with COVID-19. Will my services be terminated if I go 30 + days without services?
No, due to our state of emergency, your services will not be terminated if you go 30 days without services. Please contact your managed care organization or Magellan of Virginia for more specific service-related details.

My child's Applied Behavior Analysis provider mentioned providing telehealth services during this crisis. I'm not sure what this means; is it allowed by Medicaid?
"Telehealth services" means the use of telecommunications (either by telephone or video) and information technology to provide access to both medical and behavioral health services. Yes, telehealth is allowed for specific services. Please call your managed care organization or Magellan of Virginia for more specific service-related details.

I attend a Psychosocial Rehabilitation Program with more than 50 people. This facility is closed to the public, but not to members. I am considered high-risk for the coronavirus, but I don't want to miss attending the program because it helps me. Does Medicaid have any guidance on these community programs?
DMAS encourages its members to avoid any gathering of more than 10 individuals. Many Medicaid services are available by phone or via video communication. Please contact your provider for more information.

Should I allow providers to deliver in-home services for my child during the COVID-19 emergency?
DMAS encourages its members to avoid close contact with individuals who are sick. If you, any of your family members or your provider shows symptoms of illness, we recommend against receiving services in the home. Services can take place by phone or via video communication. If you decide to have services provided in the home, you can take steps to protect yourself from the virus, which can be found here: https://www.cdc.gov/coronavirus/2019-ncov/prepare/prevention.html

How do I continue to receive School-Based Therapeutic Day Treatment (TDT) Services when the schools are closed?

Therapeutic Day Treatment can be provided by phone, as well as in-person in the home, on a one-on-one basis. You can contact your provider to inquire if these options are available.

How do I access crisis services if I cannot go to the hospital?
You can contact your local community services board, Magellan of Virginia or your managed care organization's behavioral health crisis line.

My community services board is closed, and I need services. Who should I contact?
Please contact your managed care organization or Magellan of Virginia member services line to assist with finding you a referral for the services you need.

Can I give consent over the phone for behavioral health services?
Yes you can.

Do you have other questions about how Medicaid is improving access to care in response to COVID-19?
If yes, please contact DMAS here: https://www.dmas.virginia.gov/contactforms/#/general

What do I do if I have general questions about COVID-19?
If you have general questions about the COVID-19 virus (also known as the novel coronavirus), you can call the Virginia Department of Health's COVID-19 hotline at 877-ASK-VDH3 or visit their website at https://www.vdh.virginia.gov/coronavirus/

Community-Based Care

May a family member or other person with a close personal relationship to a Medicaid member be reimbursed for personal care, respite or companion services during the health emergency if these in-home services are temporarily unavailable through the regular provider (consumer- or agency-directed) due to illness or staffing shortages, or if the Medicaid member is quarantined?
Spouses and parents of minor children providing temporary in-home care cannot be reimbursed for these services. DMAS is pursuing strategies to address this challenge and will have additional information to share. Please check back in the future for updates, or sign up for news about Medicaid's response to COVID-19 at https://public.govdelivery.com/accounts/VADMAS/subscriber/new.

Can a Medicaid member get rapid approval for an increase in hours of personal care, respite or companion services if the health emergency has created the need for increased assistance and supervision because of school closures, or the loss of day support or other waiver services?
Current authorizations are extended for an additional two months for services under the developmental disability waiver. The rules for increasing the number of hours of care have not changed, but the Virginia Department of Behavioral Health and Developmental Services is putting a priority on review of these requests. Additionally, service authorizations may be approved retroactively for up to 10 business days until the end of the emergency.

For personal care, respite care, and private duty nursing covered through the Commonwealth Coordinated Care (CCC) Plus Waiver or through Early and Periodic Screening, Diagnostic and Treatment (EPSDT), current authorizations will be extended for two months if the authorization end date falls between now and June. Any new request for services or

requests for changes in services -- such as an increase or decrease in hours -- must be submitted for review and approval. Managed care health plans will expedite urgent needs.

I am an adult Medicaid member living independently with supports (but not 24/7 support), and my usual provider cannot be reached or is unavailable due to staffing shortages. How can I get help?
You can contact your care coordinator with your managed care health plan.

Will care coordinators contact individual Medicaid members and families more often by phone to make sure their health and safety needs -- such as housing, food and transportation – are met?
Support coordinators are allowed to replace regular face-to-face contact with telephone calls. Coordinators may increase the number of telephone contacts as needed. Care coordinators are allowed to perform assessments, reassessments and care planning by telephone for CCC Plus waiver members unless there is a health, safety or other concern. They are prioritizing outreach to members who have been attending adult day health centers to ensure these individuals have the supports they need because many of these centers are closed at this time. They also are giving priority to individuals at higher risk of having unmet health and safety needs. If you need additional supports, please contact your care coordinator.

My personal care agency does not have adequate staff and is severely reducing personal care services. No other agency will work with me during this health crisis. What can I do?
If you are enrolled with one of our CCC Plus health plans, please contact your care coordinator to discuss your needs. Care coordinators can help CCC Plus waiver members evaluate their back-up plans, look at other informal supports, and possibly assist with finding another agency that has staff available to provide you with needed services. If you are on one the developmental disability waivers, your care coordinator can work with your DD case manager to look at all of your options.