



COMMONWEALTH of VIRGINIA

OFFICE OF CHILDREN'S SERVICES

Administering the Children's Services Act

Scott Reiner, M.S.
Executive Director

ADMINISTRATIVE MEMORANDUM #21-07

To: CPMT Chairs
CSA Coordinators

From: Scott Reiner, Executive Director

CC: Shamika Ward, Department of Medical Assistance Services

Date: April 30, 2021

Subject: Changes to Medicaid Forms for Psychiatric Residential Treatment Facility and Therapeutic Group Home Placements

The Office of Children's Services has been working with the Department of Medical Assistance Services to review and update the forms submitted upon a youth's placement into a psychiatric residential treatment facility (PRTF) or therapeutic group home (TGH) through a local Children's Services Act program. These forms have historically been known as the "Rate Certification." Through the review it has been determined that the sole purpose of the form should be to identify the placing CSA locality so that the required local Medicaid match can be correctly assigned to the correct locality and reduce the need for subsequent adjustments.

Consequently, revised forms have been developed for use with new placements that will occur on or after July 1, 2021. These revised forms are the only forms that will be needed by DMAS's behavioral health services organization (services authorization contractor), currently Magellan of Virginia. Local CSA program are not required to sign any forms related to certifying rates as the rates are determined by DMAS' process with the providers.

The revised DMAS-600 form ("CSA Referral for Residential Treatment Services") should be completed upon the CSA program's authorization of a placement in a PRTF or TGH and then forwarded to the PRTF or TGH, which will complete additional information and submit the form to Magellan or the DMAS specified services authorization contractor.

A new form, DMAS-600-T ("Transfer of CSA Jurisdiction for Medicaid Funded Residential Placement") is to be completed only when a youth placed by CSA in a PRTF or TGH moves to another jurisdiction and the originating CSA locality is no longer responsible for the placement. This form should be submitted directly to Magellan (or the DMAS specified services authorization

contractor) by the locality from which the youth has moved. Magellan's email address is VACMCClinicalManagers@magellanhealth.com. The submission of this form should aid in correct assignment of the local Medicaid match in these instances. The Provider Address and NPI can be obtained from Business Office of the PRTF or TGH, if necessary.