



Respite Care: Frequently Asked Questions

Magellan Complete Care of Virginia (MCC of VA) recently updated their Respite Care authorization process for new authorizations as well as authorizations that fall under the Continuity of Care period. Please review the details below for further information. Contact information for additional questions or concerns is included at the end of this document.

What are the changes related to Respite Care services?

MCC of VA will be extending all authorizations for Respite Care to the end of the applicable fiscal year. This is inclusive of Continuity of Care authorizations, as well as all new authorizations for Respite Care. Therefore, Respite Care authorizations will be created or extended to June 30, 2018 to mirror previous guidelines put in place by the Department of Medical Assistance Services (DMAS).

How will this change affect Respite Care services provided to members?

For members currently receiving Respite Care services, MCC of VA will be extending the existing authorization to June 30, 2018 with the same amount of hours. There is a 480 hour limit per fiscal year for Respite Care services. This change will ensure that these hours are in place until the start of the next fiscal year. All new authorizations for Respite Care will be created with an end date of June 30, 2018. On July 1, 2018, new respite authorizations will be created based on member need and will be effective from July 1, 2018 through June 30, 2019.

How is MCC of VA notifying members and providers of this change?

All members who are currently receiving Respite Care services will be contacted by their Care Coordinator to explain the changes and answer further questions that members may have. MCC of VA is also performing outreach to Agencies and Services Facilitators to notify them of this change. We encourage members to engage with their Care Coordinators regarding their Respite Care needs.

What documentation is needed to authorize Respite Care?

MCC of VA will require all applicable DMAS forms to initiate Respite Care services, including but not limited to the DMAS 97AB. If the need for respite care is identified during the member's Care Plan process, MCC of VA will not require DMAS forms.

Have additional questions?

You can reach out to the MCC of VA call center if you have additional questions regarding Respite Care.

MCC of VA Member Services at 1-800-424-4524, TTY: 711