



Last Updated: 12/20/2024

Update to Pending 1915(c) Home and Community-Based Services (HCBS) Waivers Amendments

The purpose of this bulletin is to provide an update to providers on actions undertaken by the Virginia General Assembly. DMAS submitted waiver amendments on September 20, 2024, with a proposed effective date of January 1, 2025, for its four HCBS waivers: Building Independence (BI), Community Living (CL), Family and Individual Supports (FIS), and Commonwealth Coordinated Care Plus (CCC+). These amendments included changes to address the General Assembly's actions.

As of this date, DMAS has not received approval from the Centers for Medicare and Medicaid Services (CMS) on its amendments. **As a result, these three items remain on hold, and current policies remain in effect:**

1. HB1963 (2023): Combining the annual service limits for Assistive Technology and Electronic Home-Based Services into an annual \$10,000 limit to be shared, according to the individual's needs, between the two services. (BI, CL, FIS);
2. HB909/SB488 (2024): Finalizing rules regarding when a Legally Responsible Individual (LRI) is the paid aide/attendant for the personal care service (CL, FIS, CCC+);
3. Item 288.CCCCC (2024): Removing educational requirements for providers of Consumer-Directed Services Facilitation (CL, FIS, CCC+).

Providers should refer to the current provider manuals for current policies on Assistive Technology, Electronic Home-Based Services, and Services Facilitation. Legally responsible individual policies are outlined in the Medicaid Bulletin, "Implementation Update for March 1, 2024: Legally Responsible Individuals" dated February 29, 2024.

DMAS has received confirmation from CMS that the following General Assembly action does not require approval through a HCBS waiver amendment. This item was approved via State Plan amendment and went into effect on December 1, 2024:

1. HB908/SB676 (2024): Disregarding Social Security Disability Income (SSDI) above the maximum Social Security Income (SSI) as determined by the Social Security Administration for purposes of pre-eligibility treatment of income (BI, CL, FIS).

DMAS has received guidance from CMS that the following General Assembly action is **not permitted**. DMAS has withdrawn the item from affected waiver amendments:



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1. HB577/SB610 (2024): Allowing an individual who has been offered a slot on the waiver to delay enrollment for up to 1 year (BI, CL, FIS).

Per CMS, “the enrollment and assignment to delay initiation of services for 365 days is not permissible. An individual cannot take up a waiver slot and not receive services.”

DMAS remains in discussion with CMS on these pending waiver amendments and is engaging in technical assistance. Once CMS has provided official approval, an updated bulletin will be released.

To avoid disruption to claims payment through FFS and the MCOs providers must periodically check the DMAS provider portal, also known as the Provider Services Solution (PRSS), to ensure that the provider's enrollment, contact information, and license information is up to date, for all of the provider's respective service locations. Under federal rules, MCOs and DMAS are prohibited from paying claims to network providers who are not enrolled in PRSS. Additional information is provided on the [MCO Provider Network Resources webpage](#) and includes links to resources, tutorials and contact information to reach Gainwell with any provider enrollment or revalidation related questions. Dental providers should continue to enroll directly through the DMAS Dental Benefits Administrator, DentaQuest.

PROVIDER CONTACT INFORMATION & RESOURCES

Virginia Medicaid

Web Portal

Automated Response System (ARS)

Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.

<https://vamedicaid.dmas.virginia.gov/>

Medicall (Audio Response System)

Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.

1-800-884-9730 or 1-800-772-9996

Provider Appeals

DMAS launched an appeals portal in 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.

<https://www.dmas.virginia.gov/appeals/>

Managed Care Programs

Cardinal Care Managed Care 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.



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**Cardinal Care
Managed Care
PACE**

[https://www.dmas.virginia.gov/for-providers/managed-care/cardinal-care-managed-care/Program of All-inclusive Care \(virginia.gov\)](https://www.dmas.virginia.gov/for-providers/managed-care/cardinal-care-managed-care/Program%20of%20All-inclusive%20Care%20(virginia.gov))

Provider Enrollment

In-State: 804-270-5105
Out of State Toll Free: 888-829-5373
Email: VAMedicaidProviderEnrollment@gainwelltechnologies.com

Provider HELPLINE

Monday-Friday 8:00
a.m.-5:00 p.m. For
provider use only, have
Medicaid Provider ID
Number available.

1-804-786-6273
1-800-552-8627

**Aetna Better Health
of Virginia**

<https://www.aetnabetterhealth.com/virginia/providers/index.html>
1-800-279-1878

**Anthem
HealthKeepers Plus**

<http://www.anthem.com/>
1-800-901-0020

Molina Complete Care

1-800-424-4518
<https://www.molinahealthcare.com/providers/va/medicaid/home.aspx>

**Sentara Community
Plan
United Healthcare**

1-800-881-2166 <https://www.sentarahealthplans.com/providers>
www.uhcprovider.com/
1-844-284-0149

Dental Provider

DentaQuest
1-888-912-3456

**Fee-for-Service (POS)
Prime Therapeutics**

<https://www.virginiamedicaidpharmacyservices.com/>
1-800-424-4046

Acentra Health

Behavioral Health and
Medical Service
Authorizations
<https://vamedicaid.dmas.virginia.gov/sa>
1-804-622-8900