



Last Updated: 08/12/2025

Update to 1915(c) Home and Community Based Services (HCBS) Waivers Amendments - Implementation of Combined Budget for Assistive Technology and Electronic Home Based Supports Effective September 1, 2025

The purpose of this bulletin is to provide additional clarification to the Medicaid Bulletin "Update to Pending 1915(c) Home and Community-Based Services (HCBS) Waivers Amendments" dated June 10th, 2025.

The prior bulletin stated that effective September 1, 2025, the annual service limits for Assistive Technology (AT) and Electronic Home-Based Services (EHBS) will be combined between the two services into an annual, calendar year shared limit of \$10,000 to be authorized according to the members' needs. This applies to the Building Independence, Family and Individual Supports, and Community Living waivers.

The applicable billing codes are T1999 and T1999-U5 for AT and A9279 for EHBS.

Environmental modifications (S5165 or 99199) are not included as part of the \$10,000 combined budget for AT and EHBS. The budget for environmental modifications is stand alone and remains at \$5,000 for the calendar year.

The \$10,000 budget for AT and EHBS for the year 2025 will be retroactive to January 1st, 2025.

This means the costs of any AT and EHBS services that were utilized from January 1st, 2025 - September 1st, 2025, will be subtracted from the individual's new \$10,000 combined budget for both services for the year 2025.

For example: An individual has a previous plan year of March 1, 2024 - February 28, 2025, and a current plan year of March 1, 2025 - February 28, 2026. The individual utilized the following AT and EHBS services:

ISP Plan Year Partial Timeframe	AT Budget Used	EHBS Budget Used
Jan. 1 - Feb. 28, 2025	\$500	\$830
Mar. 1 - Sept. 1, 2025	\$0	\$2,500

For the 2025 combined AT and EHBS budget period, the amount of AT and EHBS services



used thus far is:

$$\$500 + \$830 + \$2,500 = \$3,830.$$

The remaining amount that can be used for any combination of AT or EHBS in 2025 is:

$$\$10,000 - \$3,830 = \$6,170.$$

In this example, from September 1, 2025 - December 31, 2025, the individual has a budget of \$6,170 available for either AT or EHBS or some combination of the two services. The combined total utilized across the two services cannot be more than this amount.

Starting January 1, 2026, the AT and EHBS combined budget will be reset to \$10,000 for the new calendar year.

Costs cannot be carried over from one calendar year to another (i.e., a requested service cannot be split between 2 authorization periods to approve part of funding in one calendar year and remaining funding for same item in next year).

Policies and documentation requirements specific to DD Waiver providers are included in the Developmental Disabilities Waivers Provider Manual Chapter IV. These include the Individual Support Plan (ISP) and Plan for Supports (PFS) requirements, documentation requirements, and allowable activities for AT and EHBS.

All Developmental Disabilities Waivers Provider Manual chapters, including the Chapter IV are located [HERE](#).

Questions?

Questions related to DMAS requirements for the AT and EHBS 10k combined budget can be sent to ddwaiver@dmas.virginia.gov

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.

Cardinal Care Managed Care

<https://www.dmas.virginia.gov/for-providers/managed-care/cardinal-care-managed-care/>

PACE

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

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

Humana Healthy Horizons

Provider Services Call Center

1-844-881-4482 (TTY: 711)

<https://provider.humana.com/medicaid/virginia-medicaid>

Sentara Community Plan

1-800-881-2166 <https://www.sentarahealthplans.com/providers>

United Healthcare

www.uhcprovider.com/

1-844-284-0146



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

<https://dmas.virginia.gov>

MEDICAID BULLETIN

Acentra Health <https://vamedicaid.dmas.virginia.gov/sa>
Behavioral Health and 1-804-622-8900
Medical Service
Authorizations
Dental Provider 1-888-912-3456
DentaQuest
Fee-for-Service (POS) <https://www.virginiamedicaidpharmacyservices.com/>
Prime Therapeutics 1-800-932-6648