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MEDICAID BULLETIN

Last Updated: 08/20/2026

Behavioral Health Services Redesign Implementation Dates

The purpose of this bulletin is to provide an update on the implementation dates for Virginia Medicaid's redesign of Community Mental Health Rehabilitative Services (CMHRS) which was authorized by the General Assembly in the 2024 Appropriation Act. The redesigned services were originally planned to start on July 1, 2026; however, item 291.TT. 1. of the 2026 Appropriation Act extends the deadline to implement the new redesigned behavioral health services by July 1, 2027.

Community Mental Health and Rehabilitation Services end date is June 30, 2027:

DMAS will retire the following four Medicaid services on June 30, 2027:

1. Intensive In-Home Services (H2012)
2. Therapeutic Day Treatment (H2016)
3. Mental Health Skills Building (H0046)
4. Psychosocial Rehabilitation (H2017)

New Collaborative Behavioral Health Services will start on July 1, 2027.

DMAS will implement the following new services on July 1, 2027:

1. Community Psychiatric Support and Treatment (CPST) – Adult, Community
2. Community Psychiatric Support and Treatment (CPST) – Youth, Community
3. Community Psychiatric Support and Treatment (CPST) – Youth, School Setting
4. Coordinated Specialty Care for First Episode Psychosis (CSC)
5. Mental Health Clubhouse Services (Clubhouse)

Additional changes which will start on July 1, 2027, include:

1. Updates to Mental Health Case Management policy in the Mental Health Services Manual, Appendix I.
2. Implementation of a new standardized assessment, the Virginia Comprehensive Assessment of Needs and Strengths (CANS Lifetime), and new Level of Need Model.

Prior to July 1, 2027, DMAS, Acentra Health and the Cardinal Care Managed Care (CCMC) MCOs will work together to identify all members currently receiving CMHRS and develop plans with our members and providers to transition all members to another Medicaid behavioral health service effective no later than July 1, 2027.

Additional Information

Additional information regarding policy finalization, provider training, DMAS provider enrollment, CCMC MCO contracting, service authorization transitions and member care coordination will be communicated and posted over the next 6-12 months.

Questions?

Additional details including draft manuals, presentations and a frequently asked questions (FAQ) document are located here. Information related to Department of Behavioral Health and Developmental Services (DBHDS) licensing and training opportunities will be communicated directly to current providers by DBHDS and will be posted here.

Providers can direct questions related to Behavioral Health Services Redesign to the DMAS Behavioral Health Division at enhancedbh@dmas.virginia.gov. In addition, DMAS hosts Provider Open Office Hours dedicated to Behavioral Health Services Redesign questions from providers twice a month. Information on accessing these office hours is located here.

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.virginiamanagedcare.com/en
PACE	Program of All-inclusive Care
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 Prior Auth requests can be faxed or called to the following numbers: Phone: 1-800-279-1878 Med4/ FAMIS Fax: 1-866-669-2454 CCC Plus Fax: 1-855-661-1828
Anthem HealthKeepers Plus	http://www.anthem.com/ Prior Authorization information can be found here: https://providers.anthem.com/virginia-provider/resources/prior-authorization-requirements Call Provider Services: 1-800-901-0020 TTY: 711 Fax medical prior authorization request forms to: Inpatient fax: 1-866-920-4095 Outpatient fax: 1-800-964-3627 LTSS fax: 1-844-864-7853
Humana Healthy Horizons Provider Services Call Center	https://provider.humana.com/medicaid/virginia-medicaid Prior Authorization information can be found here: https://provider.humana.com/medicaid/virginia-medicaid/prior-authorization Submit request via Availaty porta, phone or fax: Phone requests: 1-855-223-9868 or 1-844-881-4482 (TTY: 711) Fax complete form to: 1-877-486-2621.
Sentara Community Plan	1-800-881-2166 https://www.sentarahealthplans.com/providers Submit authorizations via portal or phone Portal information can be found here: https://www.sentarahealthplans.com/en/providers/claims-authorizations/authorizations Phone request: 1-757-552-7474 or 1-800-229-8822
United Healthcare	www.uhcprovider.com/ 1-844-284-0146 To notify UHC or request a medical prior authorization: Portal information can be found here: UHCprovider.com/priorauth or call provider services 1-844-284-0146
Acentra Health Behavioral Health and Medical Service Authorizations	https://vamedicaid.dmas.virginia.gov/sa 1-804-622-8900

Dental Provider	1-888-912-3456
DentaQuest	
Fee-for-Service (POS)	https://www.virginiamedicaidpharmacyservices.com/
Prime Therapeutics	1-800-932-6648