



Last Updated: 09/09/2026

Electronic Visit Verification—Live-In Requirement Effective 10/1/2026

The purpose of this bulletin is to inform personal care agencies and services facilitators of a change to Electronic Visit Verification (EVV) policies for personal care services. Pursuant to Item 291.NNNNN of the 2026 Appropriation Act, the Department of Medical Assistance Services shall eliminate the live-in caregiver exemption from electronic visit verification requirements. DMAS requested procedural guidance from the Centers for Medicare and Medicaid Services (CMS) and CMS confirmed that Virginia has authority to implement this change without a 1915(c) waiver amendment.

Effective October 1, 2026, all agency-directed aides and consumer-directed attendants who perform personal care/assistance, respite care, or companion care services will be required to use an EVV-compliant method to log and submit work shifts. The guidance specific to Electronic Visit Verification: Live-In Caregiver Exemption provided in the January 7, 2021, bulletin “Electronic Visit Verification Live-In Caregiver Exemption and Consumer-Directed Personal Care Overtime” will no longer apply. This requirement applies to both agency-directed and consumer-directed services.

As a reminder to services facilitators, EVV-compliant methods are either the use of the Fiscal-Employer Agent’s (F/EA) mobile phone application or Interactive Voice Response (IVR) system. Use of the portal through the F/EA’s website is not EVV-compliant. If Employers of Record or attendants have questions or are encountering technical issues with the EVV mobile app or Interactive Voice Response (IVR) system, they should contact the F/EA for assistance.

In addition, DMAS is working to update the public EVV page (<https://dmas.virginia.gov/for-providers/benefits-services-for-providers/long-term-care/programs-and-initiatives/electronic-visit-verification/>) on its website with videos, slide decks, frequently asked questions, and other materials on the use of EVV for personal care services.

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



MEDICAID BULLETIN

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 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

<http://www.anthem.com/>

HealthKeepers Plus

1-800-901-0020

Humana Healthy

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

Horizons

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

Provider Services Call Center

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

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