



Last Updated: 10/21/2026

Approved Virginia Medicaid Temporary Coverage

October 21, 2026

Providers:

This notice provides guidance to certain Virginia Medicaid providers regarding limited, temporary state funding available to certain noncitizens who lost full Medicaid coverage effective October 1, 2026. It explains how providers may continue delivering eligible services and submit claims for affected members.

Background

Effective October 1, 2026, certain noncitizens are no longer eligible for full-benefit Medicaid coverage, pursuant to H.R. 1. Approximately 270 of these individuals who meet specific functional criteria for long-term services and supports (LTSS) have been identified as eligible for temporary payment of certain services through limited state funds.

This funding will be available through June 30, 2027, or until the funds are exhausted, whichever occurs first. The Department of Medical Assistance Services (DMAS) will notify providers when the funding is nearing depletion.

Participation and Continuity of Care

Providers who elect to accept this limited, temporary state funding should continue delivering eligible services to affected individuals. **Providers who wish to elect such funding should contact Virginia_ccp@dmas.virginia.gov for additional information and to establish a related provider agreement.**

Individuals currently receiving long-term services and supports (LTSS), including applicable waiver and nursing facility services, may continue receiving these services in accordance with their existing service arrangements.

Continuing Coverage

For individuals receiving waiver services, coverage will generally be limited to the services and service amounts authorized as of September 30, 2026 when such individuals were still enrolled in full-benefit Medicaid. No new service authorizations will be issued under this temporary funding arrangement. Providers may not request additional authorized service hours or new services for payment through this funding.

DMAS has identified all individuals eligible for payment under this temporary funding arrangement.



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No additional individuals may be enrolled or identified for coverage. Eligibility for payment is limited to individuals who have already been identified by DMAS.

All services remain subject to applicable program coverage limits, provider participation requirements, and the availability of funds.

Covered and Excluded Services

Covered services may include, as applicable to the individual's existing eligibility and approved service arrangements as of September 30, 2026:

- **Long-term services and supports (LTSS):** Eligible Developmental Disabilities Waiver services, Commonwealth Coordinated Care Plus Waiver services, personal care services, and nursing facility services.
- **Physician and practitioner services:** Eligible services provided by physicians and other qualified health care practitioners.
- **Hospital services:** Eligible inpatient and outpatient hospital services, subject to applicable program requirements.
- **Other eligible health care services:** Additional medically necessary services covered under the applicable benefit and service arrangements, subject to requirements and limitations.

Providers should assess whether a service falls into the categories above before submitting a claim.

Excluded services: This limited funding cannot be used to reimburse pharmacy, dental, or transportation services, including non-emergency medical transportation, under this temporary state-funded arrangement.

Claims Submission and Processing

Providers may submit claims through the standard billing process used for Medicaid claims, including paper submission, direct data entry, or an electronic service vendor. All claims will be subject to manual review and processing and may be pended while DMAS completes its review.

Because this funding is temporary and limited, providers must submit all claims within 30 days of the date of service. Claims will be paid on a first-come, first-served basis, subject to available funding.

Notification

The approximately 270 individuals approved for payment of services through this temporary state funding will be notified of their eligibility by DMAS. These individuals have been instructed to present their notification letter to providers as proof of approval. If an individual cannot provide the letter, providers may verify eligibility by contacting DMAS using the phone number or email address listed below.



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

<https://dmas.virginia.gov>

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Providers should review communications from DMAS. Providers furnishing services to individuals eligible for this temporary state funding will be given additional guidance.

If the individual to whom you provide services no longer needs this state assistance because they have secured other health coverage, have moved out of state, or due to other circumstances, please let us know at the contact information below.

Questions and Additional Information

Providers with questions about the temporary state funding may email Virginia_ccp@dmas.virginia.gov

Providers with questions about billing, claims, or eligibility may contact the **Provider Helpline**: 1-804-786-6273 or 1-800-552-8627 (Monday-Friday, 8:00 a.m.-5:00 p.m.)

Sincerely,



Steve
Ford
Director

Department of Medical Assistance Services