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MEDICAID BULLETIN

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Behavioral Health Services Redesign Provider Enrollment Information for Collaborative Behavioral Health Services (CBHS)

The purpose of this bulletin is to provide Behavioral Health Providers, Acentra Health, Cardinal Care Managed Care Organizations (CCMCOs) and Gainwell Technologies with provider enrollment information for the new Collaborative Behavioral Health Services being implemented as part of Virginia Medicaid's redesign of Community Mental Health Rehabilitative Services (CMHRS). As previously communicated, the redesigned services will go live on July 1, 2027. To support a smooth transition, provider enrollment for the new services will begin on **October 1, 2026**. This bulletin outlines the Department of Behavioral Health and Developmental Services (DBHDS) licensing and accreditation requirements that providers must meet to enroll in each new provider specialty (PS) with the Department of Medical Assistance Services (DMAS).

For additional information regarding DBHDS licenses for Collaborative Behavioral Health Services, please see the DBHDS bulletin located here.

Provider Enrollment Timeline

DMAS, in coordination with Gainwell Technologies, will open enrollment for the new Collaborative Behavioral Health Services provider specialties on **October 1, 2026** through the Provider Services Solution (PRSS). Providers are strongly encouraged to begin gathering their DBHDS licensing and accreditation documentation now so that enrollment can be completed well in advance of the July 1, 2027, go-live date. Enrolling early will help ensure there is no disruption to service authorizations or claims payments when the new services begin and the old services end.

To allow enough time for all steps required before the July 1, 2027, implementation date, provider specialty activation in PRSS, CCMCO credentialing, and service authorization transitions, DMAS strongly encourages providers to submit their enrollment applications to PRSS by **January 29, 2027**. Submitting by this date gives DMAS, Gainwell, and the CCMCOs the time needed to complete these steps and helps preserve continuity of care for members.

Enrollment applications will continue to be accepted after January 29, 2027. However, for applications submitted after that date, DMAS cannot guarantee that enrollment, CCMCO credentialing, and service authorization transitions will be fully completed before July 1,

2027, which may affect a provider's ability to serve and bill for member services when the new services begin.

Accreditation

Except where noted below, providers enrolling in the new Community Psychiatric Support and Treatment (CPST) and Mental Health Clubhouse specialties will be asked to submit, at the time of enrollment, either proof of accreditation intent or actual proof of accreditation from one of the applicable accrediting bodies identified for each specialty. “Proof of accreditation intent” may be demonstrated by documentation showing that the provider has initiated the accreditation process with a recognized accrediting body.

Provider Enrollment by Provider Specialty

Below are the provider types, specialties, taxonomies, licenses, and accreditation information that PRSS will collect during enrollment for each new Collaborative Behavioral Health Service. All licensing references are for DBHDS licenses issued under 12VAC35-105.

Community Psychiatric Support and Treatment

CPST providers will be asked to submit documentation of accreditation intent or actual proof of accreditation from one of the following accrediting bodies: (1) Council on Accreditation (COA), (2) Commission on Accreditation of Rehabilitation Facilities (CARF) or (3) The Joint Commission (TJC). Providers have 18 months from July 1, 2027, to become fully accredited. Allowable and approved accreditations for CPST can be found here.

The CPST Clinical Director will also enroll individually in PRSS and be affiliated with the CPST agency's enrollment. Additional guidance on enrolling the CPST Clinical Director will be provided at a later date.

Community Psychiatric Support and Treatment – Youth, School Setting

Enrollment Type	1. Facility
Provider Type (PT)	1. Behavioral Health Services (156) **or** 2. Behavioral Health Clinic and Services (456)
Provider Specialty (PS)	1. Community Psychiatric Support and Treatment – Youth, School Setting - (924)
Taxonomy	1. Community/Behavioral Health (251S00000X)
DBHDS License (12VAC35-105)	1. MH Non-Center-Based CPST Service for Children and Adolescents **(03-021) and/or** 2. If serving individuals aged 18 to under 21: additionally, MH Non-Center-Based CPST Service for Adults **(03-020)**

National Provider Identifier (NPI)	1. Type 2: Organizational NPI for the 03-021 License **and/or** 2. If applicable: Type 2 NPI for the 03-020 License
Accreditation	**Submit one of the following with enrollment application:** 1. **Proof of Accreditation** or 2. **Proof of Accreditation Intent** (signed and dated communication from one of the approved accrediting bodies that the accreditation application has been accepted).

Community Psychiatric Support and Treatment – Youth, Community

Enrollment Type	1. Facility
Provider Type (PT)	1. Behavioral Health Services (156) **or** 2. Behavioral Health Clinic and Services (456)
Provider Specialty (PS)	1. Community Psychiatric Support and Treatment – Youth, Community (925)
Taxonomy	1. Community/Behavioral Health (251S00000X)
DBHDS License (12VAC35-105)	1. MH Non-Center-Based CPST Service for Children and Adolescents **(03-021) and/or** 2. If serving individuals aged 18 to under 21: additionally, MH Non-Center-Based CPST Service for Adults **(03-020)**
National Provider Identifier (NPI)	1. Type 2: Organizational NPI for the 03-021 License **and/or** 2. If applicable: Type 2 NPI for the 03-020 License
Accreditation	**Submit one of the following with enrollment application:** 1. **Proof of Accreditation** or 2. **Proof of Accreditation Intent** (signed and dated communication from one of the approved accrediting bodies that the accreditation application has been accepted).

Community Psychiatric Support and Treatment – Adult, Community

Enrollment Type	1. Facility
Provider Type (PT)	1. Behavioral Health Services (156) **or** 2. Behavioral Health Clinic and Services (456)
Provider Specialty (PS)	1. Community Psychiatric Support and Treatment – Adult, Community (926)
Taxonomy	1. Community/Behavioral Health (251S00000X)
DBHDS License (12VAC35-105)	1. MH Non-Center-Based CPST Service for Adults **(03-020)**
National Provider Identifier (NPI)	1. Type 2: Organizational NPI for the 03-020 License

Accreditation	**Submit one of the following with enrollment application:** 1. **Proof of Accreditation** or 2. **Proof of Accreditation Intent** (signed and dated communication from one of the approved accrediting bodies that the accreditation application has been accepted).

Mental Health Clubhouse Services

Mental Health Clubhouse Services providers will be asked to submit accreditation documentation from either Clubhouse International or CARF (see chart below). Providers accrediting directly with Clubhouse International have four years from July 1, 2027, to achieve accreditation. Providers with existing CARF "Community Integration" accreditation (see criteria below) have five years from July 1, 2027, to achieve Clubhouse International accreditation.

Enrollment Type	1. Facility
Provider Type (PT)	1. Behavioral Health Services (156) **or** 2. Behavioral Health Clinic and Services (456)
Provider Specialty (PS)	1. Mental Health Clubhouse Services (927)
Taxonomy	1. Community/Behavioral Health (251S00000X)
DBHDS License (12VAC35-105)	1. MH Center-Based Recovery and Empowerment Center Service for Adults **(03-023)**
National Provider Identifier (NPI)	1. Type 2: Organizational NPI for the 03-023 License
Accreditation (4-year timeline standard)	**Submit one of the following with enrollment application:** 1. **Proof of Accreditation** from Clubhouse International (Accreditation Certificate) **or** 2. **Proof of Accreditation Intent**: Official documentation of Clubhouse International Membership (fee paid).

Accreditation (5-year timeline standard)	**Providers with existing CARF "Community Integration" Program Accreditation** Providers that meet **all** the following criteria may enroll under an alternative accreditation pathway that provides additional time to become accredited with Clubhouse International: 1. Were enrolled with DMAS on or before 01/01/2026; **and** 2. Are currently enrolled with DMAS under Provider Type 156 or 456 and Provider Specialty 909 (Psychosocial Rehabilitation); **and** 3. Successfully achieved CARF accreditation for the "Community Integration" program prior to 01/01/2026. Qualifying providers submit **both** of the following at the time of enrollment: 1. **Proof of CARF Community Integration Program Accreditation** – a copy of the provider's current CARF accreditation certificate for the Community Integration Program; **and** 2. **Proof of Clubhouse International Accreditation Intent** – official documentation of Clubhouse International Membership (fee paid).

Coordinated Specialty Care (CSC)

Enrollment Type	1. Facility
Provider Type (PT)	1. Behavioral Health Services (156) **or** 2. Behavioral Health Clinic and Services (456)
Provider Specialty (PS)	1. Coordinated Specialty Care (928)
Taxonomy	1. Community/Behavioral Health (251S00000X)
DBHDS License (12VAC35-105)	1. MH Center-Based Coordinated Specialty Care (CSC) Service **(03-022)**
National Provider Identifier (NPI)	1. Type 2: Organizational NPI for the 03-022 License
Accreditation	Not Applicable

Existing Case Management – Mental Health Provider Specialty (PS) 900 Enrollments

As part of the enrollment implementation, DMAS is currently reviewing PS 900 enrollments to ensure compliance with regulation *12VAC30-50-420 (Case management services for seriously mentally ill adults and emotionally disturbed children)*, which restricts Mental Health Case Management to Community Services Boards.

All PS 900 enrollments for providers that are not Community Services Boards will be voided

or terminated. Where PS 900 is a provider's only active enrollment, the provider may be terminated from enrollment. Providers affected will receive a 30-day advance written notice from PRSS prior to any void or termination action, consistent with DMAS' current enrollment process. Providers with questions about a specific PS 900 enrollment should contact DMAS Provider Enrollment using the resources listed at the end of this bulletin.

Additional Information

Additional information regarding policy finalization, provider training, DMAS provider enrollment, CCMCO contracting, service authorization transitions, and member care coordination will be communicated and posted over the coming months.

Questions?

Additional details including draft manuals, presentations, and a frequently asked questions (FAQ) document are located on the DMAS Behavioral Health Services Redesign webpage. Information related to DBHDS licensing and accreditation and training opportunities will be communicated directly to current providers by DBHDS.

Providers can direct questions related to Behavioral Health Services Redesign enrollment requirements 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.

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