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MEDICAID BULLETIN

Last Updated: 11/18/2026

Medicaid Coverage of Community Stabilization Ending Effective January 1, 2027

The purpose of this bulletin is to notify providers that Item 291.LLLLL of the 2026 Appropriation Act requires DMAS to end coverage of the Community Stabilization (S9482) service. DMAS has received approval from the Centers for Medicare and Medicaid Services (CMS) to remove the service from the Virgina state plan for medical assistance and will be ending coverage for Community Stabilization (S9482) effective December 31, 2026. As previously announced in a Medicaid bulletin dated July 7, 2026, DMAS is implementing this change effective January 1, 2027, as described below.

Community Stabilization (S9482) – Coverage and Service Authorizations ending

Community Stabilization coverage will end effective December 31, 2026. DMAS will not cover Community Stabilization services with dates of service on or after January 1, 2027.

Providers may continue to submit Community Stabilization service authorization requests to the member's Cardinal Care Managed Care Organization (CCMCO) or the Fee-For-Service (FFS) service authorization contractor for dates of service prior to January 1, 2027.

Member Transitions

Care coordination and transition to another level of care is an essential component of Community Stabilization. Providers must ensure that care coordination and linkage to referrals is completed prior to December 31, 2026. DMAS is working with the CCMCOs on identifying members who require care coordination and each member's CCMCO will be available to help identify appropriate alternative services that meet the individual's needs and to facilitate transition to those services, as appropriate.

Members experiencing a behavioral health crisis will continue to have access to Virginia's crisis service continuum, including Mobile Crisis Response, 23-Hour Crisis Stabilization, and other appropriate behavioral health services based on their individual needs and circumstances. These services are intended to provide crisis intervention, assessment, de-escalation, and connection to appropriate levels of care.

Providers can find more details about other services here: https://www.dmas.virginia.gov/for-providers/benefits-services-for-providers/behavioral-health/provider-resources/

Questions?

DMAS Behavioral Health related questions can be directed to the DMAS Behavioral Health Division at enhancedbh@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 Effective November 5, 2026, providers must use the online appeal portal to file appeals and track the status of 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/cardinal-care-providers/
PACE	https://www.dmas.virginia.gov/for-members/benefits-and-services/long-term-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 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
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