



Last Updated: 05/15/2024

Updates to the Mental Health Services Manual

The purpose of this memorandum is to notify providers of changes to the Covered Services and Limitations Chapter (Chapter IV) and the Intensive Community Based Support - Youth Appendix (Appendix D) of the Mental Health Services Manual. Appendix D includes service specific requirements for Multisystemic Therapy (MST), Functional Family Therapy (FFT) and Applied Behavior Analysis (ABA).

In addition to clarifications and a reorganization of existing language in Appendix D, the following changes were made:

Appendix D - MST and FFT sections

- Language detailing specific provider requirements of MST Services, Inc and FFT, LLC have been removed.
 - MST providers are required to maintain an active certification and follow all certification requirements of MST Services, Inc. but should refer to MST Services, Inc. for details of these requirements.
 - FFT providers are required to maintain an active certification with FFT, LLC. and follow all certification requirements of FFT, LLC. but should refer to FFT, LLC for details of these requirements.
- MST and FFT specific assessments approved by DMAS were added as an allowed alternative to the comprehensive needs assessment. MST and FFT specific assessments that do not meet all the requirements of a comprehensive needs assessment can only be used as an assessment for that service and cannot be used as a comprehensive needs assessment for other services.

Appendix D - ABA

- Clarifications were made to staff supervision requirements, supervision requirements of services by the licensed professional and billing requirements.
- Updates were made to the ABA CPT codes allowed in Psychiatric Residential Treatment Facility (PRTF) and Therapeutic Group Home (TGH) settings to include coverage of CPT codes provided by licensed professionals.
- Language related to general provider requirements for assessments, individual service plans (ISPs) and care coordination was removed as this language is contained in Chapter IV of this manual.

Chapter IV - Comprehensive Needs Assessment section



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- Language in this section was updated to reflect the allowance of a DMAS approved MST or FFT assessment for these services in place of the comprehensive needs assessment.

Language was added to clarify that in-person assessment requirements cannot be met through a comprehensive needs assessment conducted through telemedicine.

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 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-of-All-inclusive-Care-(virginia.gov))

Acentra Health Behavioral Health Services

<https://vamedicaid.dmas.virginia.gov/sa>

Provider Enrollment

In-State: 804-270-5105
Out of State Toll Free: 888-829-5373
Email: VAMedicaidProviderEnrollment@gainwelltechnologies.com



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

<https://dmas.virginia.gov>

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Provider HELPLINE

Monday-Friday 8:00

a.m.-5:00 p.m. For 1-804-786-6273

provider use only, have 1-800-552-8627

Medicaid Provider ID

Number available.

Aetna Better Health of <https://www.aetnabetterhealth.com/virginia/providers/index.html>

Virginia 1-800-279-1878

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

Plus 1-800-901-0020

Molina Complete Care 1-800-424-4524

<https://www.molinahealthcare.com/providers/va/medicaid/home.aspx>

Sentara Community Plan 1-800-881-2166 <https://www.sentarahealthplans.com/providers>

United Healthcare www.uhcprovider.com/

1-844-284-0149

Dental Provider 1-888-912-3456

DentaQuest