



Last Updated: 11/15/2024

Updates to Chapter 4 and the Comprehensive Crisis Services Appendix (Appendix G) of the Mental Health Services Manual

The purpose of this bulletin is to notify providers that Chapter 4 and the Comprehensive Crisis Services Appendix (Appendix G) of the Mental Health Services Manual have been updated to reflect recent changes to the Department of Behavioral Health and Developmental Services (DBHDS) licensing regulations. DBHDS licensed providers are required to follow DBHDS licensing requirements in addition to DMAS requirements outlined in the Mental Health Services Manual. More information on the DBHDS regulation update is located at the following links: <https://townhall.virginia.gov/L/viewstage.cfm?stageid=10344> and <https://dbhds.virginia.gov/clinical-and-quality-management/office-of-licensing/>.

Appendix G of the Mental Health Services Manual includes service specific requirements for mobile crisis response, 23-hour crisis stabilization, residential crisis stabilization unit (RCSU) and community stabilization. In addition to clarifications to existing language, the following changes have been made to Appendix G:

- Providers of 23-hour crisis stabilization are required to have a MH Center-Based Crisis Receiving Center for adults (02-040) or Children and Adolescents (02-041) license.
- Assessments requirements were updated for all services in Appendix G to reflect DBHDS crisis assessment requirements contained in 12VAC35-105-1850.
- Safety plan requirements were updated for all services in Appendix G to reflect DBHDS safety plan requirements contained in 12VAC35-105-1860 – 12VAC35-105-1870.
- Individualized services plan (ISP) requirements for community stabilization and RCSU were updated to reflect DBHDS crisis ISP requirements contained in 12VAC35-105-1860 – 12VAC35-105-1870.
- Language related to temporary detention orders in 23-hour crisis stabilization settings was removed to reflect current practice.

Assessment language in Chapter 4 of the Mental Health Services Manual was updated to be consistent with the above changes to Appendix G.



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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 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))

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



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

<https://dmas.virginia.gov>

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- 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
- Molina Complete Care** 1-800-424-4524
<https://www.molinahealthcare.com/providers/va/medicaid/home.aspx>
- Sentara Community Plan United Healthcare** 1-800-881-2166 <https://www.sentarahealthplans.com/providers>
www.uhcprovider.com/
1-844-284-0149
- Dental Provider** 1-888-912-3456
DentaQuest
- Fee-for-Service (POS)** <https://www.virginiamedicaidpharmacyservices.com/>
Prime Therapeutics 1-800-424-4046
- Acentra Health** <https://vamedicaid.dmas.virginia.gov/sa>
Behavioral Health and 1-804-622-8900
Medical Service
Authorizations
- Fee-for-Service (POS)** <https://www.virginiamedicaidpharmacyservices.com/>
Prime Therapeutics 1-800-424-4046