



Last Updated: 07/17/2025

Updates to the Mental Health Services Manual and Temporary Detention Orders Supplement

The purpose of this memorandum is to notify providers of changes to the following sections of the Mental Health Services Manual:

- Covered Services and Limitations (Chapter IV)
- Definitions Appendix (Appendix A)
- Intensive Community Based Support - Youth Appendix (Appendix D)
- Case Management Appendix (Appendix I)
- Temporary Detention Orders (TDO) Supplement (TDO Supplement)

The TDO Supplement is also a Supplement to the Psychiatric Services and Hospital Manuals.

References to qualified mental health professionals (QMHPs) in Chapter IV, Appendix A and Appendix D were updated to reflect updates to § 54.1-3500 of the Code of Virginia and updated Virginia Board of Counseling regulations (18VAC115-80) and guidance available at: [Board of Counseling - QMHP Information](#)

Chapter 4

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

- Clarifications were made to provider care coordination requirements.
- QMHP-trainee supervisor requirements were updated to reflect updated Virginia Board of Counseling requirements.
- Language related to telemedicine documentation was added to the individual service plan section.

Appendix A

- A definition of collaborative behavioral health services was added.
- Definitions specific to Multisystemic Therapy (MST) and Functional Family Therapy (FFT) were removed as they are specific to Appendix D and included in the definitions section of that Appendix.
- A definition of “session” was removed as that definition is specific to services included in Appendix F and included in the definition section of that Appendix.

Appendix D



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Appendix D includes service specific requirements for MST, FFT and Applied Behavior Analysis (ABA).

In addition to clarifications and a reorganization of existing language, the following change was made to the MST and FFT sections:

- Language related to services provided by QMHPs and QMHP-Trainees was updated to reflect the definition of collaborative behavioral health services as defined in § 54.1-3500 of the Code of Virginia, the scope of practice of QMHPs as defined in § 54.1-3520 and the scope of practice of QMHP-trainees as defined in § 54.1-3521.

In addition to clarifications of existing language, the following changes were made to the ABA section:

- Service authorization language was updated to reflect a change in the ABA service authorization process. ABA providers will be required to submit service authorizations that include units for each separate treatment procedure code (97153, 97154, 97155, 97156, 97157, 97158 and 0373T). Additional details on the change to the ABA service authorization process including the enforcement date of this requirement will be communicated in a forthcoming bulletin to providers.
- Language clarifying schedule requirements for services exceeding 20 hours a week was added.
- Documentation requirements for telemedicine were added.
- Duplicative documentation requirements for signatures were removed as these requirements are included in Chapter IV.

Appendix I

Appendix I includes service specific requirements for Mental Health Case Management (MHCM) and Treatment Foster Care Case Management (TFC-CM). In addition to clarifications to existing language, a requirement was added that the registration form for MHCM must be submitted within one business day of admission.

Temporary Detention Orders (TDO) Supplement

The TDO Supplement provides claims processing information for Temporary Detention Orders and Emergency Custody Orders. In addition to clarifications of existing language, the following changes were made:

- Language allowing TDOs in 23-hour Crisis Stabilization settings was removed to be consistent with current practice and Appendix G to the Mental Health Services Manual.
- Language was added allowing prescreenings, conducted through Community Services Board emergency services, to be billed to the TDO Program when the individual is under an ECO and reimbursement is not available through Medicaid or another insurance.

To avoid disruption to claims payment through FFS and the MCOs providers must periodically



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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%20of%20All-inclusive%20Care%20(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

**Humana Healthy
Horizons**

Provider Services Call
Center

1-844-881-4482 (TTY: 711)
<https://provider.humana.com/medicaid/virginia-medicaid>

**Sentara Community
Plan
United Healthcare**

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