

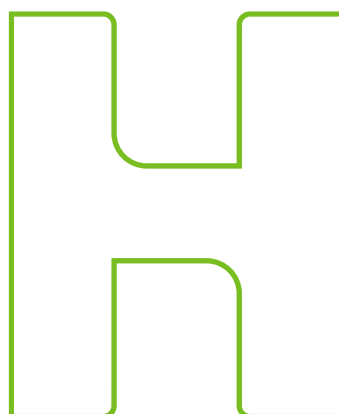
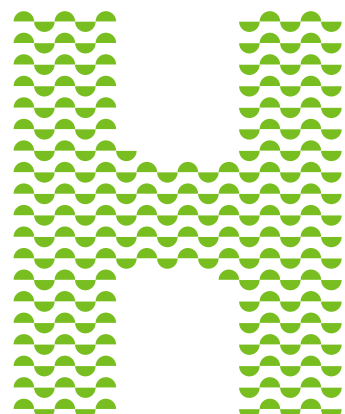


Medicare and Medicaid Working Together

Cardinal Care and Humana Healthy Horizons[®] in Virginia

Behavioral Health Provider Town Hall

November 2025



Humana Healthy Horizons in Virginia is a Medicaid product of Humana Wisconsin Health Organization Insurance Corporation.
834920VA1025 VAHMSTREN_0825

Your Provider Relations team supporting behavioral health providers

Humana Healthy Horizons in Virginia has region-based Provider Relations representatives who specialize in working with behavioral health (BH) providers.

Representatives are specially trained to understand the unique contractual requirements, educational needs and resources for BH providers.

Our Provider Relations representatives can answer questions, triage issues, coordinate onboarding, and offer education materials about Humana Healthy Horizons.



Virginia provider relations representative territory map and contact information
Humana Healthy Horizons in Virginia:

Contact Us



Provider Services Center:

844-881-4482

Monday – Friday, 7 a.m. – 7 p.m.,
Eastern time

Behavioral health: caring for the whole human

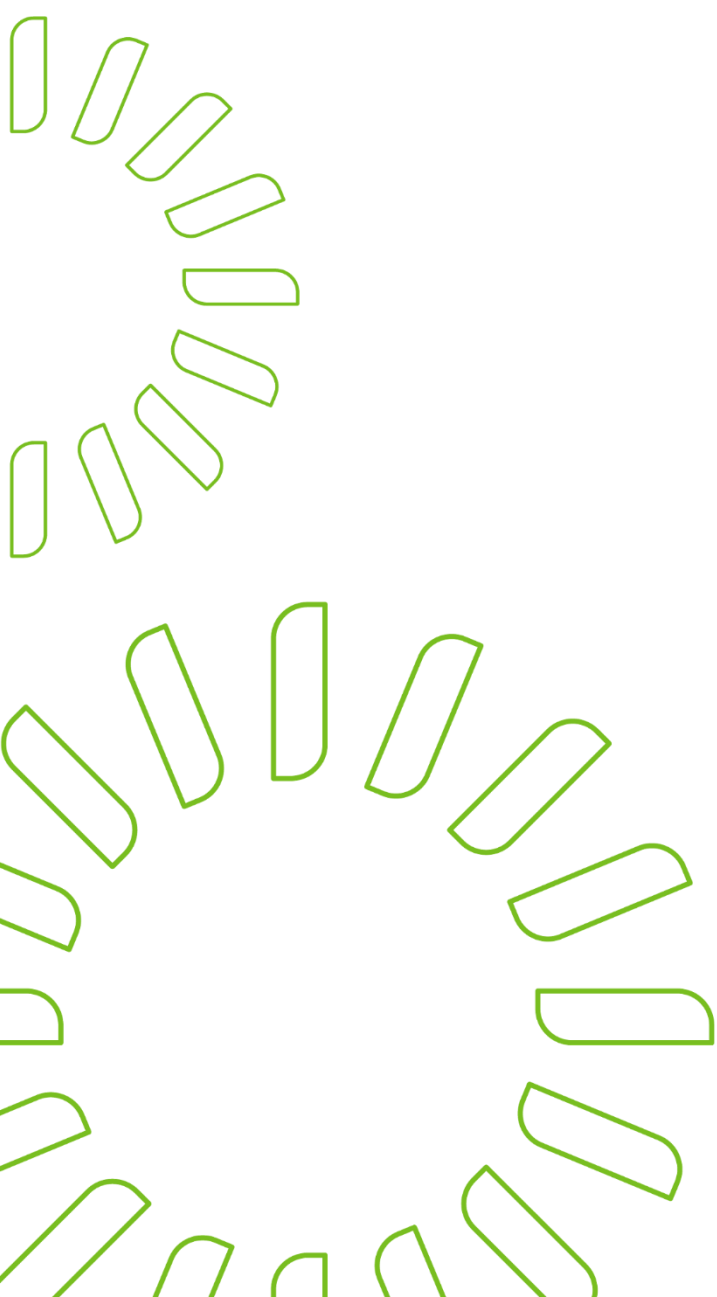
Humana network providers care for the whole human by helping members understand the connections between their physical, mental, and behavioral health, as well as disability or wellness.

Behavioral health includes the assessment and treatment of mental health and substance use disorders. We ensure that members managing addiction, mental health, or other behavioral disorders have access to the services and care that they need to address their concerns.

We work with our members and their medical and behavioral health providers to:

- Screen for risk factors that could lead to illness to offer early interventions with a whole-health approach
- Support integrated behavioral health care by coordinating services for the member and their providers





Covered services and rewards program

Generally covered services

Humana Healthy Horizons offers a variety of benefits. Covered services include, but are not limited to:

- Behavioral health and addiction and recovery treatment services (ARTS)
- Clinical services, including preventive care, palliative care, and diagnostic services
- Clinical trials
- Dietary and tobacco cessation counseling
- Emergency services
- Emergency ambulance and nonemergency medical transportation
- Home health services
- Immunizations
- Inpatient and outpatient hospital services
- Laboratory, radiology, and anesthesia services
- Mammograms, Pap tests, colorectal and lung cancer screenings
- Medical supplies and equipment, including prosthetics/orthotics
- Physical and occupational therapies
- Speech pathology and audiology services
- Pregnancy services, including doula and certified nurse midwife services
- Prescription drugs
- Telemedicine services
- Vision services

❖ [Value-added Benefits | Humana Healthy Horizons in Virginia](#)

❖ [Humana Healthy Horizons in Virginia Provider Manual](#) covered services beginning on page 43

Enhanced benefits

Enhanced benefits are services offered by Humana Healthy Horizons and are approved in writing by the Virginia Department of Medical Assistance (DMAS). Humana's enhanced benefits include, but are not limited to, the following:

- Caregiver respite
- Convertible car seat or portable crib
- Criminal record expungement
- Disaster preparedness meals
- Employment physical
- Environment modifications
- Fall prevention kit
- Fresh produce box – chronic conditions
- Food as medicine – maternal care
- General Educational Development (GED) test
- Haircuts for Kids program
- Hearing services
- Over-the-counter pharmacy allowance
- Post-discharge meals
- Sports physical
- Youth academic support

Behavioral health covered services

Inpatient and emergency BH services

- Inpatient psychiatric hospitalization
- Temporary detention orders (TDOs)
- Emergency custody orders (ECOs)

Outpatient BH services

- Pharmacological management
- Psychiatric diagnostic evaluation
- Psychological/neuropsychological testing
- Psychotherapy

Community-based withdrawal management and rehab

- Ambulatory management with and without extended on-site monitoring

Addiction and recovery treatment services (ARTS) inpatient and residential services

- Clinically managed high intensity residential services
- Clinically managed low intensity residential services
- Clinically managed population-specific high intensity residential services
- Medically monitored intensive inpatient services

ARTS outpatient services

- ARTS peer recovery support services
- Screening, Brief Intervention and Referral to Treatment (SBIRT)
- ARTS intensive outpatient services
- ARTS partial hospitalization

Medication-assisted treatment (MAT)

- Buprenorphine/naloxone and naltrexone in opioid treatment program
- Buprenorphine/naloxone and naltrexone in office-based treatment
- Methadone in opioid treatment program

Behavioral health covered services (cont'd.)

Community Mental Health Rehabilitative Services (CMHRS)

- Mental health skill building (MHSS)
- Intensive in-home (IIH)
- Therapeutic day treatment (TDT)
- Psychosocial rehabilitation services (PSR)

Comprehensive crisis services

- Mobile crisis response
- Residential crisis stabilization unit
- 23-hour crisis stabilization
- Community stabilization

Intensive community-based support for youth

- Multi-systemic therapy (MST)
- Functional family therapy (FFT)
- Applied behavioral analysis

Case management

- Mental health case management
- Substance use case management
- Brain injury services case management

Intensive community-based support for adults

- Assertive community treatment (ACT)

Peer-recovery support services

- Mental health peer-support services and family support partners
- ARTS peer-support services and family support partners

Upcoming DMAS changes to CMHRS

Behavioral health redesign coming July 2026

The following legacy services end on June 30, 2026:

- Intensive in-home (H2012)
- Therapeutic day treatment services (H2016)
- Mental health skill building (H0046)
- Psychological rehabilitation (H2017)

The following new services replace legacy services July 1, 2026:

- Community psychiatric support and treatment (CPST) services
- Coordinated specialty care
- Clubhouse model of psychosocial rehabilitation

These services will be offered to adults and youth in the community but also can be administered in a school setting.

- ❖ [Medicaid Behavioral Health Redesign Announcement](#)
- ❖ [Redesign Announcement Flyer](#)

Go365 member rewards program



Humana members can earn rewards for completing healthy actions through Go365 for Humana Healthy Horizons®. Members start their rewards journey by downloading the Go365 for Humana Healthy Horizons app from the Apple App Store or Google Play Store.

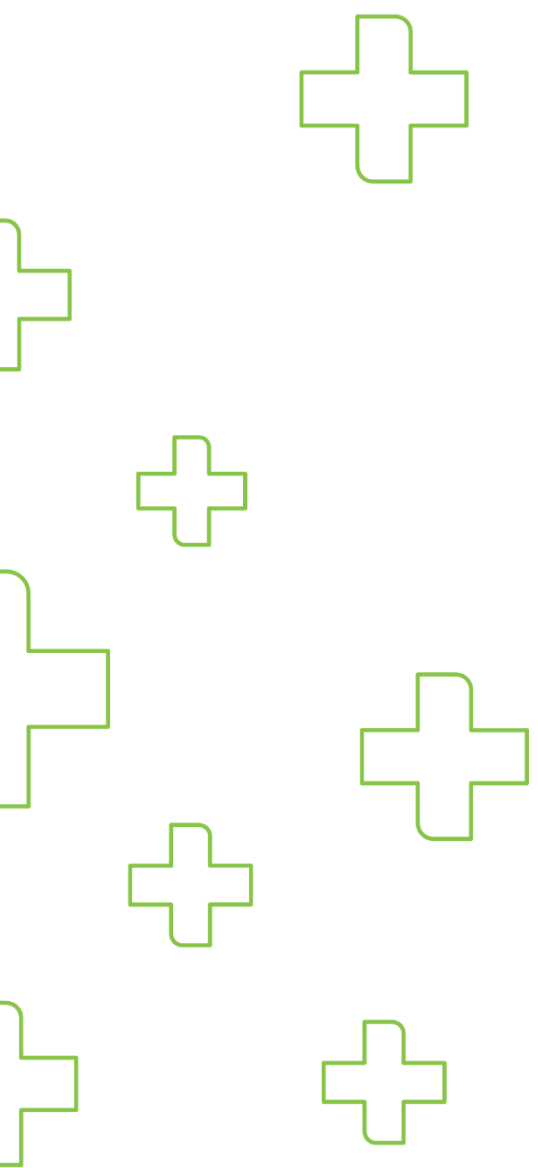


Providers can help members obtain rewards by submitting claims on their behalf by the end of the member's plan year (Dec. 31) to give members time to redeem their rewards. They have 90 days from 1 plan year to another, assuming they remain continuously enrolled, to redeem rewards.



Go365 is available to all members who meet the requirements of the program. A full listing of healthy activities that earn rewards can be found in your provider manual.

- ❖ [Go365 | Humana Healthy Horizons in Virginia](#)
- ❖ [Humana Healthy Horizons in Virginia Provider Manual](#) beginning on page 61



Care management

Care management model

Humana's equitable population health and care management model delivers whole-person interventions to members of all risk levels.

Our stratification approach delivers services and supports to members to address their needs and risk levels.

Our guiding principles include:

- Person-centered
- Strengths-based
- Trauma-informed
- Locally integrated
- Integrated across services
- Equity-focused
- Disease prevention and self-management

Care management overview

- Care managers coordinate services with state agencies and programs, as well as providers offering case management services.
- Our stratification approach delivers services and supports to members to address their needs and risk levels.
- Members with complex health risks require intensive care management with frequent contacts:
 - For members with high-risks needs, face-to-face contact is required at least every 6 months and more frequently as needed
 - Our community health workers meet our members face to face to complete assessments, assess for social determinants of health (SDOH) needs, and connect to other resources and the member's principal care management (PCM)
- Members with emerging risk and short-term needs benefit from one-on-one assistance from a care coordinator.
- Members with minimal or no health issues benefit from accessible wellness education, contact with social services and outreach to close preventive care gaps.
- Direct access for member care management referrals and needs assistance is available:
 - Call: 844-881-4482, Monday – Friday, 7 a.m. – 7 p.m., Eastern time
 - Fax: 888-241-3745
 - Email: VAMCDCareManagement@humana.com

PCP and BH provider coordination


Humana primary care providers (PCPs) are required to coordinate care for members who experience BH conditions that require ongoing care.

PCPs are required to:


- Provide screening for mental health and substance use issues during routine and emergency visits:
 - Prevention and early intervention
 - Medication management
 - Treatment for mild to moderate BH conditions
- Request consultation and refer affected members to specialized BH services for severe or chronic BH conditions
- Follow up with BH providers to coordinate integrated and nonduplicative care for the member
- Obtain the necessary signed release of information for sharing personal health information, in compliance with 42 CFR Part II requirements around BH and substance use disorder (SUD)

BH providers are required to:

- Ensure members are seen within 7 days of discharge from an inpatient psychiatric admission
- Notify the PCP when a member initiates BH services with the provider
- Obtain the necessary signed release of information for sharing personal health information, in compliance with 42 CFR Part II requirements around BH and SUD, prior to sharing information with the PCP
- Provide initial summary reports to the PCP (after receiving the signed release of information referenced above)
- Refer members with known or suspected and/or untreated physical health problems or disorders to their PCP for examination and treatment
 - BH providers may only provide physical healthcare services if they are licensed to do so.



Appointment timeliness standards



Behavioral health appointments must be made available as expeditiously as the member's condition requires and within no more than 5 business days after Humana determines that coverage criteria is met.

Care and disease management programs

Humana Healthy Horizons uses a holistic and fully integrated health management program using a multidisciplinary team to ensure the best and most comprehensive care for our members.

Care and disease management programs include:

- Transitional care management
- Chronic condition management
- Neonatal intensive care unit (NICU) case management
- Transplant care management
- HumanaBeginnings[®] maternity program (includes high-risk pregnancies with SUD and postpartum through 12 months)
- Pediatric care management (e.g., private duty nursing [PDN], adoption assistance, development disabilities and childhood obesity)
- BH and ARTS care management (e.g., serious mental illness, serious emotional disturbance, adolescents with BH needs and justice-involved individuals)
- Long-term services and supports (LTSS) and age, blind and disabled care management (e.g., nursing facility [NF] and long-stay hospital residents, CCC Plus waivers, members with intellectual and development disabilities [waiver and nonwaiver] and dual-eligible individuals)

Transition of care programs

BH transition of care

- Ensures continuity of behavioral health services for members transitioning between levels of care or settings, minimizing gaps and supporting recovery through timely follow-up and coordination.
- Employs several strategies to minimize gaps in behavioral health services, including proactive care coordination, timely communication between inpatient and outpatient providers, individualized transition planning, and follow-up outreach to ensure members are engaged with recommended services.
- Utilizes comprehensive needs assessments and care plans tailored to each member to facilitate seamless transitions and ongoing access to necessary behavioral health resources.

ARTS transitions of care

- Manages transitions for members moving between substance use treatment settings, promoting sustained recovery and reducing the risk of relapse by linking members to community resources and supports.
- Ensures continuity of care for clients by conducting timely, individualized assessments, developing comprehensive transition plans, facilitating communication among providers, and coordinating follow-up care to minimize service gaps during transitions between settings or levels of care.
- Supports ongoing treatment engagement and helps maintain stability and positive outcomes for members as they work towards recovery and resiliency.

Psychiatric residential treatment facility and therapeutic group home transition of care

- Coordinates with DMAS fee-for service contractor, Acentra[®], to support safe and effective transitions for members discharging from psychiatric residential treatment facilities (PRTF) and therapeutic group homes (TGH), connecting them with ongoing community-based services and supports.
- Coordinates individualized transition plans, to ensure timely access to appropriate community-based services and supports, provide ongoing follow-up to monitor member adjustment, address barriers to care, and support successful reintegration into the community.

BH/ARTS care management programs

Serious mental illness/serious emotional disturbance care management

- Provides care management and support services for members with serious mental illness (SMI) or serious emotional disturbance (SED); ensures access to behavioral health resources and facilitating individualized care plans
- Ensures members with SMI or SED receive comprehensive, individualized care coordination that promotes access to needed behavioral health and medical services, supports continuity of care, and fosters recovery and improved health outcomes
- Engages members in person-centered planning, addresses SDOH, and reduces barriers to treatment by facilitating collaboration among providers and community resources

ARTS care management

- Focuses on individuals with substance use disorders, provides personalized care management to facilitate treatment access, recovery supports, and engagement with appropriate behavioral and medical care
- Integrates behavioral health services with recovery support, coordinates access to mental health and substance use treatment, facilitates communication among providers, and connects members to community-based recovery resources that address both clinical and non-clinical needs
- Ensures members receive individualized care plans that promote sustained recovery, addresses co-occurring conditions, and supports overall well-being

BH/ARTS care management programs (cont'd.)

ARTS and BH maternity care coordination

- Maternity care within the ARTS and BH Maternity Care Coordination program is coordinated with our maternity care management team through a comprehensive, member-centered approach that integrates behavioral health and substance use disorder services.
- Humana Healthy Horizons has a dedicated ARTS Care Management program that offers integrated care coordination for pregnant and postpartum members with behavioral health or substance use needs, addressing both maternal and infant health outcomes through collaboration with medical and behavioral providers.

Foster care/former foster care/adoption assistance

- There is a dedicated BH Care Management team that delivers specialized care management for children and youth in foster care, those formerly in care, and those receiving adoption assistance, supporting their physical, behavioral, and social needs during transitions and permanency planning.
- Anthem® manages the Foster Care Specialty Plan; however, members who are former foster care or receive adoption assistance may opt out of the Foster Care Specialty Plan and participate with Humana Healthy Horizons.

Peer support services

- Humana Healthy Horizons' embedded peer support specialists work face to face and telephonically with members admitted to BH treatment and and/or an emergency department (ED).
- Our peer support program provides a nonclinical, relationship-focused collaborative approach using experiential knowledge and expertise to connect and relate to others, integrating person-centered and strength-based practices to support members' wellness journey.
- Peer support specialists provide targeted services to foster engagement and activation of members into wellness and recovery planning.
- Peer support specialists help members transition from the hospital setting and build community tenure by establishing community supports that foster resiliency. This is done in collaboration with the behavioral health and care management team.

SDOH

- SDOH are nonmedical factors that affect health outcomes. They include the conditions in which people are born, grow, work, live and age. SDOH also include the broader forces and systems that shape everyday life conditions.
- Addressing SDOH can enhance health and lead to better outcomes.



- How should providers refer a member for housing, food, transportation, etc.?
 - Providers and vendors can send referral emails to Humana’s shared mailbox at VAMCDSDOH@humana.com.
- What information should be included in the referral email?
 - The subject line should include “SDOH” or “Housing Assistance Needed”
 - The body of the email should contain the following information:
 - Member first and last name
 - Member date of birth
 - Humana ID (if known)
 - Current address
 - Best contact number
 - Information related to referral



Authorizations and registrations

BH authorizations and registrations

All BH requests can be submitted via Availity Essentials™ or faxed to Humana Healthy Horizons:

- Medicaid fax number: 931-650-3707
- D-SNP fax number: 931-650-3706

DMAS forms are available on the [DMAS website](#) and the [ARTS services website](#).

The associated DMAS manual should be referenced for the required documentation that must be included with the DMAS form.

The following codes require the DMAS registration form. Once received, Humana Healthy Horizons creates an authorization in the system to support claims submission.

Codes	Service description
S9485	23-hour Crisis Stabilization
H0023	Mental Health Case Management
H0024/H0025	Mental Health Peer Support Services Individual/Group
H2011	Mobile Crisis Response
H0006	Substance Use Case Management
T1012/S9445	Substance Use Peer Support Services Individual/Group
H2018	Residential Crisis Stabilization Unit Initial

The following codes should be submitted using the Humana [Transcranial Magnetic Stimulation Humana Form](#):

NOTE: The psychiatric and neuropsychiatric testing form will be available soon on the Humana Healthy Horizons website. In the interim, you must send all clinical information via fax to the numbers listed at the top of this slide.

Codes	Service description
96116, 96132, 96133, 96136, 96137, 96138, 96139, 96146	Neuropsychological Testing
90867, 90868, 90869	Transcranial Magnetic Stimulation
96130, 96131, 96136, 96137, 96138, 96139, 96146	Psychological Testing

Prior authorizations (cont'd.)

The following codes require a prior authorization and should be submitted on the appropriate DMAS form:

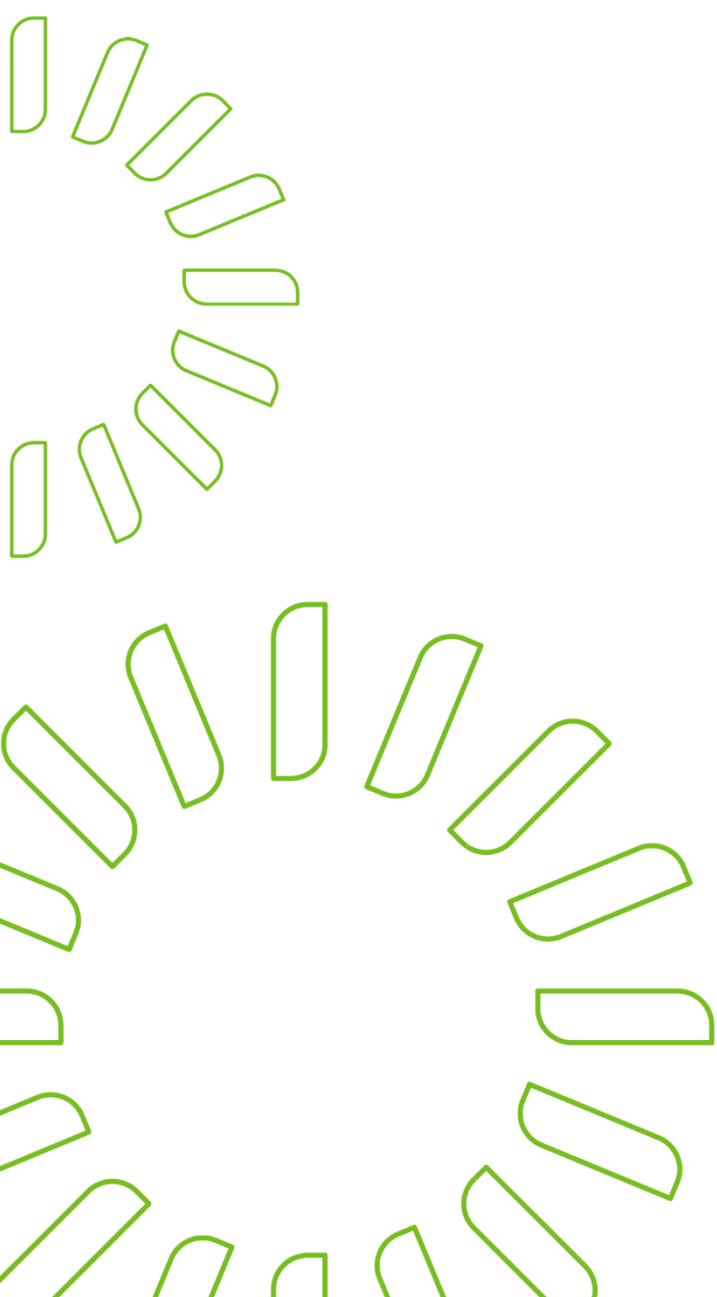
Codes	Service description
97155, et. al (includes 97151-97158 and 0362T, 0373T)	Applied Behavioral Analysis
H0015 or H0015 with rev 0906	ASAM 2.1 Substance Use Disorder Intensive Outpatient Program
S0201 or S0201 with rev 0913	ASAM 2.5 Substance Use Disorder Partial Hospitalization Services
H0040	Assertive Community Treatment
S0281	Brain Injury Services Case Management
S9482	Community Stabilization
H0036	Functional Family Therapy
H2012	Intensive In Home
S9480	Mental Health Intensive Outpatient
H0035	Mental Health Partial Hospitalization Program
H0046	Mental Health Skill-Building Services
H2033	Multisystemic Therapy
H2017	Psychosocial Rehab
H2018	Residential Crisis Stabilization Unit Continued Stay
H2016 (TG)	Therapeutic Day Treatment

All BH requests can be submitted via Availity Essentials™ or faxed to Humana:

- Medicaid fax number:
931-650-3707
- D-SNP fax number: 931-650-3706

DMAS forms are available on the DMAS website:

- [Provider Resources](#)
- [ARTS – Service Authorization and Registration](#)



Virginia Mental Health Access Program

Virginia Mental Health Access Program

- The Virginia Mental Health Access Program (VMAP) is a collaborative effort funded by state general fund dollars appropriated to the Department of Behavioral Health and Developmental Services (DBHDS) and is managed in the Office of Child and Family Services.
- It also is funded through federal grant dollars from the Health Resources and Services Administration, managed by the Virginia Department of Health and other local organizations.
- VMAP seeks to strengthen PCPs' ability to manage mild to moderate behavioral health needs of their pediatric patients, enabling child and adolescent psychiatrists to manage more serious and complex conditions.

Helpful websites:

- ❖ [VMAP Website Homepage](#)
- ❖ [VMAP Guidebook Webpage](#)
- ❖ [VMAP General Resources Webpage](#)



VMAP consists of 3 pillars



PCPs have access to education opportunities regarding screening techniques, diagnosing mental health conditions, and management and treatment of pediatric mental health conditions (including infant/early childhood mental health). Resources include Advancing Children's Health (REACH), Project ECHO and Quality Improvement (QI) screening projects.



PCPs can access a regional hub consult line that offers mental health consultation and care navigation for patients 21 and younger. The consult line is comprised of child and adolescent psychiatrists, developmental behavioral psychiatrists, and/or licensed mental health providers.

Call-888-371-VMAP (8627), ext. 2

- ❖ [Call the VMAP Hotline webpage](#)



Care Navigation helps families and providers identify additional regional mental health resources that may benefit patients and their families.

VMAP for Moms+

VMAP for Moms+ is a state-funded program developed for Virginia prescribers who provide care to pregnant and postpartum individuals and/or their children, including OB/GYNs, primary care clinicians, midwives, pediatricians and psychiatrists.

- Virginia prescribers can call 888-371-VMAP (8627), ext. 1, during normal business hours to connect with:
 - Perinatal psychiatrists
 - Perinatal licensed mental health professionals
 - Care navigators who assist pregnant or postpartum individuals connect directly with local mental health resources
- VMAP added continuing medical education/continuing education training sessions for Virginia PCPs on screening, diagnosing and treating perinatal mental health conditions.
- These training sessions are held in addition to VMAP's pediatric mental health offerings.
- Any Virginia PCP who provides care to pregnant and postpartum individuals and/or their children are invited to register.

❖ [VMAP for Moms+](#)

Adult Psychiatric Assistance Line

- The Adult Psychiatric Assistance Line (APAL), also known as HealthHaven, is an adult substance use training, consultation, and referral program designed for PCPs to treat and respond to substance use disorders in adult patients.
- HealthHaven has addiction medicine specialists, psychiatrists, and other licensed mental health professionals available to consult with providers, as well as care navigators to help your patients connect with resources in the community.
- PCPs can register for HealthHaven on its [website](#).
- PCPs also can call HealthHaven at 888-371-VMAP (8627), ext. 3.



Patient Utilization Management and Safety Program

Patient Utilization Management and Safety Program

Humana has a
Patient Utilization
Management and
Safety Program
(PUMS)
designated to:

- Coordinate care
- Ensure members access and utilize services in an appropriate manner in accordance with all applicable rules and regulations
- Promote proper medical management of essential healthcare
- Limit overuse of benefits and reduce unnecessary costs to Medicaid while providing an appropriate level of care for the member

PUMS (cont'd.)

Members may be placed into a 12-month PUMS when any of the following occur:

Humana Healthy Horizons' utilization review of the member's past 12 months of medical and/or billing histories indicates the member may be accessing or utilizing services in excess of what is normally medically necessary, including the minimum specifications found in the [ARTS Technical Manual](#).

Humana Healthy Horizons utilizes the Prescription Monitoring Program when evaluating PUMS members.

At the end of the 12-month period, the member must be re-evaluated by Humana to determine if the member continues to display behaviors or patterns that indicate the member should remain in the PUMS.

Medical providers or social service agencies provide direct referrals to DMAS or Humana Healthy Horizons.

Once a member meets PUMS placement requirements, Humana Healthy Horizons may limit the member to a single pharmacy, PCP, controlled-substance prescriber, hospital (for nonemergent services only), and/or other qualified healthcare provider types that are within the Humana Healthy Horizons network.



Transitional care management

Transitional care management

Humana Healthy Horizons supports care transitions for members who move from one clinical setting to another to prevent unplanned or unnecessary readmissions or ED visits.

Humana Healthy Horizons has dedicated regional transition care managers in each region to assist members with care transitions.

Care transitions include:

- transitioning members between NFs, hospitals and other acute care settings, inpatient rehabilitation or other institutional settings
- transitioning members from any of the settings mentioned above into the community
- assisting individuals who desire to remain in their community setting
- BH has a dedicated ARTS care coordinator who supports members transitioning through the ASAM continuum. Our ARTS care coordinator works closely with our primary care coordinators as members return to the community.

Our TOC team

Manager: Hannah Annis, RN

Extension: 1441097

Tidewater region

PH acute admits: Kimmy Gardner, LPN

KGardner32@humana.com

Phone extension: 1431640

BH admits: Sky Bouska, RN

SBouska@humana.com

Phone extension: 1431644

Subacute admits: Bridget Gladden, LPN

BGladden@humana.com

Phone extension: 1431639

ARTS admits: Mary Bass, LCSW

MBass9@humana.com

Phone extension: 1442045

Central region

PH acute admits: Erin Lohman, RN

ELohman@humana.com

Phone extension: 1431641

Brandi McClelland, RN

BMcclelland5@humana.com

Phone extension: 1431636

BH admits: Lynette Dodd, BA

LDodd5@humana.com

Phone extension 1431637

Subacute admits: Bridget Gladden, LPN

BGladden@humana.com

Phone extension: 1431639

ARTS admits: Mary Bass, LCSW

MBass9@humana.com

Phone extension: 1442045

NOVA region

PH acute admits: Jennifer Thomas, LPN

JThomas180@humana.com

Phone extension: 1431633

BH admits: Sky Bouska, RN

SBouska@humana.com

Phone extension: 1431644

Subacute admits: Lynette Dodd, BA

LDodd5@humana.com

Phone extension 1431637

ARTS admits: Mary Bass, LCSW

MBass9@humana.com

Phone extension: 1442045

Call 800-662-4917

Our TOC team

Manager: Hannah Annis, RN

Extension: 1441097

Charlottesville region

PH acute admits: Roxy Mulford, MA BSW

RMulford@humana.com

Phone extension: 1431634

BH admits: David Hearl, BSW

DHearl@humana.com

Phone extension: 1431635

Subacute admits: Bridget Gladden, LPN

BGladden@humana.com

Phone extension: 1431639

ARTS admits: Mary Bass, LCSW

MBass9@humana.com

Phone extension: 1442045

Roanoke region

PH acute admits: Patti Mabry, BS CCM

PMabry@humana.com

Phone extension: 1431632

BH admits: Lynette Dodd, BA

LDodd5@humana.com

Phone extension 1431637

Subacute admits: Lynette Dodd, BA

LDodd5@humana.com

Phone extension 1431637

ARTS admits: Mary Bass, LCSW

MBass9@humana.com

Extension: 1442045

Southwest region

PH acute admits: Stephanie Johnson, RN

SJohnson365@humana.com

Extension: 1431642

BH admits: David Hearl, BSW

DHearl@humana.com

Extension: 1431635

Subacute admits: Lynette Dodd, BA

LDodd5@humana.com

Extension 1431637

ARTS admits: Mary Bass, LCSW

MBass9@humana.com

Extension: 1442045

Call 800-662-4917

Transition of care process overview

Acute inpatient admissions

- Humana members who are admitted Inpatient will be followed by a Humana Transitional Care Manager (TC).
- The Humana TC works closely with the inpatient case manager to coordinate a safe discharge to the next level of care. The next level of care can be, but is not limited to:
 - Home with self-care
 - Home with home health or hospice
 - Skilled nursing facility
 - Long-term care facility
 - Long-term acute care hospital (LTACH)
 - Inpatient rehabilitation
- The Humana TC reaches out to community providers to make them aware of their patient's inpatient status and obtain information regarding the member's scheduled appointments.

Subacute admissions

- This includes SNF, inpatient rehab (IPR) and LTACH.
- When member transfers from the acute inpatient setting to the subacute setting, the Humana TC assumes discharge planning activities and help coordinate a safe discharge to home.
- Any level-of-care changes should be reported by the facility via the DMAS 80 and DMAS 421 for hospice care forms and sent directly to Humana Healthy Horizons via:
 - Fax: 866-222-4211
 - Email: vamcdtransitioncoordination@humana.com

Nursing facility to community

- The Humana TC works in tandem with the Humana Primary Care Manager to coordinate a safe discharge to a community setting.



Behavioral health crisis management, response and stabilization

Managing a behavioral health crisis

Humana Healthy Horizons partners with Professional Management Enterprises (PME) to provide a clinical triage line

- The clinical triage line is a direct-dial number answered by professionals who are trained to identify and triage crisis/emergency calls (e.g., medical, behavioral, behavioral health, ARTS), nurse advise calls and care coordination.
- Members can call the clinical triage line at 888-445-8714, 24 hours a day, 7 days a week, 365 days a year.
- If a call requires escalation, the professional connects the caller to a qualified clinician by conducting a warm transfer.
- Humana Healthy Horizons collaborates with BH crisis providers to ensure members receive timely discharge planning, including:
 - Community stabilization services
 - Peer crisis support
 - Outpatient BH services



Mobile crisis response options in Virginia

Mobile crisis response services are available 24 hours a day, 7 days a week to provide for rapid response, assessment and early intervention to individuals experiencing a behavioral health crisis. Services are deployed in real time to the location of the individual experiencing a behavioral health crisis.

The purpose of this service is to:

- De-escalate the behavioral health crisis and prevent harm to the individual or others
- Assist in the prevention of an individual's acute exacerbation of symptoms
- Develop a plan to maintain safety
- Coordinate care and link the individual to appropriate treatment services to meet their needs

Providers refer members/patients in crisis to a mobile crisis provider by:

- Calling the 988 Suicide & Crisis Lifeline
- Having an assessment by the Community Services Board (CSB) (CSBs are government community mental health clinics that may provide op therapy, medication management, case management and other services)

For mobile crisis services, providers must engage with DBHDS Crisis Hub Centers to obtain a reference number that must be included on the registration form.

A DMAS registration form must be submitted to Humana BH Utilization Management department via fax to 931-650-3707 for Medicaid, and 931-650-3706 for D-SNP. The form also can be submitted via [Availity Essentials](#).

The Registration Form or Service Authorization form and clinical information MUST be included when faxed and/or submitted via Availity Essentials to ensure the case is processed in a timely manner.

Mobile crisis response

Critical features of mobile crisis response include:

- Recovery-oriented, trauma-informed, developmentally appropriate provision of services, integrating Zero Suicide/Suicide Safer Care principles
- An approach to the individual in crisis that is sensitive to their cultural identity and demonstrates humility and respect for their lived experiences and preferences in participating in care
- Assessment
- Crisis intervention: De-escalation including on-site interventions of presenting emotional or behavioral symptoms and safety/crisis planning
- Care coordination
 - Engaging peer/natural and family support
 - Referring and linking individual to ongoing services, supports and resources as appropriate in coordination with law enforcement, emergency responders and DBHDS-certified preadmission screening clinicians.

Covered service components of mobile crisis response include:

- Assessment, including telemedicine-assisted assessment
- Care coordination
- Crisis intervention
- Health literacy counseling
- Individual and family therapy
- Peer recovery support services
- Pre-admission screening
- Treatment planning

- ❖ [DMAS Training Resources for Mobile Crisis Response](#)
- ❖ [DMAS Frequently Asked Questions for Mobile Crisis Response](#)

Residential crisis stabilization unit

Residential crisis stabilization units (RCSUs) provide short-term, 24-hours/7-days-a-week access to residential psychiatric and substance use-related assessment and brief intervention services.

The service supports the following individuals:

- Individuals experiencing changes in behavior noted by impairment or decompensation in functioning that may result in the need of a higher level of care
- Individuals stepping down from a higher level of care who need continued monitoring, stabilization and mobilization of resources
- Individuals needing a safe environment for assessment, stabilization and prevention of further escalation or decompensation

Critical features/covered service components of RCSUs include:

- Assessment (medical, psychiatric evaluation, nursing assessment, etc.)
- Care coordination
- Crisis intervention
- Health literacy counseling (individual, group and/or family therapy)
- Peer recovery support services
- Skills restoration
- Treatment planning

23-hour crisis stabilization

- Provides short-term assessment, observation and crisis intervention services for individuals experiencing a behavioral health crisis who require a safe environment for initial assessment and intervention
- Services provided for a period of up to 23 hours and may co-locate with RCSUs as part of a continuum of crisis care
- Appropriate for individuals who have urgent behavioral health needs including, but not limited to, significant emotional dysregulation, disordered thought processes, substance use and intoxication resulting in behavioral crisis and environmentally de-stabilizing events that require multi-disciplinary crisis intervention and observation to stabilize the immediate crisis and determine the next appropriate step in the plan of care
- Covered service components of 23-hour crisis stabilization include:
 - Assessment
 - Care coordination
 - Crisis intervention
 - Health literacy counseling
 - Individual and family therapy
 - Peer recovery support services
 - Skills restoration
 - Treatment planning

Community stabilization

- Community stabilization services are available 24 hours a day, 7 days a week, to provide short-term assessment, crisis intervention, and care coordination to individuals who recently experienced a behavioral health crisis.
- Community stabilization is a bridge service that supports an individual as they make a transition between certain levels of care when there is a gap in availability of services.
- Services may include brief therapeutic and skill building interventions, engagement of natural supports, interventions to integrate natural supports in the de-escalation and stabilization of the crisis, and coordination of follow-up services.
- Services involve advocacy and networking to provide linkages and referrals to appropriate community-based services and assisting the individual and their natural support system in accessing other benefits or assistance programs for which they may be eligible.

Community stabilization (cont'd.)

- Community stabilization is a noncenter, community-based service. Services are provided in community locations where the individual lives, works, participates in services or socializes. The goal is to stabilize the individual within their community and support the individual and natural support system during any of the following:
 - between an initial mobile crisis response and entry into an established follow-up service at the appropriate level of care, if the appropriate level of care is identified but not immediately available for access
 - as a transitional step-down from a higher level of care if the next level of care is identified but not immediately available
 - as a diversion from a higher level of care
- Covered services components of community stabilization include:
 - Assessment
 - Care coordination
 - Crisis intervention
 - Health literacy counseling
 - Individual and family therapy
 - Peer recovery support services
 - Skills restoration
 - Treatment planning

Temporary detention orders

A temporary detention order (TDO) is an order issued by a magistrate for a person who:

- Has a mental illness and for whom there exists a substantial likelihood that, as a result of mental illness, the person will, in the near future:
 - Cause serious physical harm to themselves or others as evidenced by recent behavior causing, attempting or threatening harm and other relevant information, if any
 - Suffer serious harm due to their lack of capacity to protect themselves from harm or to provide for their basic human needs
- Needs hospitalization or treatment
- Is unwilling to volunteer or incapable of volunteering for hospitalization or treatment

❖ [BH Provider Resource Guide](#)

If the member is younger than age 21 or older than age 64 and goes into a private free-standing institution for mental disease (IMD) or a Virginia free-standing IMD for a TDO, the provider must submit claims to Humana Healthy Horizons.

If the member is between the ages of 21 and 64 goes into a private, free-standing IMD or a Virginia free-standing IMD for a TDO, the provider should submit the TDO claim to the state TDO program (DMAS) using the CMS-1500 (02-12) form.

Virginia Suicide & Crisis Lifeline

- The 988 Suicide & Crisis Lifeline provides free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week.
- Members can call or text 988 to reach Virginia's Suicide & Crisis Lifeline, available 24 hours a day, 7 days a week.
- Members can call Virginia's Suicide & Crisis Lifeline to chat online with a crisis counselor 24 hours a day, 7 days a week.

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Addiction and Recovery Treatment Services

Addiction and Recovery Treatment Services



Virginia Cardinal Care providers must complete registration for certain Addiction and Recovery Treatment Services (ARTS) and Mental Health Services (MHS). Please see the [MHS and ARTS Doing Business Spreadsheet Effective 04/2025](#) for a comprehensive list.



Register or registration means the provider's notification to Humana Healthy Horizons that an individual will receive services requiring a registration but not requiring prior authorization. Please see the [Addiction and Recovery Treatment Services \(ARTS\) and Mental Health Services \(MHS\) Registration Form](#).



Providers must request services that require a prior authorization using the appropriate service authorization request form for each respective service. There are separate forms for initial authorization and continued stay. Please see Humana's [Prior Authorization List \(PAL\)](#).



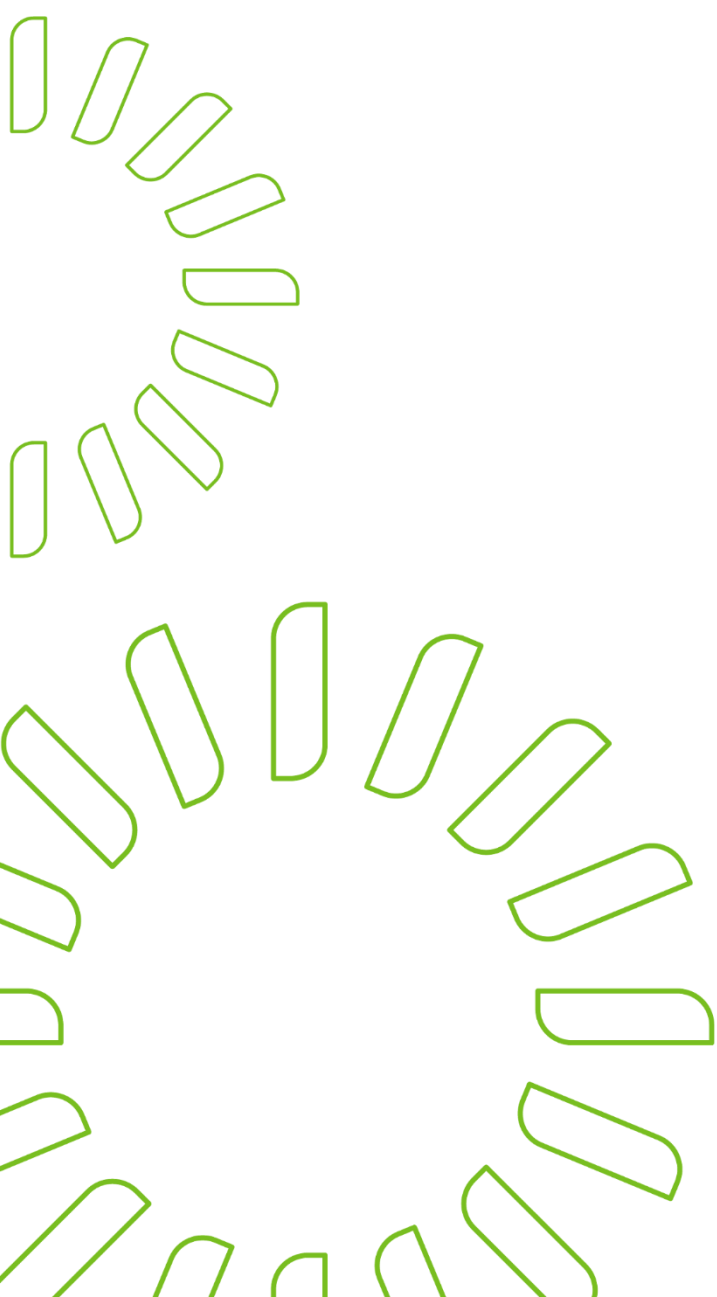
ARTS intensive outpatient, partial hospitalization programs and residential services providers must assess and refer members for medication for treatment of opioid use disorder when appropriate.

Charlie Health

- Charlie Health is a virtual behavioral healthcare service that offers mental health, substance use and eating disorder services.
- Charlie Health provides virtual intensive outpatient programming to adolescents and young adults (ages 11-33).
- Referrals can be made:
 - Directly on their website [Charlie Health Referrals webpage](#)
 - By calling 986-206-0414

Charlie Health is a participating provider for Humana Healthy Horizons and all services provided are covered.

❖ [Charlie Health Homepage](#)



Timely filing and continuing education

Timely filing and claims processing

Submit all initial claims within 365 days of date of service.

Submit claims for reconsideration within 60 days of explanation of payment (EOP).

Reconsiderations can be submitted via Availity Essentials or in writing through the mail at:

Humana Healthy Horizons in Virginia

ATTN: Reconsideration Request

P.O. Box 14359

Lexington, KY 40512-4359

Submit corrected claims within 180 days of EOP.

Electronic claims are accepted through these clearinghouses as well as many others:

- [Availity Essentials](#)
- [Optum for Business](#)
- [TriZetto®](#)
- [SSI Group](#)

**Humana
Payer ID:
61101**

Paper Claims:

- CMS-1500, formerly HCFA 1500 form; AMA universal claim form, also known as National Standard Format (NSF)
- CMS-1450 (UB-04), formerly UB92 form, for facilities

Paper claims mailing address:

Humana Claims Office

P.O. Box 14359

Lexington, KY 40512-4359

Relias

As a Humana-contracted healthcare provider, you can take advantage of Relias, a web-based continuing education library.

Relias offers more than 300 modules to choose from and more than 575 continuing education credits, in addition to BH training. Relias' training modules provide integrated information to support comprehensive care and address unique patient needs.

Relias offers courses designed to help you succeed in the emerging value-based healthcare delivery system.

To access the trainings:

1. Visit the [Relias website](#) or sign in to your [Availity Essentials](#) account.

2. Select Humana under the Payer Services tab.

3. Select the Resources tab.

4. Select Relias Training.

For more information, please contact your assigned Provider Relations representative.



BH resources, including screening, evaluation tools, Healthcare Effectiveness Data and Information Set (HEDIS®) information and education links can be found at [Humana.com/HealthyVA](https://www.humana.com/HealthyVA).



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Medicare and Medicaid Working Together