



COMMONWEALTH of VIRGINIA

Office of the Governor

Daniel Carey, MD
Secretary of Health and Human Resources

March 25, 2021

Francis McCullough, Associate Regional Administrator
Centers for Medicare & Medicaid Services
801 Market Street, Suite 9400
Philadelphia, PA 19107-3134

Dear Mr. McCullough:

Attached for your review and approval is amendment 21-001, entitled "Enhanced Behavioral Health – Part 1" to the Plan for Medical Assistance for the Commonwealth. I request that your office approve this change as quickly as possible.

Sincerely,

A handwritten signature in black ink, appearing to read "Daniel Carey".

Daniel Carey, MD, MHCM

Attachment

cc: Karen Kimsey, Director, Department of Medical Assistance Services

Transmittal Summary

SPA 21-001

I. IDENTIFICATION INFORMATION

Title of Amendment: Enhanced Behavioral Health – Part 1

II. SYNOPSIS

Basis and Authority: The Code of Virginia (1950) as amended, § 32.1-325, grants to the Board of Medical Assistance Services the authority to administer and amend the Plan for Medical Assistance. The Code of Virginia (1950) as amended, § 32.1-324, authorizes the Director of the Department of Medical Assistance Services (DMAS) to administer and amend the Plan for Medical Assistance according to the Board's requirements.

Purpose: This state plan amendment will make changes to the state plan pages related to behavioral health services to implement:

- Assertive Community Treatment, which will replace and be an enhancement of the current Intensive Community Treatment Service. This will continue to be a service for adults.
- Mental Health Partial Hospitalization Programs for Youth and Adults, which will replace the current Partial Hospitalization Program for adults.
- Mental Health Intensive Outpatient Programs, a new service for youth and adults.

Substance and Analysis: The sections of the State Plan that are affected by this amendment are “Amount, Duration, and Scope of Medical and Remedial Care and Services Provided to the Categorically Needy and Medically Needy” and “Methods and Standards for Establishing Payment Rates – Other Types of Care.”

Impact: The expected increase in annual aggregate expenditures is \$1,608,325 in federal funds in federal fiscal year 2021.

Prior Public Notice: See Attachment B-1.

Public Comments and Agency Analysis: See Attachment B-2.

Tribal Notice: See Attachments A-1 and A-2 for Tribal Notice letter and email.

**ATTACHMENT A-1**

McClellan, Emily <emily.mcclellan@dmas.virginia.gov>

Tribal Notice re: Adult Dental and Behavioral Health Enhancement

McClellan, Emily <emily.mcclellan@dmas.virginia.gov>

Mon, Feb 22, 2021 at 9:30 AM

To: Dean Branham <TribalOffice@monacannation.com>, "G. Anne Richardson" <chiefannerich@aol.com>, Gerald Stewart <wasandson@cox.net>, Pam Thompson <Pamelathompson4@yahoo.com>, Rappahannock Tribe <rappahannocktrib@aol.com>, Reginald Stewart <regstew007@gmail.com>, Robert Gray <robert.gray@pamunkey.org>, Rufus Elliott <tribaladmin@monacannation.com>, Samuel Bass <samflyingeagle48@yahoo.com>, Stephen Adkins <chiefstephenadkins@gmail.com>, "W. Frank Adams" <WFrankAdams@verizon.net>, bradbybrown@gmail.com, heather.hendrix@ihs.gov, "Garrett, Tabitha (IHS/NAS/RIC)" <tabitha.garrett@ihs.gov>

Dear Tribal Leaders and Indian Health Programs:

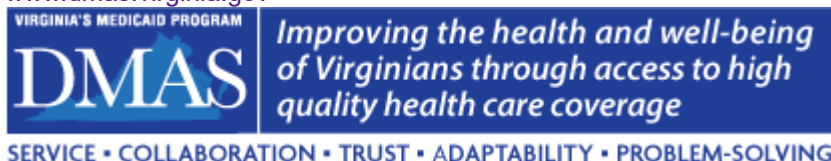
Attached are two Tribal Notice letters from Virginia Medicaid Director Karen Kimsey indicating that the Dept. of Medical Assistance Services (DMAS) plans to submit State Plan Amendments (SPAs) to the federal Centers for Medicare and Medicaid Services. The first SPA will allow Virginia Medicaid to provide dental services to its adult members. The second SPA contains the first set of changes related to the Behavioral Health Enhancement effort.

If you would like a copy of the SPA documents or proposed text changes for either SPA, or if you have any questions, please let us know.

Thank you! -- Emily McClellan

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Emily McClellan
Regulatory Supervisor
Policy Planning and Innovation Division
Virginia Department of Medical Assistance Services
600 East Broad Street
Richmond, VA 23219
(804) 371-4300
www.dmas.virginia.gov

**2 attachments**

Tribal Notice letter 2-22-2021.pdf
441K

Tribal Notice letter 2-22-2021.pdf
386K



COMMONWEALTH of VIRGINIA

Department of Medical Assistance Services

KAREN KIMSEY
DIRECTOR

SUITE 1300
600 EAST BROAD STREET
RICHMOND, VA 23219
804/786-7933
800/343-0634 (TDD)
www.dmas.virginia.gov

February 22, 2021

SUBJECT: Notice of Opportunity for Tribal Comment – State Plan Amendment related to a Enhanced Behavioral Health Services

Dear Tribal Leader and Indian Health Programs:

This letter is to notify you that the Department of Medical Assistance Services (DMAS) is planning to amend the Virginia State Plan for Medical Assistance with the Centers for Medicare and Medicaid Services (CMS). Specifically, DMAS is providing you notice about a State Plan Amendment (SPA) that the Agency will file with CMS in order to implement Assertive Community Treatment, which will replace and serve as an “enhancement” of the current Intensive Community Treatment Service (this will continue to be a service for adults); Mental Health Intensive Outpatient Programs, a new service for youth and adults; and Mental Health Partial Hospitalization Programs for Youth and Adults, which will replace the current Partial Hospitalization Program for adults.

The tribal comment period for this SPA is open through March 24, 2021. You may submit your comments directly to Emily McClellan, DMAS Policy Division, by phone (804) 371-4300, or via email: Emily.McClellan@dmas.virginia.gov Finally, if you prefer regular mail you may send your comments or questions to:

Virginia Department of Medical Assistance
Services Medicaid Disaster SPA, Tribal Comment
Attn: Emily McClellan
600 East Broad Street
Richmond, VA 23219

Please forward this information to any interested party.

Sincerely,

A handwritten signature in blue ink that reads "Karen Kimsey".

Karen Kimsey

ATTACHMENT B-1

Virginia.gov Agencies | Governor



Agency Department of Medical Assistance Services

Board Board of Medical Assistance Services

General Notice**Public Notice - Intent to Amend State Plan - Behavioral Health Enhancement**

Date Posted: 2/22/2021

Expiration Date: 6/30/2021

Submitted to Registrar for publication: YES

[30 Day Comment Forum](#) is underway. Began on 2/22/2021 and will end on 3/24/2021

**LEGAL NOTICE
COMMONWEALTH OF VIRGINIA
DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
NOTICE OF INTENT TO AMEND**

(Pursuant to §1902(a)(13) of the *Act (U.S.C. 1396a(a)(13))*)

THE VIRGINIA STATE PLAN FOR MEDICAL ASSISTANCE

This Notice was posted on February 22, 2021

The Virginia Department of Medical Assistance Services (DMAS) hereby affords the public notice of its intention to amend the Virginia State Plan for Medical Assistance to provide for changes to the *Methods and Standards for Establishing Payment Rates — Other Types of Care (12 VAC 30-80)*.

This notice is intended to satisfy the requirements of 42 C.F.R. § 447.205 and of § 1902(a)(13) of the *Social Security Act*, 42 U.S.C. § 1396a(a)(13). A copy of this notice is available for public review from Emily McClellan, DMAS, 600 Broad Street, Suite 1300, Richmond, VA 23219, or via e-mail at: Emily.McClellan@dmas.virginia.gov.

DMAS is specifically soliciting input from stakeholders, providers and beneficiaries, on the potential impact of the proposed changes discussed in this notice. Comments or inquiries may be submitted, in writing, within 30 days of this notice publication to Ms. McClellan and such comments are available for review at the same address. Comments may also be submitted, in writing, on the Town Hall public comment forum attached to this notice.

This notice is available for public review on the Regulatory Town Hall (www.townhall.com), on the General Notices page, found at: <https://townhall.virginia.gov/L/generalnotice.cfm>

In accordance with the 2020 Special Session, Items 313.YYY(3) and 313.YYY(4), DMAS will be making the following changes:

Methods & Standards for Establishing Payment Rates-Other Types of Care (12 VAC 30-80)

1. The state plan is being revised to implement:
 - o Assertive Community Treatment, which will replace and be an enhancement of the current Intensive Community Treatment Service. This will continue to be a service for adults.
 - o Mental Health Intensive Outpatient Programs, a new service for youth and adults.

- o Mental Health Partial Hospitalization Programs for Youth and Adults, which will replace the current Partial Hospitalization Program for adults.

The expected increase in annual aggregate expenditures is \$861,288 in state general funds and \$1,608,325 in federal funds in federal fiscal year 2021.

Contact Information

Name / Title:	Emily McClellan / <i>Regulatory Manager</i>
Address:	Division of Policy and Research 600 E. Broad St., Suite 1300 Richmond, 23219
Email Address:	Emily.McClellan@dmas.virginia.gov
Telephone:	(804)371-4300 FAX: (804)786-1680 TDD: (800)343-0634

Attachment B-2

Virginia.gov Agencies | Governor



Agency Department of Medical Assistance Services

Board Board of Medical Assistance Services

Public Comment ForumGeneral Notice: [Public Notice - Intent to Amend State Plan - Behavioral Health Enhancement](#)

CLOSED Opened on 2/22/2021 and Ended on 3/24/2021

**LEGAL NOTICE
COMMONWEALTH OF VIRGINIA
DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
NOTICE OF INTENT TO AMEND**

..... [read the full general notice](#)

[More about public comment forums and policies](#)

No Comments were received for this forum.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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**AMOUNT, DURATION, AND SCOPE OF MEDICAL
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b. ~~Day Treatment/Partial Hospitalization~~ ~~Mental Health Partial Hospitalization Program~~

(1) Service definition. Mental Health Partial Hospitalization Program (MH-PHP) ~~Day treatment/partial hospitalization services shall be time limited~~ services are short-term, non-residential interventions that are more intensive than outpatient services and that are required to stabilize an individual's psychiatric condition. The service is delivered under physician direction when the individual is at risk of psychiatric hospitalization or is transitioning from a psychiatric hospitalization to the community. Individuals qualifying for this service must demonstrate a medical necessity for the service arising from mental, behavioral, or emotional health disorders that results in significant functional impairments in major life activities.

~~Day Treatment/partial hospitalization services shall be provided in sessions of two or more consecutive hours per day, which may be scheduled multiple times per week, to groups of adults in a nonresidential setting. These services~~ This service includes service specific provider assessment, assistance with medication management, individual and group therapy, patient skills restoration of skills, and care coordination for individuals who require coordinated, intensive, comprehensive, and multidisciplinary treatment but who do not require inpatient treatment.

(2) Service Components and Provider Qualifications. Provider qualifications for the provider types referenced can be found under the rehabilitative services benefit section of the state plan. Definitions of staff qualifications are provided in Attachment 3.1 A&B, Supplement 1, pages 31 through 31.2. LMHP R, LR, and S are included in the term "Licensed Mental Health Professional Eligible" on page 31. QMHP A means the same as the term "Qualified Mental Health Professional" on page 31. QMHP C means the same as the term "Qualified Mental Health Professional" on page 31.2 QMHP E means the same as the term "Qualified Mental Health Professional" on page 31.3 QPPMH means the same as the term "Qualified Mental Health Professional" on page 31. Registered Nurses (RN), Licensed Practical Nurses (LPN), and Nurse Practitioners (NP) shall hold an active license issued by the Virginia Board of Nursing. Physicians, Physician Assistants and Occupational Therapists shall hold an active license issued by the Virginia Board of Medicine.

<u>Service Component Definitions –Mental Health Partial Hospitalization Program</u>	<u>Staff That Provide Service Components</u>
<u>"Assessment" means the face-to-face interaction in which the provider obtains information from the individual or other family members, as appropriate, about the individual's mental health status. It includes documented history of the severity, intensity, and duration of mental health problems and behavioral and emotional issues.</u>	<u>LMHP LMHP-R LMHP-RP LMHP-S Nurse Practitioner Physician Assistant</u>
<u>"Treatment Planning" means the development of a person-centered plan of care that is specific to the individual's unique treatment needs, developed with the individual, in consultation with the individual's family, as appropriate.</u>	<u>LMHP LMHP-R LMHP-RP LMHP-S Nurse Practitioner, Physician Assistant</u>

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<p><u>"Health literacy counseling" means patient counseling on mental health, and, as appropriate, addiction, treatment, and recovery, and associated health risks including administration of medication, monitoring for adverse side effects or results of that medication, counseling on the role of prescription medications and their effects including side effects and the importance of compliance and adherence.</u></p> <p>"Assistance with medication management" means counseling on the role of prescription medications and their effects including side effects monitoring the use and effects of medications; and the importance of compliance and adherence; etc.</p>	<p>LMHP LMHP-R LMHP-RP LMHP-S <u>Nurse Practitioner, Physician Assistant Occupational Therapist</u></p> <p><u>A RN or LPN with at least one year of clinical experience involving medication management</u></p>
<p>"Counseling Individual, group and family therapy" means the application of principles, standards, and methods of the counseling profession in (i) conducting assessments and diagnoses for the purpose of establishing treatment goals and objectives and (ii) planning, implementing, and evaluating treatment plans using treatment interventions to facilitate human development and to identify and remediate mental, emotional, or behavioral disorders and associated distresses that interfere with mental health. <u>All family therapy services furnished are for the direct benefit of the individual, in accordance with the individual's needs and treatment goals identified in the individual's plan of care, and for the purpose of assisting in the individual's recovery. The individual is present during family therapy except when it is clinically appropriate for the individual to be absent in order to advance the individual's treatment goals.</u></p>	<p>LMHP LMHP-R LMHP-RP LMHP-S</p>

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<p>"Patient restoration of skills" means restoring behavior skills, to include interpersonal and independent skills training and training and coaching to facilitate improved communication, problem solving, coping skills, and stress management to increase the individual's continued adjustment to and management of mental illness.</p> <p><u>"Skills Restoration" means a service to assist individuals in the restoration of lost skills that are necessary to achieve the goals established in the individual's plan of care. Services include assisting the individual in restoring the following skills: self- management, symptom management, interpersonal, communication, community living, and problem solving skills through modeling, coaching, and cueing.</u></p>	<p>LMHP, LMHP-R, LMHP-RP, LMHP-S, QMHP-A, QMHP-C, QMHP-E, or a QPPMH under the supervision of <u>at least a QMHP-A or QMHP-C, C, or E.</u></p>
<p><u>"Crisis treatment" means behavioral health care, available 24-hours per day, seven days per week, to provide immediate assistance to individuals experiencing acute behavioral health problems that require immediate intervention to stabilize and prevent harm and a higher level of acuity.</u></p>	<p><u>LMHP, LMHP-R, LMHP-RP, LMHP-S or a QMHP-A, QMHP-C, or QMHP-E</u></p>
<p><u>"Peer Recovery Support Services" means strategies and activities that include person centered, strength based planning to promote the development of self-advocacy skills; empowering the individual to take a proactive role in the development of their plan of care; crisis support; assisting in the use of positive self-management techniques, problem-solving skills, coping mechanisms, symptom management and communication strategies identified in the plan of care. Caregivers of individuals under age 21 may also receive family support partners as a peer recovery support service when the service is directed exclusively toward the benefit of the individual.</u></p>	<p><u>PRS</u></p>
<p>"Care coordination" means locating and coordinating services across <u>mental health multiple</u> providers to include collaborating and sharing of information among health care providers, who are involved with an individual's health care, to improve the restorative care and align service plans.</p>	<p>LMHP, LMHP-R, LMHP-RP, LMHP-S, QMHP-A, QMHP-C, QMHP-E, or a QPPMH under the supervision of <u>at least a QMHP-A or QMHP-C, C, or E.</u></p>

(3) Limits on amount, duration, and scope.

a. ~~Day Treatment/Partial Hospitalization~~ Mental Health Partial Hospitalization Program services are available to individuals under 21 years of age who meet the medical necessity criteria for the service. ~~Individuals under 21 years of age qualifying under EPSDT may receive the services described in excess of any service limit, if services are determined to be medically necessary and are prior authorized by the Department.~~

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Intensive Assertive Community Treatment

(1) Service definition. Assertive Community Treatment (ACT) is a rehabilitative benefit provided according to 42 CFR 440.130(d). Intensive Community Treatment (ICT) ACT provides long term needed treatment, rehabilitation, and support services to identified individuals with severe and persistent mental illness especially those who have severe symptoms that are not effectively remedied by available treatments or who because of reasons related to their mental illness resist or avoid involvement with mental health services in the community. ICTACT services are offered to outpatients outside of clinic, hospital, or program office settings for individuals who are best served in the community. ICTACT services include assessment, counseling therapy, assistance with medication management, crisis treatment, co-occurring substance use disorder treatment, skills restoration and care coordination activities through a designated multi-disciplinary team of mental health professionals.

(2) Service Components and Provider Qualifications. Provider qualifications for the provider types referenced can be found under the rehabilitative services benefit section of the state plan. Definitions of staff qualifications are provided in Attachment 3.1 A&B, Supplement 1, pages 31 through 31.3. LMHP R, LR, and S are included in the term "Licensed Mental Health Professional Eligible" on page 31. QMHP A means the same as the term "Qualified Mental Health Professional" on page 31. QMHP C means the same as the term "Qualified Mental Health Professional" on page 31.2 QMHP E means the same as the term "Qualified Mental Health Professional" on page 31.3 QPPMH means the same as the term "Qualified Paraprofessional in Mental Health" on page 31.3 Registered Nurses (RN) and Nurse Practitioners (NP) shall hold an active license issued by the Virginia Board of Nursing and 1 year of experience working with individuals with serious mental illness. Licensed Practical Nurses (LPN) shall hold an active license issued by the Virginia Board of Nursing and three years of experience with individuals with serious mental illness. Physician Assistants shall hold an active license issued by the Virginia Board of Medicine and 1 year of experience working with individuals with serious mental illness. Psychiatrists shall hold an active license issued by the Virginia Board of Medicine.

<u>Service Component Definitions – Intensive Assertive Community Treatment</u>	<u>Staff That Provide Service Components</u>
"Assessment" means the face-to-face interaction in which the provider obtains information from the individual or other family members, as appropriate, about the individual's mental health status. It includes documented history of the severity, intensity, and duration of mental health problems and behavioral and emotional issues.	LMHP LMHP-R LMHP-RP LMHP-S <u>Nurse Practitioner</u> <u>Physician Assistant</u>

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<p><u>“Counseling”</u> <u>Individual, Family and Group Therapy</u> means the application of principles, standards, and methods of the counseling profession in (i) conducting assessments and diagnoses for the purpose of establishing treatment goals and objectives and (ii) planning, implementing, and evaluating treatment plans using treatment interventions to facilitate human development and to identify and remediate mental, emotional, or behavioral disorders and associated distresses that interfere with mental health. <u>All family therapy services furnished are for the direct benefit of the individual, in accordance with the individual’s needs and treatment goals identified in the individual’s plan of care, and for the purpose of assisting in the individual’s recovery. The individual is present during family therapy except when it is clinically appropriate for the individual to be absent in order to advance the individual’s treatment goals.</u></p>	<p>LMHP LMHP-R LMHP-RP LMHP-S <u>Credentialed addiction treatment professional</u></p>
<p>“Assistance with medication management” means counseling on the role of prescription medications and their effects including side effects; the importance of compliance and adherence; and monitoring the use and effects of medications; etc.</p>	<p>LMHP LMHP-R LMHP-RP LMHP-S RN</p>
<p><u>“Health literacy counseling”</u> means patient counseling on mental health, and, as appropriate, addiction, treatment, and recovery, and associated health risks <u>including administration of medication, monitoring for adverse side effects or results of that medication, counseling on the role of prescription medications and their effects including side effects and the importance of compliance and adherence.</u></p>	<p>LMHP, LMHP-R, LMHP-RP, LMHP-S, Nurse Practitioner, Physician Assistant, <u>Credentialed addiction treatment professional,</u> CSAC <u>A RN or LPN with at least one year of clinical experience involving medication management.</u></p>
<p>“Crisis treatment” means behavioral health care, available 24-hours per day, seven days per week, to provide immediate assistance to individuals experiencing acute behavioral health problems that require immediate intervention to prevent harm and a higher level of acuity.</p>	<p>LMHP, LMHP-R LMHP-RP, LMHP-S <u>Credentialed addiction treatment professional</u> <u>CSAC, CSAC-A</u> <u>QMHP-A, QMHP-E</u></p>

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<p><u>“Skills Restoration” means a service to assist individuals in the restoration of lost skills that are necessary to achieve the goals established in the individual’s plan of care. Services include assisting the individual in restoring the following skills: personal care/hygiene, self-management, symptom management, interpersonal, communication, community living, and problem solving skills through modeling, coaching, and cueing.</u></p>	<p><u>LMHP, LMHP-R, LMHP-RP, LMHP-S, QMHP-A, QMHP-E or a QPPMH under the supervision of at least a QMHP-A.</u></p>
<p><u>“Peer Recovery Support Services” means strategies and activities that include person centered, strength based planning to promote the development of self-advocacy skills; empowering the individual to take a proactive role in the development of their plan of care; crisis support; assisting in the use of positive self-management techniques, problem-solving skills, coping mechanisms, symptom management and communication strategies identified in the plan of care. Caregivers of individuals under age 21 may also receive family support partners as a peer recovery support service when the service is directed exclusively toward the benefit of the individual.</u></p>	<p><u>PRS</u></p>
<p><u>"Care coordination" means locating and coordinating services across health multiple providers to include collaborating and sharing of information among health care providers, who are involved with an individual's health care, to improve the restorative care and align service plans.</u></p>	<p><u>LMHP, LMHP-R, LMHP-RP, LMHP-S, Credentialed addiction treatment professional, CSAC, CSAC-A, QMHP-A, QMHP-E, or a QPPMH under the supervision of at least a QMHP-A, C, or E.</u></p>

(3) Limits on amount, duration, and scope.

~~Services comparable to Intensive Community Treatment can be found in Attachment 3.1A&B, Supplement 1, page 6.1. These services are available to individuals under 21 years of age who meet the medical necessity criteria for the service. Individuals under 21 years of age qualifying under EPSDT may receive the services described in excess of any service limit, if services are determined to be medically necessary and are prior authorized by the Department. ACT has been shown to be effective for individuals aged 18 and above. As required by EPSDT, youth may receive ACT if medically necessary.~~

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Mental Health Intensive Outpatient

(1) Service Definition: Mental Health Intensive Outpatient (MH-IOP) is a rehabilitative benefit provided according to 42 CFR 440.130(d). IOP is a structured program of skilled treatment services for adults and youth focused on maintaining and improving functional abilities through a time-limited, interdisciplinary approach to treatment.

MH-IOP is based on a comprehensive, coordinated and individualized individual service plan that involves the use of multiple, concurrent service components and treatment modalities. Treatment focuses on symptom reduction, crisis and safety planning, promoting stability and independent living in the community, recovery/relapse prevention and reducing the need for a more acute level of care. This service is provided to individuals who do not require the intensive level of care of inpatient, residential, or partial hospitalization program service, but require more intensive services than outpatient services and would benefit from the structure and safety available in the MH-IOP setting.

(2) Service Components and Provider Qualifications. Provider qualifications for the provider types referenced can be found under the rehabilitative services benefit section of the state plan. Registered Nurses (RN), Licensed Practical Nurses (LPN), and Nurse Practitioners (NP) shall hold an active license issued by the Virginia Board of Nursing. Physician Assistants and Occupational Therapists shall hold an active license issued by the Virginia Board of Medicine.

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<u><i>Service Component Definitions –Mental Health Intensive Outpatient</i></u>	<u><i>Staff That Provide Service Components</i></u>
<u>"Assessment" means the face-to-face interaction in which the provider obtains information from the individual or other family members, as appropriate, about the individual's mental health status. It includes documented history of the severity, intensity, and duration of mental health problems and behavioral and emotional issues.</u>	<u>LMHP, LMHP-R, LMHP-RP, LMHP-S, Nurse Practitioner, or Physician Assistant</u>
<u>"Treatment Planning" means the development of a person-centered plan of care that is specific to the individual's unique treatment needs, developed with the individual, in consultation with the individual's family, as appropriate.</u>	<u>LMHP, LMHP-R, LMHP-RP, LMHP-S, Nurse Practitioner, or Physician Assistant</u>
<u>"Individual, Family, and Group Therapy" means the application of principles, standards, and methods of the counseling profession in (i) conducting assessments and diagnoses for the purpose of establishing treatment goals and objectives and (ii) planning, implementing, and evaluating treatment plans using treatment interventions to facilitate human development and to identify and remediate mental, emotional, or behavioral disorders and associated distresses that interfere with mental health. All family therapy services furnished are for the direct benefit of the individual, in accordance with the individual's needs and treatment goals identified in the individual's plan of care, and for the purpose of assisting in the individual's recovery. The individual is present during family therapy except when it is clinically appropriate for the individual to be absent in order to advance the individual's treatment goals.</u>	<u>LMHP, LMHP-R, LMHP-RP, LMHP-S</u>
<u>"Skills Restoration" means a service to assist individuals in the restoration of lost skills that are necessary to achieve the goals established in the individual's plan of care. Services include assisting the individual in restoring the following skills: self-management, symptom management, interpersonal, communication, community living, and problem solving skills through modeling, coaching, and cueing.</u>	<u>LMHP, LMHP-R, LMHP-RP, LMHP-S, or a QMHP-A, QMHP-C, or QMHP-E</u>

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<p><u>“Health literacy counseling” means patient counseling on mental health, and, as appropriate, addiction, treatment, and recovery, and associated health risks including administration of medication, monitoring for adverse side effects or results of that medication, counseling on the role of prescription medications and their effects including side effects and the importance of compliance and adherence.</u></p>	<p><u>LMHP, LMHP-R, LMHP-RP, LMHP-S, Nurse Practitioner, Physician Assistant Occupational Therapist</u></p> <p><u>A RN or LPN with at least one year of clinical experience involving medication management</u></p>
<p><u>“Crisis treatment” means behavioral health care, available 24-hours per day, seven days per week, to provide immediate assistance to individuals experiencing acute behavioral health problems that require immediate intervention to stabilize and prevent harm and a higher level of acuity.</u></p>	<p><u>LMHP, LMHP-R, LMHP-RP, LMHP-S or a QMHP-A, QMHP-C, or QMHP-E</u></p>
<p><u>“Peer Recovery Support Services” means strategies and activities that include person centered, strength based planning to promote the development of self-advocacy skills; empowering the individual to take a proactive role in the development of their plan of care; crisis support; assisting in the use of positive self-management techniques, problem-solving skills, coping mechanisms, symptom management and communication strategies identified in the plan of care. Caregivers of individuals under age 21 may also receive family support partners as a peer recovery support service when the service is directed exclusively toward the benefit of the individual.</u></p>	<p><u>PRS</u></p>
<p><u>"Care coordination" means locating and coordinating services across mental health providers to include sharing of information among health care providers, who are involved with an individual's health care, to improve the restorative care and align service plans.</u></p>	<p><u>LMHP, LMHP-R, LMHP-RP, LMHP-S, QMHP-A, QMHP-C, or QMHP-E</u></p>

(3) Limits on amount, duration, and scope.

Mental Health Intensive Outpatient services are available to individuals who meet the medical necessity criteria for the service.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
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**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATE -
OTHER TYPES OF CARE**

d-1. Mental Health Intensive Outpatient services are reimbursed based on a per-diem unit that accounts for the wages, employee costs, and other allowable costs associated with providing this service. The rate for this service does not include costs related to room and board or other unallowable facility costs. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers. The Agency's fee schedule rate was set as of July 1, 2021, and is effective for services on or after that date. All rates are published on the agency's website at www.dmas.virginia.gov/#/searchcptcodes - go to the header for HCPC Codes and look for this service.

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**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATE -
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e. ~~Mental Health Partial Hospitalization Program~~~~Therapeutic Day Treatment/partial hospitalization, as defined per Supplement 1 to Attachment 3.1A&B, starting on page 31.4 31.5, and provided by the individuals who are listed in Attachment 3.1A&B, Supplement 1, page 31.6 and defined in Attachment 3.1A&B, Supplement 1, beginning on page 31, services are~~ reimbursed based on a per diem unit that accounts for the wages, employee costs, and other allowable costs associated with providing this service ~~the following units of service: One unit= 2 3.99 hours/day; Two units= 4 6.99 hours/day; Three units= 7+ hours/day. No room and board is included in the rates for therapeutic day treatment/partial hospitalization. The Agency's rates were set as of July 1, 2011, and are effective for services on or after that date. The rate for this service does not include costs related to room and board or other unallowable facility costs. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers. The Agency's fee schedule rate was set as of July 1, 2021, and is effective for services on or after that date. All rates are published on the agency's website at www.dmas.virginia.gov/#/searchcptcodes - go to the header for HCPC Codes and look for this service.~~

f. Psychosocial Rehabilitation ~~, as defined per Supplement 1 to Attachment 3.1A&B, page 31.6, and provided by the individuals who are listed in Attachment 3.1A&B, Supplement 1, page 31.8 and defined in Attachment 3.1A&B, Supplement 1, beginning on page 31, is reimbursed based on the following units of service: One unit = 2 to 3.99 hours per day; Two units = 4 to 6.99 hours per day; Three units = 7 + hours per day. The rates account for the wages, employee costs, and other allowable costs associated with providing this service. The Agency's rates were set as of July 1, 2011, and are effective for services on or after that date. All rates are published on the agency's website at www.dmas.virginia.gov/#/searchcptcodes - go to the header for HCPC Codes and look for this service.~~

g. Crisis Intervention ~~, as defined per Supplement 1 to Attachment 3.1A&B, page 31.9, and provided by the individuals who are listed in Attachment 3.1A&B, Supplement 1, page 31.9a and defined in Attachment 3.1A&B, Supplement 1, beginning on page 31, is reimbursed based on the following units unit of service: One unit = 15 minutes. 2 to 3.99 hours per day; Two units = 4 to 6.99 hours per day; Three units = 7 + hours per day. The rates account for the wages, employee costs, and other allowable costs associated with providing this service. The Agency's rates were set as of July 1, 2011, and are effective for services on or after that date. All rates are published on the agency's website at www.dmas.virginia.gov/#/searchcptcodes - go to the header for HCPC Codes and look for this service.~~

h. Intensive Assertive Community Treatment ~~, as defined per Supplement 1 to Attachment 3.1A&B, page 31.9b, and provided by the individuals who are listed in Attachment 3.1A&B, Supplement 1, page 31.9c and defined in Attachment 3.1A&B, Supplement 1, beginning on page 31, is reimbursed on an hourly a daily unit of service that accounts for the wages, employee costs, and other allowable costs associated with providing this service. The Agency's rates were set as of July 1, 2011 July 1, 2021, and are effective for services on or after that date. All rates are published on the agency's website at www.dmas.virginia.gov/#/searchcptcodes - go to the header for HCPC Codes and look for this service.~~

i. Crisis Stabilization ~~, as defined per Supplement 1 to Attachment 3.1A&B, page 31.9d, and~~

TN No.	<u>21-001</u>	Approval Date	<u> </u>	Effective Date	<u>1/1/2021</u>
Supersedes					
TN No.	<u>17-009</u>				

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State of VIRGINIA
**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATE -
OTHER TYPES OF CARE**

~~provided by the individuals who are listed in Attachment 3.1A&B, Supplement 1, page 31.9e and defined in Attachment 3.1A&B, Supplement 1, beginning on page 31,~~ is reimbursed on an hourly unit of service that accounts for the wages, employee costs, and other allowable costs associated with providing this service. The Agency's rates were set as of July 1, 2011, and are effective for services on or after that date. All rates are published on the agency's website at www.dmas.virginia.gov/#/searchcptcodes - go to the header for HCPC Codes and look for this service.

j. Independent Living and Recovery Services (previously called Mental Health Skill-Building Services) as ~~defined per Supplement 1 to Attachment 3.1 A&B, page 31.10, and provided by the individuals who are listed in Attachment 3.1A&B, Supplement 1, page 31.10 and defined in Attachment 3.1A&B, Supplement 1, beginning on page 31,~~ are reimbursed based on the following units of service: One unit is 1 to 2.99 hours per day, two units is 3 to 4.99 hours per day. The rates account for the wages, employee costs, and other allowable costs associated with providing this service The Agency's rates were set as of July 1, 2011 and are effective for services on or after that date. All rates are published on the agency's website at www.dmas.virginia.gov/#/searchcptcodes - go to the header for HCPC Codes and look for this service.

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Supersedes					
TN No.	<u>17-009</u>				

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER
2 1 0 0 1

2. STATE
Virginia

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
7/1/2021

5. TYPE OF PLAN MATERIAL (Check One)

- NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION

42 CFR 440

7. FEDERAL BUDGET IMPACT

a. FFY 2021 \$ 1,608,325
b. FFY 2022 \$ 12,192,411

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

3.1A&B Supp 1, revised pages 31.5, 31.6, 31.9b, 31.9c,
new pages 31.9c-1, 31.11, 31.12, 31.13
4.19-B, new page 5.2, revised page 6

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Same as box #8.

10. SUBJECT OF AMENDMENT

Enhanced Behavioral Health - Part 1

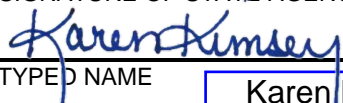
11. GOVERNOR'S REVIEW (Check One)

- GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED

Secretary of Health and Human Resources

12. SIGNATURE OF STATE AGENCY OFFICIAL



13. TYPED NAME

Karen Kimsey

14. TITLE

Director

15. DATE SUBMITTED

3/25/2021

16. RETURN TO

Dept. of Medical Assistance Services
600 East Broad Street, #1300
Richmond VA 23219

Attn: Regulatory Coordinator

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED

18. DATE APPROVED

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME

22. TITLE

23. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

**AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY
and MEDICALLY NEEDY**

Mental Health Partial Hospitalization Program

(1) Service definition. Mental Health Partial Hospitalization Program (MH-PHP) services are short-term, non-residential interventions that are more intensive than outpatient services and that are required to stabilize an individual's psychiatric condition. The service is delivered under physician direction to individuals at risk of psychiatric hospitalization or transitioning from a psychiatric hospitalization to the community. Individuals qualifying for this service must demonstrate a medical necessity for the service arising from behavioral health disorders that result in significant functional impairments in major life activities.

This service includes assessment, assistance with medication management, individual and group therapy, skills restoration, and care coordination for individuals who require coordinated, intensive, comprehensive, and multidisciplinary treatment but who do not require inpatient treatment.

(2) Service Components and Provider Qualifications. Provider qualifications for the provider types referenced can be found under the rehabilitative services benefit section of the state plan. Registered Nurses (RN), Licensed Practical Nurses (LPN), and Nurse Practitioners (NP) shall hold an active license issued by the Virginia Board of Nursing. Physicians, Physician Assistants and Occupational Therapists shall hold an active license issued by the Virginia Board of Medicine.

<u>Service Component Definitions –Mental Health Partial Hospitalization Program</u>	<u>Staff That Provide Service Components</u>
“Assessment” means the face-to-face interaction in which the provider obtains information from the individual or other family members, as appropriate, about the individual's mental health status. It includes documented history of the severity, intensity, and duration of mental health problems and behavioral and emotional issues.	LMHP LMHP-R LMHP-RP LMHP-S Nurse Practitioner Physician Assistant
“Treatment Planning” means the development of a person-centered plan of care that is specific to the individual’s unique treatment needs, developed with the individual, in consultation with the individual's family, as appropriate.	LMHP LMHP-R LMHP-RP LMHP-S Nurse Practitioner, Physician Assistant

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**AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY
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<p>“Health literacy counseling” means patient counseling on mental health, and, as appropriate, addiction, treatment, and recovery, and associated health risks including administration of medication, monitoring for adverse side effects or results of that medication, counseling on the role of prescription medications and their effects including side effects and the importance of compliance and adherence.</p>	<p>LMHP LMHP-R LMHP-RP LMHP-S Nurse Practitioner, Physician Assistant Occupational Therapist</p> <p>A RN or LPN with at least one year of clinical experience involving medication management</p>
<p>"Individual, group and family therapy" means the application of principles, standards, and methods of the counseling profession in (i) conducting assessments and diagnoses for the purpose of establishing treatment goals and objectives and (ii) planning, implementing, and evaluating treatment plans using treatment interventions to facilitate human development and to identify and remediate mental, emotional, or behavioral disorders and associated distresses that interfere with mental health. All family therapy services furnished are for the direct benefit of the individual, in accordance with the individual’s needs and treatment goals identified in the individual’s plan of care, and for the purpose of assisting in the individual’s recovery. The individual is present during family therapy except when it is clinically appropriate for the individual to be absent in order to advance the individual’s treatment goals.</p>	<p>LMHP LMHP-R LMHP-RP LMHP-S</p>

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**AMOUNT, DURATION, AND SCOPE OF MEDICAL
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<p>“Skills Restoration” means a service to assist individuals in the restoration of lost skills that are necessary to achieve the goals established in the individual’s plan of care. Services include assisting the individual in restoring the following skills: self- management, symptom management, interpersonal, communication, community living, and problem solving skills through modeling, coaching, and cueing.</p>	<p>LMHP, LMHP-R, LMHP-RP, LMHP-S, QMHP-A, QMHP-C, or QMHP-E</p>
<p>“Crisis treatment” means behavioral health care, available 24-hours per day, seven days per week, to provide immediate assistance to individuals experiencing acute behavioral health problems that require immediate intervention to stabilize and prevent harm and a higher level of acuity.</p>	<p>LMHP, LMHP-R, LMHP-RP, LMHP-S or a QMHP-A, QMHP-C, or QMHP-E</p>
<p>“Peer Recovery Support Services” means strategies and activities that include person centered, strength based planning to promote the development of self-advocacy skills; empowering the individual to take a proactive role in the development of their plan of care; crisis support; assisting in the use of positive self-management techniques, problem-solving skills, coping mechanisms, symptom management and communication strategies identified in the plan of care. Caregivers of individuals under age 21 may also receive family support partners as a peer recovery support service when the service is directed exclusively toward the benefit of the individual.</p>	<p>PRS</p>
<p>"Care coordination" means locating and coordinating services across mental health providers to include sharing of information among health care providers, who are involved with an individual's health care, to improve the restorative care and align service plans.</p>	<p>LMHP, LMHP-R, LMHP-RP, LMHP-S, QMHP-A, QMHP-C, or QMHP-E</p>

(3) Limits on amount, duration, and scope.

a. Mental Health Partial Hospitalization Program services are available to individuals who meet the medical necessity criteria for the service.

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**AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY
and MEDICALLY NEEDY**

~~Intensive~~ Assertive Community Treatment

(1) Service definition. Assertive Community Treatment (ACT) is a rehabilitative benefit provided according to 42 CFR 440.130(d). ACT provides long term needed treatment, rehabilitation, and support services to identified individuals with severe and persistent mental illness especially those who have severe symptoms that are not effectively remedied by available treatments or who because of reasons related to their mental illness resist or avoid involvement with mental health services in the community. ACT services are offered to outpatients outside of clinic, hospital, or program office settings for individuals who are best served in the community. ACT services include assessment, therapy, assistance with medication management, crisis treatment, co-occurring substance use disorder treatment, skills restoration and care coordination activities through a designated multi-disciplinary team of mental health professionals.

(2) Service Components and Provider Qualifications. Provider qualifications for the provider types referenced can be found under the rehabilitative services benefit section of the state plan. Registered Nurses (RN) and Nurse Practitioners (NP) shall hold an active license issued by the Virginia Board of Nursing and 1 year of experience working with individuals with serious mental illness. Licensed Practical Nurses (LPN) shall hold an active license issued by the Virginia Board of Nursing and three years of experience with individuals with serious mental illness. Physician Assistants shall hold an active license issued by the Virginia Board of Medicine and 1 year of experience working with individuals with serious mental illness. Psychiatrists shall hold an active license issued by the Virginia Board of Medicine.

<u><i>Service Component Definitions – Intensive Assertive Community Treatment</i></u>	<u><i>Staff That Provide Service Components</i></u>
"Assessment" means the face-to-face interaction in which the provider obtains information from the individual or other family members, as appropriate, about the individual's mental health status. It includes documented history of the severity, intensity, and duration of mental health problems and behavioral and emotional issues.	LMHP LMHP-R LMHP-RP LMHP-S Nurse Practitioner Physician Assistant

TN No. 21-001

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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**AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY
and MEDICALLY NEEDY**

<p>"Individual, Family and Group Therapy" means the application of principles, standards, and methods of the counseling profession in (i) conducting assessments and diagnoses for the purpose of establishing treatment goals and objectives and (ii) planning, implementing, and evaluating treatment plans using treatment interventions to facilitate human development and to identify and remediate mental, emotional, or behavioral disorders and associated distresses that interfere with mental health. All family therapy services furnished are for the direct benefit of the individual, in accordance with the individual's needs and treatment goals identified in the individual's plan of care, and for the purpose of assisting in the individual's recovery. The individual is present during family therapy except when it is clinically appropriate for the individual to be absent in order to advance the individual's treatment goals.</p>	<p>LMHP LMHP-R LMHP-RP LMHP-S Credentialed addiction treatment professional</p>
<p>"Health literacy counseling" means patient counseling on mental health, and, as appropriate, addiction, treatment, and recovery, and associated health risks including administration of medication, monitoring for adverse side effects or results of that medication, counseling on the role of prescription medications and their effects including side effects and the importance of compliance and adherence.</p>	<p>LMHP, LMHP-R, LMHP-RP, LMHP-S, Nurse Practitioner, Physician Assistant, Credentialed addiction treatment professional, CSAC, a RN or LPN with at least one year of clinical experience involving medication management.</p>
<p>"Crisis treatment" means behavioral health care, available 24-hours per day, seven days per week, to provide immediate assistance to individuals experiencing acute behavioral health problems that require immediate intervention to prevent harm and a higher level of acuity.</p>	<p>LMHP, LMHP-R LMHP-RP, LMHP-S Credentialed addiction treatment professional CSAC, CSAC-A QMHP-A, QMHP-E</p>

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**AMOUNT, DURATION, AND SCOPE OF MEDICAL
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<p>“Skills Restoration” means a service to assist individuals in the restoration of lost skills that are necessary to achieve the goals established in the individual’s plan of care. Services include assisting the individual in restoring the following skills: personal care/hygiene, self-management, symptom management, interpersonal, communication, community living, and problem solving skills through modeling, coaching, and cueing.</p>	<p>LMHP, LMHP-R, LMHP-RP, LMHP-S, QMHP-A, QMHP-E or a QPPMH under the supervision of at least a QMHP-A.</p>
<p>“Peer Recovery Support Services” means strategies and activities that include person centered, strength based planning to promote the development of self-advocacy skills; empowering the individual to take a proactive role in the development of their plan of care; crisis support; assisting in the use of positive self-management techniques, problem-solving skills, coping mechanisms, symptom management and communication strategies identified in the plan of care. Caregivers of individuals under age 21 may also receive family support partners as a peer recovery support service when the service is directed exclusively toward the benefit of the individual.</p>	<p>PRS</p>
<p>"Care coordination" means locating and coordinating services across mental health providers to include sharing of information among health care providers, who are involved with an individual's health care, to improve the restorative care and align service plans.</p>	<p>LMHP, LMHP-R, RP, S, Credentialed addiction treatment professional, CSAC, CSAC-A, QMHP-A or E, or QPPMH under the supervision of at least a QMHP-A.</p>

(3) Limits on amount, duration, and scope.

ACT has been shown to be effective for individuals aged 18 and above. As required by EPSDT, youth may receive ACT if medically necessary.

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**AMOUNT, DURATION, AND SCOPE OF MEDICAL
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Mental Health Intensive Outpatient

(1) Service Definition: Mental Health Intensive Outpatient (MH-IOP) is a rehabilitative benefit provided according to 42 CFR 440.130(d). IOP is a structured program of skilled treatment services for adults and youth focused on maintaining and improving functional abilities through a time-limited, interdisciplinary approach to treatment.

MH-IOP is based on a comprehensive, coordinated and individualized individual service plan that involves the use of multiple, concurrent service components and treatment modalities. Treatment focuses on symptom reduction, crisis and safety planning, promoting stability and independent living in the community, recovery/relapse prevention and reducing the need for a more acute level of care. This service is provided to individuals who do not require the intensive level of care of inpatient, residential, or partial hospitalization program service, but require more intensive services than outpatient services and would benefit from the structure and safety available in the MH-IOP setting.

(2) Service Components and Provider Qualifications. Provider qualifications for the provider types referenced can be found under the rehabilitative services benefit section of the state plan. Registered Nurses (RN), Licensed Practical Nurses (LPN), and Nurse Practitioners (NP) shall hold an active license issued by the Virginia Board of Nursing. Physician Assistants and Occupational Therapists shall hold an active license issued by the Virginia Board of Medicine.

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**AMOUNT, DURATION, AND SCOPE OF MEDICAL
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<u><i>Service Component Definitions –Mental Health Intensive Outpatient</i></u>	<u><i>Staff That Provide Service Components</i></u>
"Assessment" means the face-to-face interaction in which the provider obtains information from the individual or other family members, as appropriate, about the individual's mental health status. It includes documented history of the severity, intensity, and duration of mental health problems and behavioral and emotional issues.	LMHP, LMHP-R, LMHP-RP, LMHP-S, Nurse Practitioner, or Physician Assistant
"Treatment Planning" means the development of a person-centered plan of care that is specific to the individual's unique treatment needs, developed with the individual, in consultation with the individual's family, as appropriate.	LMHP, LMHP-R, LMHP-RP, LMHP-S, Nurse Practitioner, or Physician Assistant
"Individual, Family, and Group Therapy" means the application of principles, standards, and methods of the counseling profession in (i) conducting assessments and diagnoses for the purpose of establishing treatment goals and objectives and (ii) planning, implementing, and evaluating treatment plans using treatment interventions to facilitate human development and to identify and remediate mental, emotional, or behavioral disorders and associated distresses that interfere with mental health. All family therapy services furnished are for the direct benefit of the individual, in accordance with the individual's needs and treatment goals identified in the individual's plan of care, and for the purpose of assisting in the individual's recovery. The individual is present during family therapy except when it is clinically appropriate for the individual to be absent in order to advance the individual's treatment goals.	LMHP, LMHP-R, LMHP-RP, LMHP-S
"Skills Restoration" means a service to assist individuals in the restoration of lost skills that are necessary to achieve the goals established in the individual's plan of care. Services include assisting the individual in restoring the following skills: self-management, symptom management, interpersonal, communication, community living, and problem solving skills through modeling, coaching, and cueing.	LMHP, LMHP-R, LMHP-RP, LMHP-S, or a QMHP-A, QMHP-C, or QMHP-E

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<p>“Health literacy counseling” means patient counseling on mental health, and, as appropriate, addiction, treatment, and recovery, and associated health risks including administration of medication, monitoring for adverse side effects or results of that medication, counseling on the role of prescription medications and their effects including side effects and the importance of compliance and adherence.</p>	<p>LMHP, LMHP-R, LMHP-RP, LMHP-S, Nurse Practitioner, Physician Assistant Occupational Therapist</p> <p>A RN or LPN with at least one year of clinical experience involving medication management</p>
<p>“Crisis treatment” means behavioral health care, available 24-hours per day, seven days per week, to provide immediate assistance to individuals experiencing acute behavioral health problems that require immediate intervention to stabilize and prevent harm and a higher level of acuity.</p>	<p>LMHP, LMHP-R, LMHP-RP, LMHP-S or a QMHP-A, QMHP-C, or QMHP-E</p>
<p>“Peer Recovery Support Services” means strategies and activities that include person centered, strength based planning to promote the development of self-advocacy skills; empowering the individual to take a proactive role in the development of their plan of care; crisis support; assisting in the use of positive self-management techniques, problem-solving skills, coping mechanisms, symptom management and communication strategies identified in the plan of care. Caregivers of individuals under age 21 may also receive family support partners as a peer recovery support service when the service is directed exclusively toward the benefit of the individual.</p>	<p>PRS</p>
<p>"Care coordination" means locating and coordinating services across mental health providers to include sharing of information among health care providers, who are involved with an individual's health care, to improve the restorative care and align service plans.</p>	<p>LMHP, LMHP-R, LMHP-RP, LMHP-S, QMHP-A, QMHP-C, or QMHP-E</p>

(3) Limits on amount, duration, and scope.

Mental Health Intensive Outpatient services are available to individuals who meet the medical necessity criteria for the service.

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d-1. Mental Health Intensive Outpatient services are reimbursed based on a per-diem unit that accounts for the wages, employee costs, and other allowable costs associated with providing this service. The rate for this service does not include costs related to room and board or other unallowable facility costs. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers. The Agency's fee schedule rate was set as of July 1, 2021, and is effective for services on or after that date. All rates are published on the agency's website at www.dmas.virginia.gov/#/searchcptcodes - go to the header for HCPC Codes and look for this service.

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**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATE -
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e. Mental Health Partial Hospitalization Program services are reimbursed based on a per diem unit that accounts for the wages, employee costs, and other allowable costs associated with providing this service. The rate for this service does not include costs related to room and board or other unallowable facility costs. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers. The Agency's fee schedule rate was set as of July 1, 2021, and is effective for services on or after that date. All rates are published on the agency's website at www.dmas.virginia.gov/#/searchcptcodes - go to the header for HCPC Codes and look for this service.

f. Psychosocial Rehabilitation is reimbursed based on the following units of service: One unit = 2 to 3.99 hours per day; Two units = 4 to 6.99 hours per day; Three units = 7 + hours per day. The rates account for the wages, employee costs, and other allowable costs associated with providing this service. The Agency's rates were set as of July 1, 2011, and are effective for services on or after that date. All rates are published on the agency's website at www.dmas.virginia.gov/#/searchcptcodes - go to the header for HCPC Codes and look for this service.

g. Crisis Intervention is reimbursed based on the following ~~units~~ unit of service: One unit = 15 minutes. The rates account for the wages, employee costs, and other allowable costs associated with providing this service. The Agency's rates were set as of July 1, 2011, and are effective for services on or after that date. All rates are published on the agency's website at www.dmas.virginia.gov/#/searchcptcodes - go to the header for HCPC Codes and look for this service.

h. Assertive Community Treatment is reimbursed on a daily unit of service that accounts for the wages, employee costs, and other allowable costs associated with providing this service. The Agency's rates were set as of July 1, 2021, and are effective for services on or after that date. All rates are published on the agency's website at www.dmas.virginia.gov/#/searchcptcodes - go to the header for HCPC Codes and look for this service.

i. Crisis Stabilization is reimbursed on an hourly unit of service that accounts for the wages, employee costs, and other allowable costs associated with providing this service. The Agency's rates were set as of July 1, 2011, and are effective for services on or after that date. All rates are published on the agency's website at www.dmas.virginia.gov/#/searchcptcodes - go to the header for HCPC Codes and look for this service.

j. Independent Living and Recovery Services (previously called Mental Health Skill-Building Services) are reimbursed based on the following units of service: One unit is 1 to 2.99 hours per day, two units is 3 to 4.99 hours per day. The rates account for the wages, employee costs, and other allowable costs associated with providing this service. The Agency's rates were set as of July 1, 2011 and are effective for services on or after that date. All rates are published on the agency's website at www.dmas.virginia.gov/#/searchcptcodes - go to the header for HCPC Codes and look for this service.

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