COMMONWEALTH of VIRGINIA

Office of the Governor

Marvin B. Figueroa
Secretary of Health and Human Resources

August 10, 2026

Courtney Miller
Director
CMS/Center for Medicaid & CHIP Services
Medicaid & CHIP Operations Group
601 E. 12th St., Room 355
Kansas City, MO 64106

Dear Ms. Miller:

Attached for your review and approval is amendment 26-016, entitled "Mobile Crisis Service Modifications" to the Plan for Medical Assistance for the Commonwealth. I request that your office approve this change as quickly as possible.

Sincerely,

Marvin B. Figueroa

Attachment

cc: Steve Ford, Director, Department of Medical Assistance Services

Transmittal Summary

SPA 26-016

I. IDENTIFICATION INFORMATION

Title of Amendment: Mobile Crisis Service Modifications

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: In accordance with the 2026 Appropriation Act, Item 291.KKKKK, the state plan is being revised to limit mobile crisis services to four hours per incident and to indicate that providers must be licensed and approved by the Department of Behavioral Health and Developmental Services (DBHDS) and contracted with community services boards.

The state plan is also being revised to update the professionals that can provide specified mobile crisis service components. References to QMHP-As (Qualified Mental Health Professionals-Adult) and QMHP-Cs (Qualified Mental Health Professionals-Child) are being removed because they are no longer recognized by the Virginia Department of Health Professions (DHP) and references to QMHP-Es (Qualified Mental Health Professionals-Eligible) are being changed to QMHP-Ts (Qualified Mental Health Professionals-Trainee) to align with DHP's designation for trainees.

Substance and Analysis: The section of the State Plan that is affected by this amendment is "Amount, Duration, and Scope of Medical and Remedial Care and Services Provided to the Categorically Needy and Medically Needy"

Impact: The expected decrease in annual aggregate fee-for-service expenditures is $256,959 in state general funds and $257,165 in federal funds in federal fiscal year 2027. In federal fiscal year 2028, the expected decrease in annual aggregate fee-for service expenditures is $285,479 in state general funds and $285,707 in federal funds.

Tribal Notice: Please see attached.

Prior Public Notice: N/A.

Public Comments and Agency Analysis: N/A.

Outlook

Tribal Notice Letter - State Plan Amendment related to "Mobile Crisis" behavioral health service

From McClellan, Emily (DMAS) <Emily.McClellan@dmas.virginia.gov>

Date Thu 7/16/2026 12:59 PM

To TribalOffice@MonacanNation.com <TribalOffice@monacannation.com>; Ann Richardson <chiefannerich@aol.com>; Pamelathompson4@yahoo.com <Pamelathompson4@yahoo.com>; rappahannocktrib@aol.com <rappahannocktrib@aol.com>; regstew007@gmail.com <regstew007@gmail.com>; Richard.matens@pamunkey.org <Richard.matens@pamunkey.org>; chief@monacannation.gov <chief@monacannation.gov>; chiefstephenadkins@gmail.com <chiefstephenadkins@gmail.com>; bradbybrown@gmail.com <bradbybrown@gmail.com>; tabitha.garrett@ihs.gov <tabitha.garrett@ihs.gov>; administrator@nansemond.gov <administrator@nansemond.gov>; info@afwellness.com <info@afwellness.com>; info@fishingpointhc.com <info@fishingpointhc.com>; contact@Nansemond.gov <contact@Nansemond.gov>; brandon.custalow@mattaponination.com <brandon.custalow@mattaponination.com>; admin@umitribe.org <admin@umitribe.org>; lorraine.reels-pearson@ihs.gov <lorraine.reels-pearson@ihs.gov>; remedios.holmes@ihs.gov <remedios.holmes@ihs.gov>; lindsey.taylor@ihs.gov <lindsey.taylor@ihs.gov>; joni.lyon@ihs.gov <joni.lyon@ihs.gov>; Howard, Joanne <Joanne.howard@cit-ed.org>; Chief@Nansemond.gov <Chief@Nansemond.gov>; AssistantChief@Nansemond.gov <AssistantChief@Nansemond.gov>; steven.tupponce@umithealth.com <steven.tupponce@umithealth.com>; owen.adams@umitribe.gov <owen.adams@umitribe.gov>; Jennifer.Floor@ihs.gov <Jennifer.Floor@ihs.gov>

Cc Lee, Meredith (DMAS) <Meredith.Lee@dmas.virginia.gov>

1 attachment (59 KB)

DMAS Director approved and signed 07.16.2026 - Tribal Notice Letter 7-7-26.docx;

Dear Tribal Leaders and Indian Health Programs,

Attached please find a letter from DMAS Director Steve Ford about modifications to a behavioral health service called "Mobile Crisis."

Please let me know if you have any questions.

Thank you! --Emily McClellan

Emily McClellan
Policy Division Director
Department of Medical Assistance Services
emily.mcclellan@dmas.virginia.gov 804-371-4300
Tuesday - Friday 7:00 am - 5:30 pm
www.dmas.virginia.gov


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DMAS is committed to providing quality health care coverage and services efficiently to qualified Virginians in the Commonwealth.

COMMONWEALTH of VIRGINIA

STEVE FORD
DIRECTOR

Department of Medical Assistance Services

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

07/16/2026

SUBJECT: Notice of Opportunity for Tribal Comment – State Plan Amendment related to Mobile Crisis Service Modifications.

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 limit mobile crisis services to four hours per incident and to indicate that providers must be licensed and approved by the Department of Behavioral Health and Developmental Services (DBHDS) and must be contracted with community services boards, in accordance with the 2026 Appropriation Act, Item 291.KKKKK.

This SPA will also update the professionals that can provide specified mobile crisis service components. References to QMHP-As (Qualified Mental Health Professionals-Adult) and QMHP-Cs (Qualified Mental Health Professionals-Child) are being removed because they are no longer recognized by the Virginia Department of Health Professions (DHP) and references to QMHP-Es (Qualified Mental Health Professionals-Eligible) are being changed to QMHP-Ts (Qualified Mental Health Professionals-Trainee) to align with DHP's designation for trainees.

We realize that the changes in this SPA may impact Medicaid members and providers, including tribal members and providers. Therefore, we encourage you to let us know if you have any comments or questions. The tribal comment period for this SPA is open through August 15, 2026. You may submit your comments directly to Meredith Lee, DMAS Policy Division, by phone(804) 371-0552, or via email: Meredith.Lee@dmas.virginia.gov. Finally, if you prefer regular mail you may send your comments or questions to:

Virginia Department of Medical Assistance Services,
Attn: Meredith Lee
600 East Broad Street
Richmond, VA 23219

Please forward this information to any interested party.

Sincerely,

Steve Ford
Director
Department of Medical Assistance Services

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
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Mobile Crisis Response:

Service Definition: Mobile Crisis Response is a rehabilitative services benefit provided according to 42 CFR 440.130(d). Mobile Crisis Response shall provide immediate behavioral health care, available 24 hours a day, seven days per week, to assist individuals who are experiencing an acute behavioral health crisis requiring immediate clinical attention. This service's objectives shall be to prevent exacerbation of a condition, to prevent injury to the client or others, and to provide treatment in the context of the least restrictive setting. Mobile Crisis Response activities shall include assessment, short-term counseling designed to stabilize the individual, crisis intervention, health literacy counseling, peer recovery support services, and care coordination. Mobile Crisis Response is provided in a variety of settings including community locations where the individuals lives, works, attends school, participates in services and socializes, and includes temporary detention order preadmission screenings.

(2) Service Components and Provider Qualifications. Provider qualifications for LMHP, LMHP-R, LMHP-RP, LMHP-S, QMHP ~~-A,~~ ~~QMHP-C,~~ and QMHP-T~~E~~ are on page 30, 31, 31.1, and 31.2 of Attachment 3.1A&B, Supp. 1.Provider qualifications for CSAC, CSAC-supervisee and CSAC-A are on page 42 of Attachment 3.1A&B, Supp. 1. PRS are on page 55 of Attachment 3.1A&B, Supp. 1. Mobile crisis providers shall be licensed and approved by the Department of Behavioral Health and Developmental Services and shall be contracted with community services boards.

Service Component Definitions – Mobile Crisis Response	***Staff That Provide Service Components***
"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 behavioral health status. It includes documented history of the severity, intensity, and duration of behavioral health care problems and issues. Assessment services that involve the participation of a non-Medicaid eligible is for the direct benefit of the beneficiary. The service must actively involve the beneficiary in the sense of being tailored to the beneficiary's individual needs. There may be times when, based on clinical judgment, the beneficiary is not present during the delivery of the service, but remains the focus of the service.	LMHP, LMHP-R, LMHP-RP, LMHP-S
"Treatment Planning" means 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. Treatment planning that involves the participation of a non-Medicaid eligible is for the direct benefit of the beneficiary. The service must actively involve the beneficiary in the sense of being tailored to the beneficiary's individual needs. There may be times when, based on clinical judgment, the beneficiary is not present during the delivery of the service, but remains the focus of the service.	LMHP, LMHP-R, LMHP-RP, LMHP-S QMHP, ~~-A,~~ ~~QMHP-C~~ QMHP-T~~E~~, CSAC, CSAC-supervisee

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"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 behavioral health disorders and associated distresses that interfere with behavioral health.	LMHP, LMHP-R, LMHP-RP, LMHP-S
"Crisis intervention" 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 higher levels of acuity.	LMHP, LMHP-R, LMHP-RP, LMHP-S QMHP ~~-A~~, ~~QMHP-C,~~ QMHP-T~~E~~, CSAC, CSAC-supervisee, CSAC-A
"Health literacy counseling" means patient counseling on mental health, and, as appropriate, substance use disorder, 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.	LMHP, LMHP-R, LMHP-RP, LMHP-S, CSAC, CSAC-supervisee
"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. Peer Recovery Support Services are only available as a component of the service in community settings. Peer recovery support service that involves the participation of a non-Medicaid eligible is for the direct benefit of the beneficiary. The service must actively involve the beneficiary in the sense of being tailored to the beneficiary's individual needs. There may be times when, based on clinical judgment, the beneficiary is not present during the delivery of the service, but remains the focus of the service."	PRS
"Care coordination" means locating and coordinating services across multiple providers to include sharing of information among health care providers, and others who are involved with an individual's health care, to improve the restorative care and align service plans.	LMHP, LMHP-R, LMHP-RP, LMHP-S, QMHP, ~~-A, QMHP-C,~~ QMHP-T~~E~~, CSAC, CSAC-supervisee, or CSAC-A

(3) Limits on amount, duration, and scope:
Mobile Crisis Response services are available to individuals~~-~~ who meet the medical necessity criteria for the

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service. Mobile crisis services shall be limited to four hours per incident. The four-hour limit can be exceeded for individuals under the age of 21 based upon medical necessity.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB No. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER: 26 — 0016

2. STATE: VA

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

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
10/1/2026

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR 440

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2026 $ (257,165)
b. FFY 2027 $ (285,707)

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 3.1A&B,Supplement 1, revised pages 31.9 and 31.9a

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*
Same as box #7.

9. SUBJECT OF AMENDMENT
Mobile Crisis Service Modifications

10. 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

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME
Steve Ford

13. TITLE
Agency Director

14. DATE SUBMITTED
7/16/2026

15. RETURN TO
Department of Medical Assistance Services
600 East Broad Street, #1300
Richmond VA 23219

Attn: Policy Supervisor

FOR CMS USE ONLY

16. DATE RECEIVED

17. DATE APPROVED

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

21. TITLE OF APPROVING OFFICIAL

22. REMARKS

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