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State Name: Virginia

State Plan Amendment (SPA) #: 21-0023

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS-179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th Street, Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

December 15, 2021

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

RE: Virginia State Plan Amendment 21-0023

Dear Ms. Kimsey:

The Centers for Medicare & Medicaid Services (CMS) has reviewed Virginia's Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 21-0023, Enhanced Behavioral Health - Part 2.

This amendment proposes to implement programmatic changes and reimbursement rates for the following: multisystemic therapy, functional family therapy, crisis intervention services, crisis stabilization services, and behavioral therapy.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations. This letter is to inform you that Virginia Medicaid SPA 21-0023 was approved on December 15, 2021 with an effective date of December 1, 2021. Enclosed are the approved SPA pages and signed CMS-179 form.

If you have any questions, please contact Margaret Kosherzenko at 215-861-4288 or via email at Margaret.Kosherzenko@cms.hhs.gov.

Sincerely,

James G. Scott, Director
Division of Program Operations

Enclosures

cc:
Emily McClellan

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

1. TRANSMITTAL NUMBER

2 1 0 2 3

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

12/1/2021

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 2022 \$ 6,822,942

b. FFY 2023 \$ 6,822,942

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1A&B, Supp 1, revised pages 6.4.16, 6.4.17, 6.4.18, 31.3, 31.9, 31.9a, 31.9d, 31.9e and new pages 31.9f, 31.9g, 31.9h, 31.9i, 31.14, 31.15, 31.16, and 31.17
Attachment 4.19-B, revised pages 5.2, 6, and 6.2.1.1

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Same as box #8.

10. SUBJECT OF AMENDMENT

Enhanced Behavioral Health - Part 2

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

Karen Kimsey

13. TYPED NAME

Karen Kimsey

14. TITLE

Director

15. DATE SUBMITTED

9/8/2021

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
October 13, 2021

18. DATE APPROVED 12/15/2021

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL
December 1, 2021

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME

James G. Scott

22. TITLE

Director, Division of Program Operations

23. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State of VIRGINIA

AMOUNT, DURATION, AND SCOPE OF MEDICAL
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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**AMOUNT, DURATION, AND SCOPE OF MEDICAL
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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-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.

<u>Service Component Definitions – Mobile Crisis Response</u>	<u>Staff That Provide Service Components</u>
<p>"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.</p>	<p>LMHP, LMHP-R, LMHP-RP, LMHP-S</p>
<p>“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.</p>	<p>LMHP, LMHP-R, LMHP-RP, LMHP-S QMHP-A, QMHP-C QMHP-E, CSAC, CSAC-supervisee</p>

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<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 behavioral health disorders and associated distresses that interfere with behavioral health.</p>	<p>LMHP, LMHP-R, LMHP-RP, LMHP-S</p>
<p>"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.</p>	<p>LMHP, LMHP-R, LMHP-RP, LMHP-S, QMHP-A, QMHP-C, QMHP-E, CSAC, CSAC-supervisee, CSAC-A</p>
<p>"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.</p>	<p>LMHP, LMHP-R, LMHP-RP, LMHP-S, CSAC, CSAC-supervisee</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. 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."</p>	<p>PRS</p>
<p>"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.</p>	<p>LMHP, LMHP-R, LMHP-RP, LMHP-S, QMHP-A, QMHP-C, QMHP-E, CSAC, CSAC-supervisee, or CSAC-A</p>

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

Mobile Crisis Response services are available to individuals who meet the medical necessity criteria for the service.

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Community Stabilization

(1) Service definition: Community Stabilization service is a rehabilitative services benefit provided according to 42 CFR 440.130(d). Community Stabilization services provide intensive, short term behavioral health care to non-hospitalized individuals who recently experienced an acute behavioral health crisis. The goal is to address and stabilize the acute behavioral health needs at the earliest possible time to prevent decompensation while a comprehensive array of services is established. Goals include averting the client from hospitalization or re-hospitalization, providing a high assurance of safety and security in the least restrictive environment, and mobilizing the resources of the community support system, family members, and others for ongoing maintenance, rehabilitation, and recovery.

(2) Service Components and Provider Qualifications. Provider qualifications for LMHP, LMHP-R, LMHP-RP, LMHP-S, QMHP-A, QMHP-C and QMHP-E are on page 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.

<i>Service Component Definitions – Community Stabilization</i>	<i>Staff That Provide Service Components</i>
"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.	LMHP LMHP-R LMHP-RP LMHP-S

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<p>“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.</p>	<p>LMHP, LMHP-R, LMHP-RP, LMHP-S QMHP-A, QMHP-C QMHP-E, CSAC, CSAC- supervisee</p>
<p>"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.</p>	<p>LMHP, LMHP-R, LMHP-RP, LMHP-S QMHP-A, QMHP-C, QMHP-E, CSAC, CSAC- supervisee, CSAC-A</p>
<p>“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.</p>	<p>LMHP, LMHP-R, LMHP-RP, LMHP-S, CSAC, CSAC-supervisee</p>
<p>“Skills restoration” means facilitating improved communication, problem solving, coping skills, and stress management through modeling, coaching and cueing to increase the individual's continued adjustment to and management of mental illness.</p>	<p>LMHP, LMHP-R, LMHP- RP, LMHP-S, QMHP-A, QMHP-C, or QMHP-E.</p>

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<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 behavioral health disorders and associated distresses that interfere with behavioral health.</p>	<p>LMHP, LMHP-R, LMHP-RP, LMHP-S</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. Peer recovery support 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.</p>	<p>PRS</p>
<p>"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. Care coordination must include locating and coordinating a psychiatric evaluation.</p>	<p>LMHP, LMHP-R, LMHP-RP, LMHP-S, QMHP-A, QMHP-C, QMHP-E, CSAC, CSAC-supervisee, or CSAC-A</p>

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

Community Stabilization services are available to individuals who meet the medical necessity criteria for the service.

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Residential Crisis Stabilization

(1) Service definition: Residential Crisis Stabilization is a rehabilitative services benefit provided according to 42 CFR 440.130(d). Residential Crisis Stabilization serves as a diversion from inpatient hospitalization by offering psychiatric stabilization in licensed crisis services provider units of less than 16 beds. Residential Crisis Stabilization may not be provided in facilities that meet the definition of an Institutions of Mental Disease (IMDs) as defined in 42 CFR 435.1010.

Residential Crisis Stabilization provides short-term, 24/7, residential crisis evaluation and brief intervention services to support an individual who is experiencing an abrupt and substantial change in behavior noted by severe impairment of functioning typically associated with a precipitating situation or a marked increase in personal distress. Residential Crisis Stabilization can also be provided as a 23 hour service if it is expected that the crisis can be resolved in 23 hours or to allow for a complete assessment to determine the most appropriate level of care.

(2) Service Components and Provider Qualifications. Provider qualifications for LMHP, LMHP-R, LMHP-RP, LMHP-S, QMHP-A, QMHP-C and QMHP-E are on page 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. Registered Nurses (RN), Licensed Practical Nurses (LPN), and Nurse Practitioners shall hold an active license issued by the Virginia Board of Nursing. Psychiatrists and Physician Assistants shall hold an active license issued by the Virginia Board of Medicine. Residential Aides shall have a minimum of a high school diploma.

<i>Service Component Definitions – Residential Crisis Stabilization</i>	<i>Staff That Provide Service Components</i>
<p>"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. Assessments 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.</p>	<p>LMHP, LMHP-R, LMHP-RP, LMHP-S</p>
<p>"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. Treatment planning 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.</p>	<p>LMHP, LMHP-R, LMHP-RP, LMHP-S, QMHP-A, QMHP-C, QMHP-E, CSAC, CSAC-supervisee</p>

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<p>“Psychiatric evaluation” means prescription medication intervention and ongoing care to prevent future crises of a psychiatric nature.</p>	<p>Psychiatrist, Physician Assistant or Nurse Practitioner</p>
<p>“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.</p>	<p>LMHP, LMHP-R, LMHP-RP, LMHP-S, CSAC or CSAC-supervisee. A RN or LPN with at least one year of clinical experience involving medication management</p>
<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, QMHP-E, CSAC, CSAC-supervisee or residential aide under the supervision of a minimum of a QMHP-A or QMHP-C.</p>
<p>"Individual, family, or 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.</p>	<p>LMHP, LMHP-R, LMHP-RP, LMHP-S</p>
<p>"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.</p>	<p>LMHP, LMHP-R, LMHP-RP, LMHP-S, QMHP-A, QMHP-C, QMHP-E, CSAC, CSAC-supervisee, CSAC-A</p>

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<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. Peer recovery support 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.”</p>	<p>PRS</p>
<p>"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.</p>	<p>LMHP, LMHP-R, LMHP-RP, LMHP-S, QMHP-A, QMHP-C, QMHP-E, CSAC, CSAC-supervisee, or CSAC-A</p>

(3) Limits on amount, duration, and scope. Residential Crisis Stabilization may not be provided in facilities that meet the definition of an Institutions of Mental Disease (IMDs) as defined in 42 CFR 435.1010. Services are available to individuals who meet the medical necessity criteria for the service.

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Multisystemic Therapy

(1) Service Definition: Multi-systemic therapy (MST) is a rehabilitative services benefit provided according to 42 CFR 440.130(d). MST is an intensive, evidence-based treatment provided in home and community settings to youth with significant clinical impairment in disruptive behavior, mood, and/or substance use. This service is available to youth from birth to age 21 based on medical necessity and in accordance with 1905(r) of the Social Security Act.

MST includes an emphasis on engagement with the youth’s family, caregivers and natural supports and is delivered in the recovery environment. MST is a short-term and rehabilitative intervention that is used as a step-down and diversion from higher levels of care and seeks to understand and intervene with youth within their network of systems including family, peers, school, and community.

(2) Service Components and Provider Qualifications. Definitions of staff qualifications are provided in Attachment 3.1 A&B, Supplement 1, pages 31 through 31.2. LMHP is defined on page 31. LMHP-R, RP, and S are defined on page 31.1. QMHP-C and QMHP-E are defined on page 31.2. CSAC and CSAC-supervisee are defined on page 42 of Attachment 3.1A&B, Supp. 1. MST Professionals include LMHPs, LMHP-RPs, LMHP-Rs, LMHP-Ss, CSACs, CSAC-supervisees, QMHP-Cs and QMHP-Es who work with a team contracted with MST Services, LLC to provide MST Services. CSACs, CSAC-supervisees, QMHP-Cs and QMHP-Es may only provide services in settings in accordance with state law.

<i>Service Component Definitions – Multisystemic Therapy</i>	<i>Staff That Provide Service Components</i>
“Assessment” means the face-to-face interaction in which the provider obtains information from the youth, and parent, guardian, or other family members, as appropriate, about the youth’s behavioral health status and behaviors. It includes documented history of the severity, intensity, and duration of behavioral health problems and behavioral and emotional issues.	LMHP, LMHP-R, LMHP-RP or LMHP-S
“Therapeutic Interventions” means evidence based, individualized or family focused interventions designed to decrease symptoms of the behavioral health diagnosis, reduce maladaptive behaviors and increase pro-social behaviors at home and across the multiple interconnected systems (includes family, extended family, peers, neighbors, and other community members relative to the youth). All family interventions are for the direct benefit of the individual, in accordance with the individual’s needs and treatment goals identified in the plan of care.	MST Professional
“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 level of acuity.	MST Professional

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"Care Coordination" means locating and coordinating services across multiple providers to include collaborating and 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.	MST Professional
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Functional Family Therapy

(1) Service Definition: Functional Family Therapy (FFT) is a rehabilitative services benefit provided according to 42 CFR 440.130(d). FFT is a short-term, evidence-based treatment program for at-risk youth who have been referred for behavioral or emotional problems including co-occurring substance use disorders by the juvenile justice, behavioral health, school or child welfare systems. This service is available to youth from birth to age 21 based on medical necessity and in accordance with 1905(r) of the Social Security Act. FFT services will not be provided to inmates residing in public institutions.

(2) Service Components and Provider Qualifications. Definitions of staff qualifications are provided in Attachment 3.1 A&B, Supplement 1, pages 31 through 31.2. LMHP is defined on page 31. LMHP-R, RP, and S are defined on page 31.1. QMHP-C and QMHP-E are defined on page 31.2. CSAC and CSAC-supervisee are defined on page 42 of Attachment 3.1A&B, Supp. 1. FFT Professionals include LMHPs, LMHP-RPs, LMHP-Rs, LMHP-Ss, CSACs, CSAC-supervisees, QMHP-Cs and QMHP-Es who work as part of a team with an active FFT site certification from FFT, LLC. CSACs, CSAC-supervisees, QMHP-Cs and QMHP-Es may only provide services in settings in accordance with state law.

<i>Service Component Definitions – Functional Family Therapy</i>	<i>Staff That Provide Service Components</i>
"Assessment" means the face-to-face interaction in which the provider obtains information from the youth, and parent, guardian, or other family members, as appropriate, about the youth's behavioral health status and behaviors. It includes documented history of the severity, intensity, and duration of behavioral health problems and behavioral and emotional issues.	LMHP, LMHP-R, LMHP-RP, LMHP-S
"Therapeutic Interventions" means evidence based, individualized or family focused interventions designed to decrease symptoms of the behavioral health diagnosis, reduce maladaptive behaviors and increase pro-social behaviors at home and across the multiple interconnected systems (includes family, extended family, peers, neighbors, and other community members relative to the youth). All family interventions are for the direct benefit of the individual, in accordance with the individual's needs and treatment goals identified in the plan of care.	FFT Professional
"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 level of acuity.	FFT Professional
"Care coordination" means locating and coordinating services across multiple providers to include collaborating and 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.	FFT Professional

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(3) Limits on amount, duration, or scope:

- a. The FFT provider must hold a license from the Department of Behavioral Health and Developmental Services and they must maintain any required program certifications with FFT, LLC. Providers of FFT must meet the specific training and supervision requirements of the program as required by FFT, LLC.

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N. Autism spectrum disorder (ASD) services, including applied behavior analysis (ABA) provided under EPSDT.

Service Definition: ASD services including ABA are preventative services benefit provided according to 42 CFR 440.130(c). These services are covered for individuals younger than 21 years of age under EPSDT. ASD services including ABA include the design, implementation, and evaluation of environmental modifications using behavioral stimuli and consequences, to produce socially significant improvement in human behavior, including the use of direct observation, measurement, and functional analysis of the relationship between environment and behavior. ASD services including ABA address deficient adaptive behaviors (e.g., instruction following, verbal and nonverbal communication, self-care, personal safety skills) or maladaptive behaviors (e.g., repetitive and stereotypic behaviors; behaviors that risk physical harm to the patient, others, and/or property) by identifying the deficient behaviors and engaging in treatment in individual, family, and group settings. Family adaptive behavior treatment is provided for the direct benefit of the beneficiary and may be provided with or without the beneficiary present. Family adaptive behavior treatment 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."

Provider qualifications: These services shall be provided by licensed healthcare professionals and staff under the supervision of a licensed healthcare professional in accordance with state law. Providers of Applied Behavior Analysis may include any of the following: LMHP, LMHP-S, LMHP-R, LMHP-RP (all of which are defined in 3.1A&B, pages 31 and 31.1) LABA, or RBTs (defined below).

"Licensed Assistant Behavioral Analyst" or "LABA" means a Board Certified Assistant Behavior Analyst licensed by the Virginia Board of Medicine in accordance with state law.

"Registered behavior technician" or "RBT" means a paraprofessional certified by the Behavior Analyst Certification Board.

Assessment and Family Adaptive Behavior Treatment must be provided by a LMHP. LABAs, LMHP-Rs, LMHP-RPs and LMHP-Ss may assist with these activities in accordance with state law

Limits:

1. ASD services including ABA shall be covered for individuals younger than 21 years of age when determined by DMAS or its contractor to be medically necessary to correct or ameliorate significant impairments in major life activities that have resulted from either developmental, behavioral, or mental disabilities.

2. Service authorization shall be required for these services. (Service authorization is not required for assessment.)

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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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

AMOUNT, DURATION, AND SCOPE OF MEDICAL
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State of VIRGINIA
**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 <https://www.dmas.virginia.gov/for-providers/procedure-fee-files-cpt-codes/> - go to the header for HCPC Codes and look for this service.

d-2. Residential Crisis Stabilization is reimbursed based on a per-diem unit. 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 December 1, 2021 and is effective for services on or after that date. All rates are published on the agency's website at <https://www.dmas.virginia.gov/for-providers/procedure-fee-files-cpt-codes/> - go to the header for HCPC Codes and look for this service.

d-3. 23-Hour Residential Crisis Stabilization is a form of Residential Crisis Stabilization that is provided as a 23-hour service and is reimbursed on a per-diem unit. 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 December 1, 2021 and is effective for services on or after that date. All rates are published on the agency's website at <https://www.dmas.virginia.gov/for-providers/procedure-fee-files-cpt-codes/> - go to the header for HCPC Codes and look for this service.

d-4. Multisystemic Therapy is reimbursed based on a 15-minute unit of service. 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 December 1, 2021, and is effective for services on or after that date. All rates are published on the agency's website at <https://www.dmas.virginia.gov/for-providers/procedure-fee-files-cpt-codes/> - go to the header for HCPC Codes and look for this service.

d-5. Functional Family Therapy is reimbursed based on a 15-minute unit of service. 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 December 1, 2021, and is effective for services on or after that date. All rates are published on the agency's website at <https://www.dmas.virginia.gov/for-providers/procedure-fee-files-cpt-codes/> - go to the header for HCPC Codes and look for this service.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State of VIRGINIA
**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 <https://www.dmas.virginia.gov/for-providers/procedure-fee-files-cpt-codes/> - 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 <https://www.dmas.virginia.gov/for-providers/procedure-fee-files-cpt-codes/> - go to the header for HCPC Codes and look for this service.
- g. **Mobile Crisis Response** is reimbursed based on a 15-minute unit of service. The rates account for the wages, employee costs, and other allowable costs associated with providing this service. 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 December 1, 2021, and is effective for services on or after that date. All rates are published on the agency's website at <https://www.dmas.virginia.gov/for-providers/procedure-fee-files-cpt-codes/> - 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 <https://www.dmas.virginia.gov/for-providers/procedure-fee-files-cpt-codes/> - go to the header for HCPC Codes and look for this service.
- i. **Community Stabilization** is reimbursed on a 15 minute unit of service that accounts for the wages, employee costs, and other allowable costs associated with providing this service. 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 December 1, 2021, and is effective for services on or after that date. All rates are published on the agency's website at <https://www.dmas.virginia.gov/for-providers/procedure-fee-files-cpt-codes/> - 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 <https://www.dmas.virginia.gov/for-providers/procedure-fee-files-cpt-codes/> - 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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- 16.6. Applied Behavior Analysis Services are reimbursed based on a 15-minute unit of service. The agency's rates were set as of April 1, 2012 and are effective for services on or after that date. All governmental and private providers are reimbursed according to the same published fee schedule, located on the agency's website at the following address:
<https://www.dmas.virginia.gov/for-providers/procedure-fee-files-cpt-codes/> - go to the header "Search CPT Codes."

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