



COMMONWEALTH of VIRGINIA

Office of the Governor

John E. Littel

Secretary of Health and Human Resources

February 14, 2022

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 22-003, entitled "Addiction Recovery Treatment Services" 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 that reads "John E. Littel".

John E. Littel

Attachment

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

Transmittal Summary

SPA 22-003

I. IDENTIFICATION INFORMATION

Title of Amendment: Addiction Recovery Treatment Services

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 SPA allows DMAS to make the following changes to align with the Department's current practices: (1) adds certified substance abuse counselors (CSACs) and CSAC-Supervisees to the list of staff that can conduct multidimensional assessments for intensive outpatient services and partial hospitalization, pursuant to the Virginia Department of Health Professions' Board of Counseling guidance regarding CSACs' and CSAC-Supervisees' scopes of practice; (2) removes the requirement that multidimensional assessments for intensive outpatient services include a physical examination and laboratory testing, in accordance with the American Society of Addiction Medicine's (ASAM's) definition of multidimensional assessments; and, (3) incorporates assessments to determine if an individual meets the diagnostic criteria for substance-related and/or addictive disorder into the service component definitions of intensive outpatient services and partial hospitalization, in accordance with ASAM criteria, and specifies that credentialed addiction treatment professionals shall conduct these diagnostic assessments.

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 Services"

Impact: There are no costs associated with this SPA because the changes align with DMAS' current practices.

Tribal Notice: Please see attached.

Prior Public Notice: N/A

Public Comments and Agency Analysis: N/A



Lee, Meredith <meredith.lee@dmas.virginia.gov>

Tribal Notice - Updates to Addiction and Recovery Treatment Services

1 message

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

Thu, Jan 13, 2022 at 3:12 PM

To: TribalOffice@monacannation.com, "chiefannerich@aol.com" <chiefannerich@aol.com>, Gerald Stewart <wasandson@cox.net>, Pam Thompson <Pamelathompson4@yahoo.com>, rappahannocktrib@aol.com, regstew007@gmail.com, robert.gray@pamunkey.org, Rufus Elliott <tribaladmin@monacannation.com>, Stephen Adkins <chiefstephenadkins@gmail.com>, Frank <WFrankAdams@verizon.net>, "bradbybrown@gmail.com" <bradbybrown@gmail.com>, "Garrett, Tabitha (IHS/NAS/RIC)" <tabitha.garrett@ihs.gov>, Kara.Kearns@ihs.gov, Keithfanders@gmail.com

Cc: Meredith Lee <meredith.lee@dmas.virginia.gov>

Dear Tribal Leaders and Indian Health Programs:

Attached is a Tribal Notice letter from Virginia Medicaid Director Karen Kimsey relating to updates to Addiction and Recovery Treatment Services.

Please let us know if you have any questions.

Thank you! -- Emily McClellan

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Emily McClellan
Policy, Regulation, and Member Engagement Division Director
Virginia Department of Medical Assistance Services
[600 East Broad Street](#)
[Richmond, VA 23219](#)
(804) 371-4300
www.dmas.virginia.gov



 **Tribal Notice letter.pdf**
310K



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

January 13, 2022

SUBJECT: Notice of Opportunity for Tribal Comment – State Plan Amendment related to Addiction Recovery Treatment 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 & Medicaid Services (CMS). Specifically, DMAS is providing you notice about a State Plan Amendment (SPA) that the Agency will file with CMS to make the following changes to align with the Department's current practices: (1) adding certified substance abuse counselors (CSACs) and CSAC-Supervisees to the list of staff that can conduct multidimensional assessments for intensive outpatient services and partial hospitalization, pursuant to the Virginia Department of Health Professions' Board of Counseling guidance regarding CSACs' and CSAC-Supervisees' scopes of practice; (2) removing the requirement that multidimensional assessments for intensive outpatient services include a physical examination and laboratory testing, in accordance with the American Society of Addiction Medicine's (ASAM's) definition of multidimensional assessments; and, (3) incorporates assessments to determine if an individual meets the diagnostic criteria for substance-related and/or addictive disorder into the service component definitions of intensive outpatient services and partial hospitalization, in accordance with ASAM criteria, and specifies that credentialed addiction treatment professionals shall conduct these diagnostic assessments.

The tribal comment period for this SPA is open through February 12, 2022. You may submit your comments directly to Meredith Lee, DMAS Policy, Regulation, and Member Engagement 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,

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

Karen Kimsey

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**

5. Intensive Outpatient Services

| <u><i>Service Component Definitions – Intensive Outpatient Services</i></u> | <u><i>Staff That Provide Service Components</i></u> |
|--|--|
| <p><u>Multidimensional Assessment</u>: means the individualized, person-centered biopsychosocial assessment performed face-to-face, in which the provider obtains comprehensive information from the individual (including family members and significant others as needed) including history of the present illness; family history; developmental history; alcohol, tobacco, and other drug use or addictive behavior history; personal/social history; legal history; psychiatric history; medical history; spiritual history as appropriate; review of systems; mental status exam; physical examination; formulation and diagnoses; survey of assets, vulnerabilities and supports; and treatment recommendations.</p> <p>The multidimensional assessment shall include a physical examination and laboratory testing necessary for substance use disorder treatment as necessary.</p> | <p>Credentialed addiction treatment professional, <u>CSAC, CSAC-supervisee</u></p> |
| <p><u>Diagnosis of substance use disorder</u> means the assessment to determine the individual meets the diagnostic criteria for substance-related and/or addictive disorder of the current edition of the <u>Diagnostic and Statistical Manual of Mental Disorders (DSM) of the American Psychiatric Association.</u></p> | <p>Credentialed addiction treatment professional</p> |
| <p>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.</p> | <p>Credentialed addiction treatment professional</p> |
| <p>Individual, Family, and Group Psychotherapy: 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.</p> | <p>Credentialed addiction treatment professional</p> |

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State of VIRGINIA

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

6. Partial Hospitalization

| <u><i>Service Component Definitions – Partial Hospitalization</i></u> | <u><i>Staff That Provide Service Components</i></u> |
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| <p><u>Multidimensional Assessment</u>: means the individualized, person-centered biopsychosocial assessment performed face-to-face, in which the provider obtains comprehensive information from the individual (including family members and significant others as needed) including history of the present illness; family history; developmental history; alcohol, tobacco, and other drug use or addictive behavior history; personal/social history; legal history; psychiatric history; medical history; spiritual history as appropriate; review of systems; mental status exam; physical examination; formulation and diagnoses; survey of assets, vulnerabilities and supports; and treatment recommendations.</p> <p>The multidimensional assessment shall include a physical examination and laboratory testing necessary for substance use disorder treatment as necessary.</p> | <p>Physician, Nurse practitioners or Physician Assistants licensed by the state</p> <p>Credentialed addiction treatment professional, <u>CSAC, CSAC-supervisee</u></p> |
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| <p><u>Treatment Planning</u>: 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.</p> | <p>Physician, Nurse practitioners or Physician Assistants licensed by the state</p> <p>Credentialed addiction treatment professional</p> |
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| <p><u>Psychoeducational substance use disorder counseling</u>: means (i) a specific form of counseling aimed at helping individuals who have a substance use disorder or co-occurring substance use and mental illness and their family members or caregivers to access clear and concise information about substance use disorders or co-occurring substance use disorder and mental illness and (ii) a way of accessing and learning strategies to deal with substance use disorders or mental illness and its effects in order to design effective treatment plans and strategies.</p> | <p>Credentialed addiction treatment professional, CSAC, CSAC-supervisee</p> |

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

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| 1. TRANSMITTAL NUMBER ____ _ | 2. STATE ____ |
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| 3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT XIX XXI |
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TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

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| 4. PROPOSED EFFECTIVE DATE |
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| 5. FEDERAL STATUTE/REGULATION CITATION |
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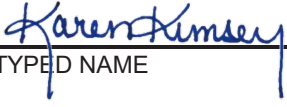
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| 6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) |
| a. FFY _____ \$ _____ |
| b. FFY _____ \$ _____ |

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| 7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT |
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| 8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) |
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| 9. SUBJECT OF AMENDMENT |
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| 10. GOVERNOR'S REVIEW (Check One) | |
| <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL | <input type="checkbox"/> OTHER, AS SPECIFIED: Secretary of Health and Human Resources |

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| 11. SIGNATURE OF STATE AGENCY OFFICIAL  |
| 12. TYPED NAME |
| 13. TITLE |
| 14. DATE SUBMITTED |

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| 15. RETURN TO |
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| FOR CMS USE ONLY | |
| 16. DATE RECEIVED | 17. DATE APPROVED |

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| 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 |

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| 22. REMARKS |
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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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