



COMMONWEALTH of VIRGINIA

Office of the Governor

John E. Littel
Secretary of Health and Human Resources

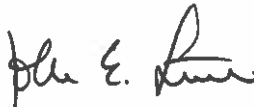
March 8, 2022

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 22-008, entitled "Remove Limit on Mental Health & Substance Use Disorder Case Management" to the Plan for Medical Assistance for the Commonwealth. I request that your office approve this change as quickly as possible.

Sincerely,


John E. Littel

Attachment

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

Transmittal Summary

SPA 22-008

I. IDENTIFICATION INFORMATION

Title of Amendment: Remove Limit on Mental Health & Substance Use Disorder Case Management

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 is necessary to align with the Centers for Medicare & Medicaid Services (CMS) Medicaid Mental Health Parity Rule, issued on March 30, 2016. The overall objective of the Medicaid Mental Health Parity Rule is to ensure that accessing mental health and substance use disorder services is no more difficult than accessing medical/surgical services.

To comply with the Parity Rule, the Department of Medical Assistance Services (DMAS) must remove the limit of no more than two one-month periods of mental health and substance use disorder case management prior to discharge during a 12 month period for individuals in institutions of mental diseases (IMDs) (this does not include individuals between ages 22 and 64 who are served in IMDs). DMAS' Medicaid managed care plans and the Department's Behavioral Health Services Administrator (BHSA) are not currently applying the limits. For individuals served in IMDs, mental health and substance use disorder case management must be based on medical necessity and not be limited to no more than two one-month periods during a 12-month period. The citation for the federal regulation to remove the limits can be found in 42 CFR 438.910(b)(1).

Substance and Analysis: The section of the State Plan that is affected by this amendment is "Case Management Services"

Impact: There are no costs associated with this SPA.

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 – Remove Limit on Mental Health & Substance Use Disorder Case Management

1 message

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

Mon, Feb 28, 2022 at 4:42 PM

To: TribalOffice@monacannation.com, chiefannerich@aol.com, jerry.stewart@cit-ed.org, Pamelathompson4@yahoo.com, rappahannocktrib@aol.com, regstew007@gmail.com, Robert Gray <robert.gray@pamunkey.org>, tribaladmin@monacannation.com, Sam Bass <samflyingeagle48@yahoo.com>, chiefstephenadkins@gmail.com, WFrankAdams@verizon.net, bradbybrown@gmail.com, heather.hendrix@ihs.gov, tabitha.garrett@ihs.gov, Kara.Kearns@ihs.gov

Dear Tribal Leaders and Indian Health Programs:

Attached is a Tribal Notice letter from Virginia Medicaid Director Karen Kimsey indicating that the Dept. of Medical Assistance Services (DMAS) plans to submit a State Plan Amendment (SPA) to the federal Centers for Medicare and Medicaid Services. This SPA will allow DMAS to revise the state plan to align with the Mental Health Parity Rule. Specifically, DMAS will remove the limit of no more than two one-month periods of mental health and substance use disorder case management prior to discharge during a 12 month period for individuals in institutions of mental diseases (IMDs) (this does not include individuals between ages 22 and 64 who are served in IMDs).


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

Thank you! -- Meredith Lee

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Meredith Lee
Policy, Regulations, and Manuals Supervisor
Division of Policy, Regulation, and Member Engagement
Department of Medical Assistance Services
600 East Broad Street
Richmond, VA 23219
meredith.lee@dmas.virginia.gov
(804) 371-0552



 **Tribal Notice letter, signed.pdf**
304K



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 28, 2022

SUBJECT: Notice of Opportunity for Tribal Comment – State Plan Amendment related to removing the limit on mental health & substance use disorder case management.

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 conform to the CMS Medicaid Mental Health Parity Rule, which ensures that accessing mental health and substance use disorder services is no more difficult than accessing medical/surgical services. To comply with the Parity Rule, DMAS must remove the limit of no more than two one-month periods of mental health and substance use disorder case management prior to discharge during a 12 month period for individuals in institutions of mental diseases (IMDs) (this does not include individuals between ages 22 and 64 who are served in IMDs). DMAS' Medicaid managed care plans and the Department's Behavioral Health Services Administrator are not currently applying the limits. For individuals served in IMDs, mental health and substance use disorder case management must be based on medical necessity and not be limited to no more than two one-month periods during a 12-month period. The citation for the federal regulation to remove the limits can be found in 42 CFR 438.910(b)(1).

The tribal comment period for this SPA is open through March 30, 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

CASE MANAGEMENT SERVICES

§3. Youth at risk of serious emotional disturbance. (12 VAC 30-50-430)

A. Target Group: Medicaid eligible individuals who meet the ~~DMHMRSAS~~ DBHDS definition of youth at risk of serious emotional disturbance.

1. An active client shall mean an individual for whom there is a plan of care in effect which requires regular direct or client-related contacts or communication or activity with the client, family, service providers, significant others and others including at least one face-to-face contact every 90-days. Billing can be submitted for an active client only for months in which direct or client-related contacts, activity or communications occur.
2. ~~There shall be no maximum service limits for case management services except case management services for individuals residing in institutions or medical facilities. For these individuals residing in institutions of mental diseases (IMDs) as defined in 1905(i) of the Social Security Act, reimbursement for case management shall be limited to thirty 30 calendar days immediately preceding discharge. Case management for institutionalized individuals may be billed for no more than two pre-discharge periods in 12 months.~~

B. Areas of State in which services will be provided:

- Entire State
- Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than Statewide:

C. Comparability of Services

- Services are provided in accordance with section 1902(a)(10)(B) of the Act.
- Services are not comparable in amount, duration, and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.

D. Definition of Services: Mental health services. Case management services assist youth at risk of serious emotional disturbance in accessing needed medical, psychiatric, social, educational, vocational, and other supports essential to meeting basic needs. Services to be provided include:

1. Assessment and planning services, to include developing an Individual Service Plan;

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

CASE MANAGEMENT SERVICES

§ 12. Target Group (42 Code of Federal Regulations 441.18(a)(8)(i) and 441.18(a)(9)):

X The Medicaid eligible individual shall meet the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) diagnostic criteria for a substance use disorder. Tobacco-related disorders or caffeine-related disorders and nonsubstance-related disorders shall not be covered. Target group includes individuals transitioning to a community setting. For individuals residing in institutions of mental diseases (IMDs) as defined in 1905(i) of the Social Security Act, reimbursement for case management shall be limited to 30 calendar days immediately preceding discharge. Case management services will be made available for the month (no more than 30 days) prior to discharge from a covered stay in a medical institution. This is limited to two one-month period during a 12 month period. (The target group does not include individuals between ages 22 and 64 who are served in Institutions for Mental Disease or individuals who are inmates of public institutions). (State Medicaid Directors Letter (SMDL), July 25, 2000).

A. Areas of State in which services will be provided (§ 1915(g)(1) of the Act):

X Entire State
____ Only in the following geographic areas:

B. Comparability of services (§§ 1902(a)(10)(B) and 1915(g)(1)):

____ Services are provided in accordance with § 1902(a)(10)(B) of the Act.
X Services are not comparable in amount, duration, and scope (1915(g)(1)).

C. Definition of services (42 CFR 440.169): Targeted case management services are defined as services furnished to assist individuals, eligible under the State Plan, in gaining access to needed medical, social, educational and other services. Targeted Case Management includes the following assistance: An individual receiving substance use case management (~~SU-CM~~) services shall have an active individual service plan (ISP) that requires a minimum of two substance use case management service activities each month and at least one face-to-face contact with the individual at least every 90 calendar days.

- ❖ Comprehensive assessment and periodic reassessment of individual needs, to determine the need for any medical, education, social or other services. These assessment activities include:
- Taking client history;
 - Identifying the individual's needs and completing related documentation; and
 - Gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the eligible individual;
 - Periodic reassessments include evaluating and updating the individual's progress toward meeting the individualized service plan objectives and shall occur as needed and at a minimum every 90 calendar days during a review of the ISP with the individual.

TN No. 17-008

Approval Date 08-25-16

Effective Date 08-02-16

Supersedes

TN No. New
Page

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

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

4. PROPOSED EFFECTIVE DATE

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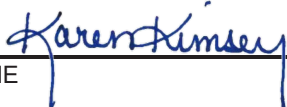
6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY _____ \$ _____
b. FFY _____ \$ _____

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
--

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

9. SUBJECT OF AMENDMENT

10. GOVERNOR'S REVIEW (Check One)	
GOVERNOR'S OFFICE REPORTED NO COMMENT	OTHER, AS SPECIFIED:
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	Secretary of Health and Human Resources
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	

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

15. RETURN TO

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

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

CASE MANAGEMENT SERVICES

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State of VIRGINIA

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- Periodic reassessments include evaluating and updating the individual's progress toward meeting the individualized service plan objectives and shall occur as needed and at a minimum every 90 calendar days during a review of the ISP with the individual.

TN No. 22-0008

Approval Date

Effective Date 01-01-22

Supersedes
TN No.
17-008_____