



COMMONWEALTH of VIRGINIA

Office of the Governor

Daniel Carey, MD
Secretary of Health and Human Resources

October 13, 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 21-023, entitled "Enhanced Behavioral Health – Part 2" 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 "Daniel Carey".

Daniel Carey, MD, MHCM

Attachment

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

Transmittal Summary

SPA 21-023

I. IDENTIFICATION INFORMATION

Title of Amendment: Enhanced Behavioral Health – Part 2

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. These changes are being made in accordance with the 2021 Special Session, Items 313.YYY(2), (3), and (4).

Purpose: The changes in this SPA are the second part of Project BRAVO, which includes programmatic changes and reimbursement rates for the following enhanced behavioral health services: multisystemic therapy, functional family therapy, crisis intervention services, crisis stabilization services, and behavioral therapy.

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 Rate – Other Types of Care.”

Impact: The expected increase in annual aggregate expenditures is \$3,829,700 in state general funds and \$6,822,92 in federal funds in federal fiscal year 2022.

Tribal Notice: Please see Attachments A-1 and A-2.

Prior Public Notice: Please see Attachment B.



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

Tribal Notice: Supplemental Payments to Eastern Virginia Medical School

1 message

Mcclellan, Emily <emily.mcclellan@dmas.virginia.gov> Tue, Aug 24, 2021 at 12:13 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>, Samuel Bass <samflyingeagle48@yahoo.com>, Stephen Adkins <chiefstephenadkins@gmail.com>, Frank <WFrankAdams@verizon.net>, "bradbybrown@gmail.com" <bradbybrown@gmail.com>, heather.hendrix@ihs.gov, "Garrett, Tabitha (IHS/NAS/RIC)" <tabitha.garrett@ihs.gov>, Kara.Kearns@ihs.gov

Dear Tribal Leaders and Indian Health Programs:

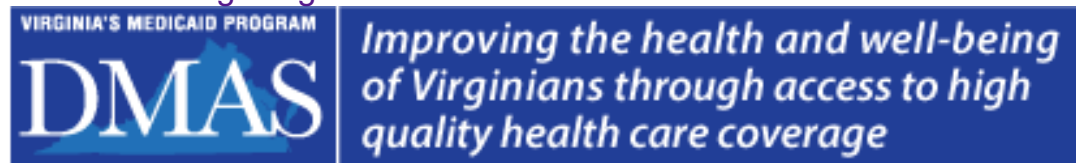
Attached is a Tribal Notice letter from Virginia Medicaid Director Karen Kimsey indicating that the Dept. of Medical Assistance Services (DMAS) plans to submit a State Plan Amendment (SPA) to the federal Centers for Medicare and Medicaid Services. This SPA will allow DMAS to update the state plan text related to supplemental payments made to physicians affiliated with Eastern Virginia Medical School.

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! -- 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



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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

September 9, 2021

SUBJECT: Notice of Opportunity for Tribal Comment – State Plan Amendment related to changes to 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 programmatic changes and reimbursement rates for the following: multisystemic therapy, functional family therapy, crisis intervention services, crisis stabilization services, and behavioral therapy.

The tribal comment period for this SPA is open through October 10, 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
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

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 Part 2**

Date Posted: 9/9/2021

Expiration Date: 12/31/2021

Submitted to Registrar for publication: YES

No comment forum defined for this notice.

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 September 30, 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

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 2021 Special Session, Items 313.YYY(2), (3), and (4), DMAS will be making the following changes:

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

The state plan is being revised to implement programmatic changes and reimbursement rates for the following services: multisystemic therapy, functional family therapy, crisis intervention services, crisis stabilization services, and behavioral therapy.

The expected increase in annual aggregate expenditures is \$3,829,700 in state general funds and \$6,822,942 in federal funds in federal fiscal year 2022.

Contact Information

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

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

AMOUNT, DURATION, AND SCOPE OF MEDICAL
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~~Covered Services~~

~~1. Mental health services. The following services, with their definitions, shall be covered: Therapeutic Day Treatment/Partial Hospitalization, psychosocial rehabilitation, crisis services, intensive community treatment (ICT) and independent living and recovery services. Staff travel time shall not be included in a billable time for reimbursement.~~

~~a. Therapeutic Day Treatment/partial hospitalization services shall be provided to groups of individuals in a nonresidential setting.~~

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Mobile Crisis Response ~~Crisis Intervention~~:

Service Definition: Mobile Crisis Response is a rehabilitative benefit provided according to 42 CFR 440.130(d). Mobile Crisis Response ~~intervention~~ shall provide immediate ~~mental~~ behavioral health care, available 24 hours a day, seven days per week, to assist individuals who are experiencing an acute ~~psychiatric dysfunction~~ 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 ~~intervention~~ activities shall include assessment, short-term counseling designed to stabilize the individual, crisis ~~intervention treatment~~, health literacy counseling, peer recovery support services, and care coordination. 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. Definitions of staff qualifications are provided in Attachment 3.1 A&B, Supplement 1, pages 31 through 31.3. LMHP-R, RP, 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 31.1. QPPMH means the same as the term “Qualified Paraprofessional in Mental Health” on page 31.3. 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><i>Service Component Definitions –Crisis Intervention Mobile Crisis Response</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 behavioral health status. It includes documented history of the severity, intensity, and duration of mental behavioral health care problems and issues.	LMHP, LMHP-R, LMHP-RP, LMHP-S Certified Pre-Screener
<u>“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.</u>	<u>LMHP, LMHP-R, LMHP-RP, LMHP-S QMHP-A, QMHP-C QMHP-E, CSAC, CSAC-supervisee</u>

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<p>"Counseling-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 <u>health</u> disorders and associated distresses that interfere with mental <u>behavioral</u> health.</p>	LMHP, LMHP-R, LMHP-RP, LMHP-S
<p>"Crisis treatment-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>	LMHP, LMHP-R, LMHP-RP, LMHP-S Certified Pre-Screener <u>QMHP-A, QMHP-C, QMHP-E, CSAC, CSAC-supervisee, CSAC-A</u>
<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>	<u>LMHP, LMHP-R, LMHP-RP, LMHP-S, CSAC, CSAC-supervisee</u>
<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.</p>	<u>PRS</u>
<p>"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.</p>	LMHP, LMHP-R, LMHP-RP, LMHP-S Certified Pre-Screener, <u>QMHP-A, QMHP-C, QMHP-E, CSAC, CSAC-supervisee, or CSAC-A</u>

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

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

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e. Community Crisis Stabilization

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

These services include assessment, psychiatric evaluation including medication evaluation, assistance with medication management, restorative facilitation, individual and group therapy, peer recovery support services and care coordination.

(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. Definitions of staff qualifications are provided in Attachment 3.1 A&B, Supplement 1, pages 31 through 31.3. LMHP R, RP, 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 31.1.

<u>Service Component Definitions – Community Crisis Stabilization</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 <u>mental behavioral health</u> status. It includes documented history of the severity, intensity, and duration of <u>mental behavioral health</u> care problems and issues.	LMHP LMHP-R LMHP-RP LMHP-S

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<p>“Psychiatric evaluation including medication evaluation” means pharmaceutical assessment and treatment or prescription medication intervention and ongoing care to prevent future crises of a psychiatric nature</p>	<p>Psychiatrist licensed by the state</p>
<p><u>“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.</u></p>	<p><u>LMHP, LMHP-R, LMHP-RP, LMHP-S, QMHP-A, QMHP-C, QMHP-E, CSAC, CSAC-supervisee</u></p>
<p><u>“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.</u></p>	<p><u>LMHP, LMHP-R, LMHP-RP, LMHP-S, QMHP-A, QMHP-C, QMHP-E, CSAC, CSAC-supervisee, CSAC-A</u></p>
<p><u>“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.</u> “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. Assistance with medication management is only available to parents and guardians when it is for direct benefit of the child or the child is present.</p>	<p><u>LMHP, LMHP-R, LMHP-RP, LMHP-S, CSAC, CSAC-supervisee</u></p>
<p><u>“Restorative facilitation 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.</u></p>	<p><u>LMHP, LMHP-R, LMHP-RP, LMHP-S, QMHP-A, QMHP-C, or QMHP-E, or a QPPMH under the supervision of a QMHP-A, C, or E.</u></p>

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<p>"Counseling-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 <u>health</u> disorders and associated distresses that interfere with mental <u>behavioral</u> health.</p>	<p>LMHP, LMHP-R, LMHP-RP, LMHP-S</p>
<p><u>"Peer Recovery Support Services"</u> 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><u>PRS</u></p>
<p>"Care coordination" means locating and coordinating services across multiple providers to include collaborating and sharing of information among health care providers, <u>and others</u> who are involved with an individual's health care, to improve the restorative care and align service plans. <u>Care coordination must include locating and coordinating a psychiatric evaluation.</u></p>	<p>LMHP, LMHP-R, LMHP-RP, LMHP-S, QMHP-A, QMHP-C, or QMHP-E, <u>CSAC, CSAC-supervisee, or CSAC-A.</u> , or a QPPMH under the supervision of a QMHP-A, C, or E.</p>

~~(3) This service is 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.~~

(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 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.

The goal of Residential Crisis Stabilization is to stabilize and reintegrate the individual back into the community. Residential Crisis Stabilization can also serve as a stepdown from a psychiatric admission.

(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.

<u>Service Component Definitions – Residential Crisis Stabilization</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 behavioral health status. It includes documented history of the severity, intensity, and duration of behavioral health care problems and issues.</u>	<u>LMHP, LMHP-R LMHP-RP, LMHP-S</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, QMHP-A, QMHP-C, QMHP-E, CSAC, CSAC-supervisee</u>
<u>"Psychiatric evaluation" means prescription medication intervention and ongoing care to prevent future crises of a psychiatric nature.</u>	<u>Psychiatrist, Physician Assistant or Nurse Practitioner</u>

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<p><u>“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.</u></p>	<p><u>LMHP, LMHP-R LMHP-RP, LMHP-S, CSAC or CSAC- supervisee.</u></p> <p><u>A RN or LPN with at least one year of clinical experience involving medication management</u></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><u>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.</u></p>
<p><u>"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.</u></p>	<p><u>LMHP, LMHP-R LMHP-RP, LMHP-S</u></p>
<p><u>"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.</u></p>	<p><u>LMHP, LMHP-R, LMHP-RP, LMHP-S QMHP-A, QMHP-C, QMHP-E, CSAC, CSAC- supervisee, CSAC-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 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.</u></p>	<p><u>LMHP, LMHP-R, LMHP- RP, LMHP-S, QMHP-A, QMHP-C, QMHP-E,</u></p>

TN No. 21-023

Approval Date _____

Effective Date 12/1/2021

Supersedes

TN No. New page

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and MEDICALLY NEEDY

	<u>CSAC, CSAC-supervisee, or CSAC-A</u>
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(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.

Residential Crisis Stabilization 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 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 neighborhood/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>
<u>“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.</u>	<u>LMHP, LMHP-R, LMHP-RP or LMHP-S</u>
<u>“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.</u>	<u>MST Professional</u>
<u>“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.</u>	<u>MST Professional</u>
<u>“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.</u>	<u>MST Professional</u>

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TN No. New page

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AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY
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(3) Limits on amount, duration, and scope:

- a. Organizations that provide MST must provide emergency services crisis response on a 24 hours a day, seven days a week, 365 days a year basis to individuals who are participating in this service.
- b. The MST provider must hold a license from the Department of Behavioral Health and Developmental Services and must maintain all program requirements of MST Services, LLC to provide MST services.

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Functional Family Therapy

(1) Service Definition: Functional Family Therapy (FFT) is a rehabilitative 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.

FFT consists of five major components: engagement, motivation, relational assessment, behavior change and generalization. Each of these components has its own goals, focus and intervention strategies and techniques. Therapists work with families to assess family behaviors that maintain delinquent behavior, modify dysfunctional family communication, train family members to negotiate effectively, set clear rules about privileges and responsibilities, and generalize changes to community contexts and relationships.

(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>
<u>“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.</u>	<u>LMHP, LMHP-R, LMHP-RP, LMHP-S</u>
<u>“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.</u>	<u>FFT Professional</u>
<u>“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.</u>	<u>FFT Professional</u>
<u>“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.</u>	<u>FFT Professional</u>

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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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**AMOUNT, DURATION, AND SCOPE OF MEDICAL
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N. Behavioral Therapy Services provided under EPSDT.

1. Definitions. The following words and terms when used in this subsection shall have the following meanings unless the context clearly indicates otherwise:

~~"Behavioral therapy" means systematic interventions provided by licensed practitioners acting within the scope of practice defined under a Virginia Department of Health Professions regulatory board and covered as remedial care under 42 CFR 440.130(c) to individuals younger than 21 years of age. Behavioral therapy includes applied behavioral analysis. Family training related to the implementation of the behavioral therapy shall be included as part of the behavioral therapy service. Behavioral therapy services shall be subject to clinical reviews and determined as medically necessary. Behavioral therapy may be provided in the individual's home and community settings as deemed by DMAS or its contractor as medically necessary treatment. CPT Codes 97151 – 97158, 0362T, and 0373T.~~

~~"Counseling" 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, (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.~~

~~"Individual" means the youth younger than 21 years of age who is receiving behavioral therapy services.~~

~~"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.~~

~~"Primary care provider" means a licensed medical practitioner who provides preventive and primary health care and is responsible for providing routine EPSDT screening and referral and coordination of other medical services needed by the individual.~~

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

Service Definition: Behavioral therapy services are a preventative benefit provided according to 42 CFR 440.130(c). Behavioral therapy services are covered for individuals younger than 21 years of age under EPSDT. Behavioral therapy services shall be ~~designed to promote communication skills and decrease maladaptive patterns of behavior, which if left untreated, could lead to more complex problems and the need for a greater or a more intensive level of care. The service goal shall be to ensure the individual's family or caregiver is trained to effectively manage the individual's behavior in the home using modification strategies. The service goal shall be to: 1) ameliorate the medically necessary conditions that qualified the youth for the service; 2) support and teach the individual using effective strategies and techniques; 3) ensure the individual's family or caregiver is trained to effectively manage the individual's behavior in the home and community using modification strategies. All services shall be provided in accordance with the ISP and clinical assessment summary. Services to the beneficiary's family and significant others is for the direct benefit of the beneficiary, in accordance with the beneficiary's needs and treatment goals identified in the beneficiary's treatment plan, and for the purpose of assisting in the beneficiary's recovery.~~

provided via CPT codes 97151 – 97158, 0362T, and 0373T . These services shall be provided by licensed

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healthcare professionals and staff under the supervision of a licensed healthcare professional in accordance with state law.

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<i>Service Component Definitions — Behavioral Therapy</i>	<i>Staff That Provide Service Components</i>
<p>Assessment: the face to face interaction in which the provider obtains information from the youth, and parent, guardian, or other family member or members, as appropriate, about the youth's mental health status and symptoms. It includes documented history of the severity, intensity, and duration of behavioral and emotional issues. Assessment also includes structured observation to determine levels of adaptive behavior and to evaluate a youth's social behavior to determine social skills as well as the contexts in which social responses are likely or unlikely to occur.</p>	<p>LMHP LMHP-S LMHP-R LMHP-RP LABA</p>
<p>Treatment Planning: The ISP shall demonstrate the need for Behavioral Therapy and document the methods to be used in the coordination of other professional services and medical evaluations as necessary to implement the behavior modification plan. The ISP shall specifically describe each treatment goal, targeted behavior, one or more measurable objectives for each targeted behavior, the behavioral modification strategy to be used to manage each targeted behavior, the plan for parent or caregiver training, care coordination, and the measurement and data collection methods to be used for each targeted behavior in the ISP.</p>	<p>LMHP LMHP-S LMHP-R LMHP-RP LABA</p>
<p>Behavioral training to increase the individual's adaptive functioning and communication skills. Behavioral training involves monitoring the needs of the individual and adjusting therapeutic techniques in real time to address targeted social deficits and problem behaviors using modeling, rehearsing, and corrective feedback. The practitioner develops activities in which the individual has an opportunity to practice encounters. Behavioral training includes therapeutic consultation: a supervising or higher licensed practitioner oversees and adjusts treatment provided to the youth as the treatment is occurring. The beneficiary must be present for any Therapeutic Consultation services to occur.</p>	<p>LMHP LMHP-S LMHP-R LMHP-RP LABA RBT *</p>
<p>Training a family member in behavioral modification methods: Family training involves teaching techniques to increase positive behaviors, build motivation, and develop social, communication, and adaptive skills (e.g. discrete trial teaching, modeling, social skills instruction, picture exchange communication systems, pivotal response training, social narratives, self management, and prompting) and teaching parents to provide individualized interventions for the benefit of the youth (e.g. parent implemented intervention). Family training involving the individual's family and significant others to advance the treatment goals of the individual shall be provided when (i) the training with the family member or significant other is for the direct benefit of the individual, (ii) the training is not aimed at addressing the treatment needs of the individual's family or significant others, (iii) the individual is present except when it is clinically appropriate for the individual to be absent in order to advance the individual's treatment goals, and (iv) the training is aligned with the goals of the individual's treatment plan.</p>	<p>LMHP LMHP-S LMHP-R LMHP-RP LABA RBT *</p>

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~~Provider qualifications are defined in Attachment 3.1 A&B, Supplement 1, pages 31 through 31.3.~~

~~* Unlicensed personnel may be utilized to perform: 1) non-client related tasks, including clerical and maintenance activities and the preparation of the work area and equipment; and 2) certain routine client related tasks that, in the opinion of and under the supervision of an LMHP, LMHP-R, LMHP RP, LMHP S, or LABA, have no potential to adversely impact the client or the client's treatment plan and do not constitute the practice of behavior analysis.~~

Limits:

1. Behavioral therapy services shall be covered for individuals younger than 21 years of age when recommended by the individual's primary care provider, licensed physician, licensed physician assistant, or licensed nurse practitioner and 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. Reimbursement for the assessment and the initial ISP shall be limited to five hours without service authorization. If additional time is needed to complete these documents, service authorization shall be required.~~

~~3.~~ 2. Service authorization shall be required for behavioral therapy services.

~~3. Behavioral therapy services shall not be reimbursed concurrently with community mental health services or behavioral, psychological, or psychiatric therapeutic consultation.~~

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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.

d-2. Residential Crisis Stabilization is reimbursed based on a per-diem unit. This service can also be provided as a 23 hour service, which 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 www.dmas.virginia.gov/#/searchcptcodes - go to the header for HCPC Codes and look for this service.

d-3. 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 www.dmas.virginia.gov/#/searchcptcodes - go to the header for HCPC Codes and look for this service.

d-4. 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 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 -
OTHER TYPES OF CARE**

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~~ Mobile Crisis Response is reimbursed based on the following unit of service: One unit = 15 minutes. 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 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 Community~~ Stabilization is reimbursed on a 15 minute unit ~~an hourly 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 www.dmas.virginia.gov/#/searchcptcodes - go to the header for HCPC Codes and look for this service.

h. 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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TN No. 21-001

**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, 31.9f, 31.9g, 31.9h and new pages 31.14, 31.15, 31.16, and 31.17
Attachment 4.19-B, revised pages 5.2 and 6

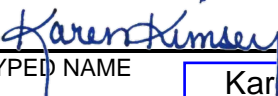
9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Same as box #8.

10. SUBJECT OF AMENDMENT
Enhanced Behavioral Health - Part 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

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 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
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and MEDICALLY NEEDY

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**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 benefit provided according to 42 CFR 440.130(d). Mobile Crisis Response ~~intervention~~ shall provide immediate ~~mental~~ behavioral health care, available 24 hours a day, seven days per week, to assist individuals who are experiencing an acute ~~psychiatric dysfunction~~ 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. Crisis Response is provided in a variety of settings including community locations where the individual 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 –Crisis Intervention Mobile Crisis Response</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 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
"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.	LMHP, LMHP-R, LMHP-RP, LMHP-S QMHP-A, QMHP-C QMHP-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-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.	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-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 service.

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and MEDICALLY NEEDY**

Community Stabilization

(1) Service definition: Community Stabilization service is a rehabilitative 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 ~~mental~~ 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.

These services include assessment, psychiatric evaluation including medication evaluation, assistance with medication management, restorative facilitation, individual and group therapy, peer recovery support services and care coordination.

(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.

<u>Service Component Definitions – Community Stabilization</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 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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"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.	LMHP, LMHP-R, LMHP-RP, LMHP-S QMHP-A, QMHP-C QMHP-E, CSAC, CSAC-supervisee
"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-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
"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.	LMHP, LMHP-R, LMHP-RP, LMHP-S, QMHP-A, QMHP-C, or QMHP-E.

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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
"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.	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. Care coordination must include locating and coordinating a psychiatric evaluation.	LMHP, LMHP-R, LMHP-RP, LMHP-S, QMHP-A, QMHP-C, QMHP-E, CSAC, CSAC-supervisee, or CSAC-A

(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 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.

The goal of Residential Crisis Stabilization is to stabilize and reintegrate the individual back into the community. Residential Crisis Stabilization can also serve as a stepdown from a psychiatric admission.

(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.

<u>Service Component Definitions – Residential Crisis Stabilization</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 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
"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, QMHP-A, QMHP-C, QMHP-E, CSAC, CSAC-supervisee
"Psychiatric evaluation" means prescription medication intervention and ongoing care to prevent future crises of a psychiatric nature.	Psychiatrist, Physician Assistant or Nurse Practitioner

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<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>
<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 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 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 neighborhood/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
“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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(3) Limits on amount, duration, and scope:

- a. Organizations that provide MST must provide emergency services crisis response on a 24 hours a day, seven days a week, 365 days a year basis to individuals who are participating in this service.
- b. The MST provider must hold a license from the Department of Behavioral Health and Developmental Services and must maintain all program requirements of MST Services, LLC to provide MST services.

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Functional Family Therapy

(1) Service Definition: Functional Family Therapy (FFT) is a rehabilitative 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.

FFT consists of five major components: engagement, motivation, relational assessment, behavior change and generalization. Each of these components has its own goals, focus and intervention strategies and techniques. Therapists work with families to assess family behaviors that maintain delinquent behavior, modify dysfunctional family communication, train family members to negotiate effectively, set clear rules about privileges and responsibilities, and generalize changes to community contexts and relationships.

(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. Behavioral Therapy Services provided under EPSDT.

1. Definitions. The following words and terms when used in this subsection shall have the following meanings unless the context clearly indicates otherwise:

"Behavioral therapy" means CPT Codes 97151 – 97158, 0362T, and 0373T.

Service Definition: Behavioral therapy services are a preventative benefit provided according to 42 CFR 440.130(c). Behavioral therapy services are covered for individuals younger than 21 years of age under EPSDT. Behavioral therapy services shall be provided via CPT codes 97151 – 97158, 0362T, and 0373T. These services shall be provided by licensed healthcare professionals and staff under the supervision of a licensed healthcare professional in accordance with state law.

Limits:

1. Behavioral therapy services shall be covered for individuals younger than 21 years of age when recommended by the individual's primary care provider, licensed physician, licensed physician assistant, or licensed nurse practitioner and 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 behavioral therapy services.

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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.

d-2. Residential Crisis Stabilization is reimbursed based on a per-diem unit. This service can also be provided as a 23 hour service, which 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 www.dmas.virginia.gov/#/searchcptcodes - go to the header for HCPC Codes and look for this service.

d-3. 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 www.dmas.virginia.gov/#/searchcptcodes - go to the header for HCPC Codes and look for this service.

d-4. 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 www.dmas.virginia.gov/#/searchcptcodes - go to the header for HCPC Codes and look for this service.

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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. Mobile Crisis Response is reimbursed based on the following unit of service: One unit = 15 minutes. 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 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. 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 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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