



COMMONWEALTH of VIRGINIA
Office of the Governor

John Littel
Secretary of Health and Human Resources

January 5, 2024

Todd McMillion
Director
Department of Health and Human Services
Centers for Medicare and Medicaid Services
233 North Michigan Ave., Suite 600
Chicago, Illinois 60601

Dear Mr. McMillion:

Attached for your review and approval is amendment 24-0003, entitled "Non-Institutional Provider Reimbursement Changes" 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 blue ink that reads "John E. Littel".

John E. Littel

Attachment

cc: Cheryl J. Roberts, Acting Director, Department of Medical Assistance Services
CMS, Region III

Transmittal Summary

SPA 24-003

I. IDENTIFICATION INFORMATION

Title of Amendment: Non-Institutional Provider Reimbursement Changes

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: The 2023 Appropriations Act requires DMAS to make the following changes:

- a. Item 304.TTTT: The state plan is being revised to increase the reimbursement rates for Early Intervention services, excluding case management, by 12.5 percent for all children under age three enrolled in Early Intervention in Virginia Medicaid.
- b. Item 304.VVVV.1: The state plan is being revised to increase rates by 10 percent for the following Medicaid-funded community-based services: Intensive In-Home, Mental Health Skill Building, Psychosocial Rehabilitation, Therapeutic Day Treatment, Outpatient Psychotherapy, Peer Recovery Support Services -- Mental Health.
- c. Item 304.VVVV.2: The state plan is being revised to increase rates by 10 percent for the following Medicaid-funded community-based services: Comprehensive Crisis Services (which include 23-hour Crisis Stabilization, Community Stabilization, Crisis Intervention, Mobile Crisis Response, and Residential Crisis Stabilization), Assertive Community Treatment, Mental Health - Intensive Outpatient, Mental Health - Partial Hospitalization, Family Functional Therapy and Multisystemic Therapy.
- d. Item 304.WWWW: The state plan is being revised to increase the rates for mental health partial hospitalization from a per diem rate of \$250.62 to \$500.00 and shall increase the rate for mental health intensive outpatient programs from a per diem of \$159.20 to \$250.00.
- e. Item 304.YYYY: The state plan is being revised to increase the rates for agency and consumer-directed personal care services by five percent. (A corresponding rate increase of 5% will be provided for personal care services and for companion and respite services provided under home and community-based waivers, however, the increase is not included in this state plan amendment but via waiver documentation.)

Substance and Analysis: The section of the State Plan that is affected by this amendment is "Methods and Standards for Establishing Payment Rate – Other Types of Care"

Impact:

- a. Item 304.TTTT: The expected increase in annual aggregate fee-for-service expenditures is \$8,995 in state general funds and \$9,445 in federal funds in federal fiscal year 2024.
- b. Item 304.VVVV.1: The expected increase in annual aggregate fee-for-service expenditures is \$131,548 in state general funds, \$9,605 in special funds, and \$224,573 in federal funds in federal fiscal year 2024.
- c. Item 304.VVVV.2: The expected increase in annual aggregate fee-for-service expenditures is \$43,903 in state general funds, \$8,434 in special funds, and \$122,004 in federal funds in federal fiscal year 2024.
- d. Item 304.WWWW: The expected increase in annual aggregate fee-for-service expenditures is \$4,118 in state general funds, \$844 in special funds, and \$11,922 in federal funds in federal fiscal year 2024.
- e. Item 304.YYYY: The expected increase in annual aggregate fee-for-service expenditures is \$1,187 in state general funds and \$1,246 in federal funds in federal fiscal year 2024.

Tribal Notice: Please see attached.

Prior Public Notice: See Attached.

Public Comments and Agency Analysis: Please see attached.

Tribal Notice - Non-Institutional Provider Reimbursement Changes

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

Fri 12/15/2023 3:19 PM

To:TribalOffice@MonacanNation.com <TribalOffice@MonacanNation.com>;Ann Richardson <chiefannerich@aol.com>;Gerald Stewart <jerry.stewart@cit-ed.org>;pamelathompson4@yahoo.com (pamelathompson4@yahoo.com) <pamelathompson4@yahoo.com>;rappahannocktrib@aol.com (rappahannocktrib@aol.com) <rappahannocktrib@aol.com>; Reggie Stewart <regstew007@gmail.com>;Gray, Robert <robert.gray@pamunkey.org>;Adrian Compton <tribaladmin@monacannation.com>;chiefstephenadkins@gmail.com (chiefstephenadkins@gmail.com) <chiefstephenadkins@gmail.com>;bradbybrown@gmail.com (bradbybrown@gmail.com) <bradbybrown@gmail.com>; tabitha.garrett@ihs.gov (tabitha.garrett@ihs.gov) <tabitha.garrett@ihs.gov>;kara.kearns@ihs.gov (kara.kearns@ihs.gov) <kara.kearns@ihs.gov>;Mia Eubank (mia.eubank@ihs.gov) <mia.eubank@ihs.gov>;davehennaman@gmail.com <davehennaman@gmail.com>;administrator@nansemond.gov <administrator@nansemond.gov>;info@afwellness.com <info@afwellness.com>;info@fishingpointhc.com <info@fishingpointhc.com>;contact@Nansemond.gov <contact@Nansemond.gov>;brandon.custalow@mattaponination.com <brandon.custalow@mattaponination.com>; admin@umitribe.org <admin@umitribe.org>

📎 1 attachments (224 KB)

Tribal_Notice_letter_V.2_SignedCR.pdf;

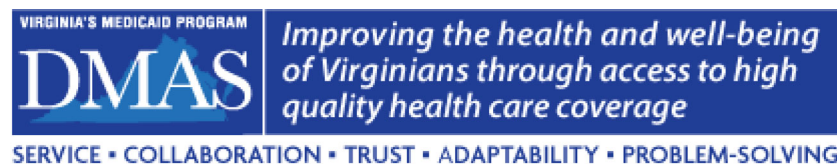
Dear Tribal Leaders and Indian Health Programs:

Attached is a Tribal Notice letter from Virginia Medicaid Acting Director Cheryl Roberts 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 make non-institutional provider reimbursement changes as a result of items in the 2023 Appropriations Act.

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

Meredith Lee
Division of Policy, Regulation, and Member Engagement
Policy, Regulations, and Manuals Supervisor
Department of Medical Assistance Services
Hours: 7:00 am - 3:30 pm (Monday-Friday)
meredith.lee@dmas.virginia.gov
(804) 371-0552





COMMONWEALTH of VIRGINIA

Department of Medical Assistance Services

CHERYL J. ROBERTS
DIRECTOR

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

December 15, 2023

SUBJECT: Notice of Opportunity for Tribal Comment – State Plan Amendment related to Non-Institutional Provider Reimbursement Changes.

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 make changes to non-institutional provider reimbursement as a result of items in the 2023 Appropriations Act. These items include:

- a. Item 304.TTTT: The state plan is being revised to increase the reimbursement rates for Early Intervention services, excluding case management, by 12.5 percent for all children under age three enrolled in Early Intervention in Virginia Medicaid.
- b. Item 304.VVVV.1: The state plan is being revised to increase rates by 10 percent for the following Medicaid-funded community-based services: Intensive In-Home, Mental Health Skill Building, Psychosocial Rehabilitation, Therapeutic Day Treatment, Outpatient Psychotherapy, Peer Recovery Support Services -- Mental Health.
- c. Item 304.VVVV.2: The state plan is being revised to increase rates by 10 percent for the following Medicaid-funded community-based services: Comprehensive Crisis Services (which include 23-hour Crisis Stabilization, Community Stabilization, Crisis Intervention, Mobile Crisis Response, and Residential Crisis Stabilization), Assertive Community Treatment, Mental Health - Intensive Outpatient, Mental Health - Partial Hospitalization, Family Functional Therapy and Multisystemic Therapy.
- d. Item 304.WWWW: The state plan is being revised to increase the rates for mental health partial hospitalization from a per diem rate of \$250.62 to \$500.00 and shall increase the rate for mental health intensive outpatient programs from a per diem of \$159.20 to \$250.00.
- e. Item 304.YYYY: The state plan is being revised to increase the rates for agency and consumer-directed personal care, care services by five percent. (A corresponding rate increase of 5% will be provided for personal care services and for companion and respite services provided under home and community-based waivers, however, the increase is not included in this state plan amendment but via waiver documentation.)

We realize that the changes in this SPA may not have a significant impact on tribal providers, as the Tribes are paid at the federal All Inclusive Rate (AIR), however, we encourage you to let us know if you have any comments or questions. The tribal comment period for this SPA is open through January 14, 2024. 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 black ink, appearing to read 'Cheryl J. Roberts', written in a cursive style.

Cheryl J. Roberts



Agency

Department of Medical Assistance Services

Board

Board of Medical Assistance Services

[Edit Notice](#)

General Notice

Public Notice - Intent to Amend State Plan - Non-Institutional Provider Reimbursement Changes

Date Posted: 12/1/2023

Expiration Date: 6/1/2024

Submitted to Registrar for publication: YES

[30 Day Comment Forum](#) closed. Began on 12/1/2023 and ended 12/31/2023

**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 December 1, 2023

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 Meredith Lee, DMAS, 600 Broad Street, Suite 1300, Richmond, VA 23219, or via e-mail at: Meredith.Lee@dmas.virginia.gov.

DMAS is specifically soliciting input from stakeholders, providers and beneficiaries, on the potential impact of the proposed changes discussed in this notice. Comments or inquiries may be submitted, in writing, within 30 days of this notice publication to Meredith Lee and such comments are available for review at the same address. Comments may also be submitted, in writing, on the Town Hall public comment forum attached to this notice.

This notice is available for public review on the Regulatory Town Hall (<https://townhall.virginia.gov>) on the General Notices page, found at: <https://townhall.virginia.gov/L/generalnotice.cfm>

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

1. In accordance with the 2023 Special Session, Item 304.TTTT, the state plan is being revised to increase the reimbursement rates for Early Intervention services, excluding case management,

by 12.5 percent for all children under age three enrolled in Early Intervention in Virginia Medicaid.

The expected increase in annual aggregate fee-for-service expenditures is \$8,995 in state general funds and \$9,445 in federal funds in federal fiscal year 2024.

2. In accordance with the 2023 Special Session, Item 304.VVVV.1, the state plan is being revised to increase rates by 10 percent for the following Medicaid-funded community-based services: Intensive In-Home, Mental Health Skill Building, Psychosocial Rehabilitation, Therapeutic Day Treatment, Outpatient Psychotherapy, Peer Recovery Support Services -- Mental Health.

The expected increase in annual aggregate fee-for-service expenditures is \$131,548 in state general funds, \$9,605 in special funds, and \$224,573 in federal funds in federal fiscal year 2024.

3. In accordance with the 2023 Special Session, Item 304.VVVV.2, the state plan is being revised to increase rates by 10 percent for the following Medicaid-funded community-based services: Comprehensive Crisis Services (which include 23-hour Crisis Stabilization, Community Stabilization, Crisis Intervention, Mobile Crisis Response, and Residential Crisis Stabilization), Assertive Community Treatment, Mental Health - Intensive Outpatient, Mental Health - Partial Hospitalization, Family Functional Therapy and Multisystemic Therapy.

The expected increase in annual aggregate fee-for-service expenditures is \$43,903 in state general funds, \$8,434 in special funds, and \$122,004 in federal funds in federal fiscal year 2024.

4. In accordance with the 2023 Special Session, Item 304.WWWW, the state plan is being revised to increase the rates for mental health partial hospitalization from a per diem rate of \$250.62 to \$500.00 and shall increase the rate for mental health intensive outpatient programs from a per diem of \$159.20 to \$250.00.

The expected increase in annual aggregate fee-for-service expenditures is \$4,118 in state general funds, \$844 in special funds, and \$11,922 in federal funds in federal fiscal year 2024.

5. In accordance with the 2023 Special Session, Item 304.YYYY, the state plan is being revised to increase the rates for agency and consumer-directed personal care services by five percent. (A corresponding rate increase of 5% will be provided for personal care services and for companion and respite services provided under home and community-based waivers, however, the increase is not included in this state plan amendment but via waiver documentation.)

The expected increase in annual aggregate fee-for-service expenditures is \$1,187 in state general funds and \$1,246 in federal funds in federal fiscal year 2024.

Contact Information

Name / Title:	Meredith Lee / Policy, Regulations, and Manuals Supervisor
Address:	600 E. Broad St., Suite 1300 Richmond, 23219
Email Address:	Meredith.Lee@dmas.virginia.gov
Telephone:	(804)371-0552 FAX: (804)786-1680 TDD: (800)343-0634

*This general notice was created by Meredith Lee on 12/01/2023 at 6:23am
This general notice was last modified by Meredith Lee on 12/01/2023 at 6:25am*



Public comment forums

Make your voice heard! Public comment forums allow all Virginia's citizens to participate in making and changing our state regulations.

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Board of Medical Assistance Services

<p>View Comments</p>	<p>Public Notice - Intent to Amend State Plan - Non-Institutional Provider Reimbursement Changes</p>	<p>General Notice Public Notice - Intent to Amend State Plan - Non-Institutional Provider Reimbursement Changes</p> <p>Closed: 0 comments 12/31/23</p>
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATE-
OTHER TYPES OF CARE**

6.A. 3. Mental health services

- a. Professional services furnished by non-physicians, as described in 3.1A&B, Supplement 1, page 7 and page 11. These services are reimbursed using CPT codes. The agency's fee schedule rate is based on the methodology described in Attachment 4-19B, page 4-8 4.11, section 6
(A) 1.
 - (i) Services provided by licensed clinical psychologists shall be reimbursed at 90% of the reimbursement rate for psychiatrists in Attachment 4-19B, page 4-8 4.11, section 6 (A) 1.
 - (ii) Services provided by independently enrolled licensed clinical social workers, licensed professional counselors, licensed clinical nurse specialists-psychiatric, or licensed marriage and family therapists shall be reimbursed at 75% of the reimbursement rate for licensed clinical psychologists.
- b. Intensive In-Home, as defined per Supplement 1 to Attachment 3.1A&B, Supplement 1, page 6.0.2, and provided by the individuals who are listed in Attachment 3.1A&B, Supplement 1, page 6.0.3 and defined in Attachment 3.1A&B, Supplement 1, page 6.0.1, is reimbursed on an hourly unit of service. The Agency's rates were set as of ~~July 1, 2022~~ January 1, 2024, and are effective for services on or after that date.
- c. Therapeutic Day Treatment, as defined per Supplement 1 to Attachment 3.1A&B, page 6.0.4, and provided by the individuals who are listed in Attachment 3.1A&B, Supplement 1, page 6.1 and defined in Attachment 3.1A&B, Supplement 1, page 6.0.1, is reimbursed based on the following units of service: One unit = 2 to 2.99 hours; Two units = 3 to 4.99 hours; Three units = 5 plus hours. No room and board is included in the rates for therapeutic day treatment. The Agency's rates were set as of ~~July 1, 2022~~ January 1, 2024, and are effective for services on or after that date.
- d. Therapeutic Group Home services (formerly called Level A and Level B group home services), as defined per Supplement 1 to Attachment 3.1A&B, page 6.2, shall be reimbursed based on a daily unit of service. No room and board is included in the rates for therapeutic group home services. The Agency's rates were set as of July 1, 2022, and are effective for services on or after that date.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
 State of VIRGINIA
METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATE -
OTHER TYPES OF CARE

d-1. Mental Health Intensive Outpatient services are reimbursed based on a per-diem unit that accounts for the wages, employee costs, and other allowable costs associated with providing this service. The rate for this service does not include costs related to room and board or other unallowable facility costs. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers. The Agency's fee schedule rate was set as of ~~July 1, 2022~~ January 1, 2024, and is effective for services on or after that date. All rates are published on the agency's website at <https://www.dmas.virginia.gov/for-providers/procedure-fee-files-cpt-codes/> - go to the header for HCPC Codes and look for this service.

d-2. Residential Crisis Stabilization is reimbursed based on a per-diem unit. The rate for this service does not include costs related to room and board or other unallowable facility costs. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers. The Agency's fee schedule rate was set as of ~~July 1, 2022~~ January 1, 2024 and is effective for services on or after that date. All rates are published on the agency's website at <https://www.dmas.virginia.gov/for-providers/procedure-fee-files-cpt-codes/> - go to the header for HCPC Codes and look for this service.

d-3. 23-Hour Residential Crisis Stabilization is a form of Residential Crisis Stabilization that is provided as a 23-hour service and is reimbursed on a per-diem unit. The rate for this service does not include costs related to room and board or other unallowable facility costs. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers. The Agency's fee schedule rate was set as of ~~July 1, 2022~~ January 1, 2024 and is effective for services on or after that date. All rates are published on the agency's website at <https://www.dmas.virginia.gov/for-providers/procedure-fee-files-cpt-codes/> - go to the header for HCPC Codes and look for this service.

d-4. Multisystemic Therapy is reimbursed based on a 15-minute unit of service. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers. The Agency's fee schedule rate was set as of ~~July 1, 2022~~ January 1, 2024, and is effective for services on or after that date. All rates are published on the agency's website at <https://www.dmas.virginia.gov/for-providers/procedure-fee-files-cpt-codes/> - go to the header for HCPC Codes and look for this service.

d-5. Functional Family Therapy is reimbursed based on a 15-minute unit of service. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers. The Agency's fee schedule rate was set as of ~~July 1, 2022~~ January 1, 2024, and is effective for services on or after that date. All rates are published on the agency's website at <https://www.dmas.virginia.gov/for-providers/procedure-fee-files-cpt-codes/> - go to the header for HCPC Codes and look for this service.

TN No. 22-0018

Approval Date March 13, 2023

Effective Date 07/01/2022

Supersedes

TN No. 21-023

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State of VIRGINIA
**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, 2022~~ January 1, 2024, and is effective for services on or after that date. All rates are published on the agency's website at <https://www.dmas.virginia.gov/for-providers/procedure-fee-files-cpt-codes/> - go to the header for HCPC Codes and look for this service.
- f. Psychosocial Rehabilitation is reimbursed based on the following units of service: One unit = 2 to 3.99 hours per day; Two units = 4 to 6.99 hours per day; Three units = 7 + hours per day. The rates account for the wages, employee costs, and other allowable costs associated with providing this service. The Agency's rates were set as of ~~July 1, 2022~~ January 1, 2024, and are effective for services on or after that date. All rates are published on the agency's website at <https://www.dmas.virginia.gov/for-providers/procedure-fee-files-cpt-codes/> - go to the header for HCPC Codes and look for this service.
- g. Mobile Crisis Response is reimbursed based on a 15-minute unit of service. The rates account for the wages, employee costs, and other allowable costs associated with providing this service. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers. The Agency's fee schedule rate was set as of ~~July 1, 2022~~ January 1, 2024, and is effective for services on or after that date. All rates are published on the agency's website at <https://www.dmas.virginia.gov/for-providers/procedure-fee-files-cpt-codes/> - go to the header for HCPC Codes and look for this service.
- h. Assertive Community Treatment is reimbursed on a daily unit of service that accounts for the wages, employee costs, and other allowable costs associated with providing this service. The Agency's rates were set as of ~~July 1, 2022~~ January 1, 2024, and are effective for services on or after that date. All rates are published on the agency's website at <https://www.dmas.virginia.gov/for-providers/procedure-fee-files-cpt-codes/> - go to the header for HCPC Codes and look for this service.
- i. Community Stabilization is reimbursed on a 15 minute unit of service that accounts for the wages, employee costs, and other allowable costs associated with providing this service. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers. The Agency's fee schedule rate was set as of ~~July 1, 2022~~ January 1, 2024, and is effective for services on or after that date. All rates are published on the agency's website at <https://www.dmas.virginia.gov/for-providers/procedure-fee-files-cpt-codes/> - go to the header for HCPC Codes and look for this service.
- j. Independent Living and Recovery Services (previously called Mental Health Skill-Building Services) are reimbursed based on the following units of service: One unit is 1 to 2.99 hours per day, two units is 3 to 4.99 hours per day. The rates account for the wages, employee costs, and other allowable costs associated with providing this service. The Agency's rates were set as of ~~July 1, 2022~~ January 1, 2024 and are effective for services on or after that date. All rates are published on the agency's website at <https://www.dmas.virginia.gov/for-providers/procedure-fee-files-cpt-codes/> - go to the header for HCPC Codes and look for this service.

TN No. 22-0018

Approval Date March 13, 2023

Effective Date 07/01/2022

Supersedes

TN No. 21-023

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATE-
OTHER TYPES OF CARE**

Section 6 A (3), continued.

(p) Peer Support Services and Family Support Partners, as defined per Supplement 1 to Attachment 3.1A&B, pages 54 through 59, and furnished by enrolled providers or provider agencies, shall be reimbursed based on the agency fee schedule for 15-minute units of service. The agency's rates were set as of ~~July 1, 2022~~ January 1, 2024, and are effective for services on or after that date. All rates are published on the DMAS website at: www.dmas.virginia.gov. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of (ex. case management for persons with chronic mental illness).

(i) Peer Support Services and Family Support Partners shall not be reimbursed if the services operate in the same building as other day services unless (i) there is a distinct separation between services in staffing, program description, and physical space and (ii) Peer Support Services or Family Support Partners do not impede, interrupt, or interfere with the provision of the primary service.

(ii) Family Support Partners services shall not be reimbursed for an individual who resides in a congregate setting in which the caregivers are paid (such as child caring institutions, or any other living environment that is not comprised of more permanent caregivers) unless (i) the individual is actively preparing for transition back to a single-family unit, (ii) the caregiver is present during the intervention, (iii) the service is directed to supporting the unification/reunification of the individual and his/her caregiver and (iv) the service takes place in that home and community.

TN No. 22-0018

Approval Date March 13, 2023

Effective Date 7-1-22

Supersedes

TN No. 17-019

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATE-
OTHER TYPES OF CARE**

16.1 Reimbursement for personal care services for individuals enrolled in the Medicaid Buy-In program described in Attachment 2.6A, Supplement 8a, p 1-3 or for personal care services covered under EPSDT. All governmental and private providers are reimbursed according to the same published fee schedule. All rates are published on the DMAS website at www.dmas.virginia.gov. The Agency's rates, based upon one-hour increments, were set as of ~~July 1, 2022~~ January 1, 2024, and shall be effective for 1902(a) state plan authorized services on and after that date. Qualifying overtime for consumer-directed personal care provided under EPSDT will be paid 150% of the fee schedule, and qualifying sick leave for consumer – directed personal care provided under EPSDT will be at 100% of the fee schedule.

16.1.a. Reimbursement for consumer-directed services facilitator services under EPSDT as described per Supplement 1 to Attachment 3.1A&B, pages 6.4.7 & 6.4.8. All governmental and private providers are reimbursed according to the same published fee schedule, located on the DMAS website at www.dmas.virginia.gov. The Agency's rates were set as of July 1, 2022, and shall be effective for services provided on and after that date.

16.2. Private duty nursing services covered under EPSDT as defined per Supplement 1 to Attachment 3.1A&B, page 6.4.8, with provider qualifications on page 6.4.8, are reimbursed based on a 15-minute unit of service in accordance with the State Agency fee schedule. The fee schedule is the same for both governmental and private providers and was set as of July 1, 2022, and shall be effective for services provided on and after that date. The state agency fee schedule is published on the DMAS website at www.dmas.virginia.gov.

16.3 Medical Supplies, Equipment and Appliances (assistive technology) covered under EPSDT, as defined per Supplement 1 to Attachment 3.1 A&B, page 6.4.9, with provider qualifications on page 6.4.10. The service shall be reimbursed based upon the total cost of all AT incurred by the provider.

16.4 Reserved.

16.5 Hospice services, as defined per Attachment 3.1 A&B, Supplement 1, pages 33-37. Hospice services payments are effective October 1 annually and are equivalent to the annual Medicaid hospice rates published by CMS. As of July 1, 2019, room and board will be reimbursed at a rate equal to 100 percent of the skilled nursing facility rate for Medicaid members receiving hospice services who reside in a nursing facility. Hospice services shall be paid according to the location of the service delivery and not the location of the Agency's home office. Payments to a hospice for inpatient care are limited according to the number of days of inpatient care furnished to Medicaid members. During the twelve (12) month period beginning October 1 of each year and ending September 30 of the next year, the aggregate number of inpatient days (both general inpatient days and inpatient respite care days) for any given hospice provider may not exceed twenty percent (20%) of the total number of days of hospice care provided to all Medicaid members during the same period.

Services that are included in the hospice reimbursement are: (a) Routine Home Care where most hospice care is provided - Days 1- 60; (b) Routine Home Care where most hospice care is provided-Days 61 and over; (c) Continuous Home Care; (d) Hospice Inpatient Respite Care; (e) Hospice General Inpatient Care; (f) Service Intensity Add-On (SIA) will be made for a visit by a social worker or a registered nurse (RN), when provided during routine home care provided in the last 7 days of a Medicaid member' s life. The SIA payment is in addition to the routine home care rate. The SIA Medicaid reimbursement will be equal to the Continuous Home Care hourly payment rate (as calculated annually by CMS), multiplied by the amount of direct patient care hours provided by an RN or social worker for up to four (4) hours total that occurred on the day of service, and adjusted by the appropriate hospice wage index published by CMS.

16.3.1 Effective July 1, 2019, the telehealth originating site facility fee shall be set at 100 percent of the Medicare rate and shall reflect changes annually based on any changes in the Medicare rate.

TN No. 22-0018

Approval Date March 13, 2023

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Supersedes

TN No. 21-0032

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATE-
OTHER TYPES OF CARE**

12 VAC 30-80-96. Fee-for-service: Early Intervention (under EPSDT).

A. Payment for Early Intervention (EI) services pursuant to Part C of the Individuals with Disabilities Education Act (IDEA) of 2004, as set forth in Supplement 1 to Attachment 3.1-A&B, page 6.1 of 41, for individuals younger than 21 years of age shall be the lower of the state agency fee schedule or actual charge (charge to the general public). All private and governmental fee-for-service providers are reimbursed according to the same methodology. The agency's rates were set as of ~~October 1, 2009~~ January 1, 2024, and are effective for services on or after that date. Rates are published on the agency's website at www.dmas.virginia.gov.

B. There shall be separate fees for:

1. certified Early Intervention professionals who are also licensed as either a physical therapist, occupational therapist, speech pathologist, or registered nurse and certified Early Intervention specialists who are also licensed as either a physical therapy assistant or occupational therapy assistant and

2. all other certified Early Intervention professionals and certified Early Intervention specialists.

C. Provider travel time shall not be included in billable time for reimbursement.

D. Local Education Agency (LEA) providers provide Medicaid-covered school health services for which they are reimbursed on a cost basis pursuant to Attachment 4.19-B, pages 9a through 9f of 15. LEAs may also be certified as, and enrolled to provide, Early Intervention services. LEAs providing such services shall be reimbursed for EI services on a fee-for-service basis in the same manner as other EI providers. The fee-for-service rate is the same regardless of the setting in which LEAs provide EI services.

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Approval Date 08/19/10

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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
--


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)	
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	<input type="checkbox"/> OTHER, AS SPECIFIED: Secretary of Health and Human Resources

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

**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATE-
OTHER TYPES OF CARE**

6.A. 3. Mental health services

- a. Professional services furnished by non-physicians, as described in 3.1A&B, Supplement 1, page 7 and page 11. These services are reimbursed using CPT codes. The agency's fee schedule rate is based on the methodology described in Attachment 4-19B, page 4.11, section 6 (A) 1.
 - (i) Services provided by licensed clinical psychologists shall be reimbursed at 90% of the reimbursement rate for psychiatrists in Attachment 4-19B, page 4.11, section 6 (A) 1.
 - (ii) Services provided by independently enrolled licensed clinical social workers, licensed professional counselors, licensed clinical nurse specialists-psychiatric, or licensed marriage and family therapists shall be reimbursed at 75% of the reimbursement rate for licensed clinical psychologists.
- b. Intensive In-Home, as defined per Supplement 1 to Attachment 3.1A&B, Supplement 1, page 6.0.2, and provided by the individuals who are listed in Attachment 3.1A&B, Supplement 1, page 6.0.3 and defined in Attachment 3.1A&B, Supplement 1, page 6.0.1, is reimbursed on an hourly unit of service. The Agency's rates were set as of January 1, 2024, and are effective for services on or after that date.
- c. Therapeutic Day Treatment, as defined per Supplement 1 to Attachment 3.1A&B, page 6.0.4, and provided by the individuals who are listed in Attachment 3.1A&B, Supplement 1, page 6.1 and defined in Attachment 3.1A&B, Supplement 1, page 6.0.1, is reimbursed based on the following units of service: One unit = 2 to 2.99 hours; Two units = 3 to 4.99 hours; Three units = 5 plus hours. No room and board is included in the rates for therapeutic day treatment. The Agency's rates were set as of January 1, 2024, and are effective for services on or after that date.
- d. Therapeutic Group Home services (formerly called Level A and Level B group home services), as defined per Supplement 1 to Attachment 3.1A&B, page 6.2, shall be reimbursed based on a daily unit of service. No room and board is included in the rates for therapeutic group home services. The Agency's rates were set as of July 1, 2022, and are effective for services on or after that date.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State of VIRGINIA
**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATE -
OTHER TYPES OF CARE**

d-1. Mental Health Intensive Outpatient services are reimbursed based on a per-diem unit that accounts for the wages, employee costs, and other allowable costs associated with providing this service. The rate for this service does not include costs related to room and board or other unallowable facility costs. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers. The Agency's fee schedule rate was set as of January 1, 2024, and is effective for services on or after that date. All rates are published on the agency's website at <https://www.dmas.virginia.gov/for-providers/procedure-fee-files-cpt-codes/> - go to the header for HCPC Codes and look for this service.

d-2. Residential Crisis Stabilization is reimbursed based on a per-diem unit. The rate for this service does not include costs related to room and board or other unallowable facility costs. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers. The Agency's fee schedule rate was set as of January 1, 2024 and is effective for services on or after that date. All rates are published on the agency's website at <https://www.dmas.virginia.gov/for-providers/procedure-fee-files-cpt-codes/> - go to the header for HCPC Codes and look for this service.

d-3. 23-Hour Residential Crisis Stabilization is a form of Residential Crisis Stabilization that is provided as a 23-hour service and is reimbursed on a per-diem unit. The rate for this service does not include costs related to room and board or other unallowable facility costs. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers. The Agency's fee schedule rate was set as of January 1, 2024 and is effective for services on or after that date. All rates are published on the agency's website at <https://www.dmas.virginia.gov/for-providers/procedure-fee-files-cpt-codes/> - go to the header for HCPC Codes and look for this service.

d-4. Multisystemic Therapy is reimbursed based on a 15-minute unit of service. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers. The Agency's fee schedule rate was set as of January 1, 2024, and is effective for services on or after that date. All rates are published on the agency's website at <https://www.dmas.virginia.gov/for-providers/procedure-fee-files-cpt-codes/> - go to the header for HCPC Codes and look for this service.

d-5. Functional Family Therapy is reimbursed based on a 15-minute unit of service. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers. The Agency's fee schedule rate was set as of January 1, 2024, and is effective for services on or after that date. All rates are published on the agency's website at <https://www.dmas.virginia.gov/for-providers/procedure-fee-files-cpt-codes/> - go to the header for HCPC Codes and look for this service.

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Approval Date _____

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TN No. 22-0018

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State of VIRGINIA
**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 January 1, 2024, and is effective for services on or after that date. All rates are published on the agency's website at <https://www.dmas.virginia.gov/for-providers/procedure-fee-files-cpt-codes/> - go to the header for HCPC Codes and look for this service.
- f. Psychosocial Rehabilitation is reimbursed based on the following units of service: One unit = 2 to 3.99 hours per day; Two units = 4 to 6.99 hours per day; Three units = 7 + hours per day. The rates account for the wages, employee costs, and other allowable costs associated with providing this service. The Agency's rates were set as of January 1, 2024, and are effective for services on or after that date. All rates are published on the agency's website at <https://www.dmas.virginia.gov/for-providers/procedure-fee-files-cpt-codes/> - go to the header for HCPC Codes and look for this service.
- g. Mobile Crisis Response is reimbursed based on a 15-minute unit of service. The rates account for the wages, employee costs, and other allowable costs associated with providing this service. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers. The Agency's fee schedule rate was set as of January 1, 2024, and is effective for services on or after that date. All rates are published on the agency's website at <https://www.dmas.virginia.gov/for-providers/procedure-fee-files-cpt-codes/> - go to the header for HCPC Codes and look for this service.
- h. Assertive Community Treatment is reimbursed on a daily unit of service that accounts for the wages, employee costs, and other allowable costs associated with providing this service. The Agency's rates were set as of January 1, 2024, and are effective for services on or after that date. All rates are published on the agency's website at <https://www.dmas.virginia.gov/for-providers/procedure-fee-files-cpt-codes/> - go to the header for HCPC Codes and look for this service.
- i. Community Stabilization is reimbursed on a 15 minute unit of service that accounts for the wages, employee costs, and other allowable costs associated with providing this service. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers. The Agency's fee schedule rate was set as of January 1, 2024, and is effective for services on or after that date. All rates are published on the agency's website at <https://www.dmas.virginia.gov/for-providers/procedure-fee-files-cpt-codes/> - go to the header for HCPC Codes and look for this service.
- j. Independent Living and Recovery Services (previously called Mental Health Skill-Building Services) are reimbursed based on the following units of service: One unit is 1 to 2.99 hours per day, two units is 3 to 4.99 hours per day. The rates account for the wages, employee costs, and other allowable costs associated with providing this service. The Agency's rates were set as of January 1, 2024 and are effective for services on or after that date. All rates are published on the agency's website at <https://www.dmas.virginia.gov/for-providers/procedure-fee-files-cpt-codes/> - go to the header for HCPC Codes and look for this service.

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TN No. 22-0018

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATE-
OTHER TYPES OF CARE**

Section 6 A (3), continued.

(p) Peer Support Services and Family Support Partners, as defined per Supplement 1 to Attachment 3.1A&B, pages 54 through 59, and furnished by enrolled providers or provider agencies, shall be reimbursed based on the agency fee schedule for 15-minute units of service. The agency's rates were set as of January 1, 2024, and are effective for services on or after that date. All rates are published on the DMAS website at: www.dmas.virginia.gov. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of (ex. case management for persons with chronic mental illness).

(i) Peer Support Services and Family Support Partners shall not be reimbursed if the services operate in the same building as other day services unless (i) there is a distinct separation between services in staffing, program description, and physical space and (ii) Peer Support Services or Family Support Partners do not impede, interrupt, or interfere with the provision of the primary service.

(ii) Family Support Partners services shall not be reimbursed for an individual who resides in a congregate setting in which the caregivers are paid (such as child caring institutions, or any other living environment that is not comprised of more permanent caregivers) unless (i) the individual is actively preparing for transition back to a single-family unit, (ii) the caregiver is present during the intervention, (iii) the service is directed to supporting the unification/reunification of the individual and his/her caregiver and (iv) the service takes place in that home and community.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATE-
OTHER TYPES OF CARE**

16.1 Reimbursement for personal care services for individuals enrolled in the Medicaid Buy-In program described in Attachment 2.6A, Supplement 8a, p 1-3 or for personal care services covered under EPSDT. All governmental and private providers are reimbursed according to the same published fee schedule. All rates are published on the DMAS website at www.dmas.virginia.gov. The Agency's rates, based upon one-hour increments, were set as of January 1, 2024, and shall be effective for 1902(a) state plan authorized services on and after that date. Qualifying overtime for consumer-directed personal care provided under EPSDT will be paid 150% of the fee schedule, and qualifying sick leave for consumer – directed personal care provided under EPSDT will be at 100% of the fee schedule.

16.1.a. Reimbursement for consumer-directed services facilitator services under EPSDT as described per Supplement 1 to Attachment 3.1A&B, pages 6.4.7 & 6.4.8. All governmental and private providers are reimbursed according to the same published fee schedule, located on the DMAS website at www.dmas.virginia.gov. The Agency's rates were set as of July 1, 2022, and shall be effective for services provided on and after that date.

16.2. Private duty nursing services covered under EPSDT as defined per Supplement 1 to Attachment 3.1A&B, page 6.4.8, with provider qualifications on page 6.4.8, are reimbursed based on a 15-minute unit of service in accordance with the State Agency fee schedule. The fee schedule is the same for both governmental and private providers and was set as of July 1, 2022, and shall be effective for services provided on and after that date. The state agency fee schedule is published on the DMAS website at www.dmas.virginia.gov.

16.3 Medical Supplies, Equipment and Appliances (assistive technology) covered under EPSDT, as defined per Supplement 1 to Attachment 3.1 A&B, page 6.4.9, with provider qualifications on page 6.4.10. The service shall be reimbursed based upon the total cost of all AT incurred by the provider.

16.4 Reserved.

16.5 Hospice services, as defined per Attachment 3.1 A&B, Supplement 1, pages 33-37. Hospice services payments are effective October 1 annually and are equivalent to the annual Medicaid hospice rates published by CMS. As of July 1, 2019, room and board will be reimbursed at a rate equal to 100 percent of the skilled nursing facility rate for Medicaid members receiving hospice services who reside in a nursing facility. Hospice services shall be paid according to the location of the service delivery and not the location of the Agency's home office. Payments to a hospice for inpatient care are limited according to the number of days of inpatient care furnished to Medicaid members. During the twelve (12) month period beginning October 1 of each year and ending September 30 of the next year, the aggregate number of inpatient days (both general inpatient days and inpatient respite care days) for any given hospice provider may not exceed twenty percent (20%) of the total number of days of hospice care provided to all Medicaid members during the same period.

Services that are included in the hospice reimbursement are: (a) Routine Home Care where most hospice care is provided - Days 1- 60; (b) Routine Home Care where most hospice care is provided-Days 61 and over; (c) Continuous Home Care; (d) Hospice Inpatient Respite Care; (e) Hospice General Inpatient Care; (f) Service Intensity Add-On (SIA) will be made for a visit by a social worker or a registered nurse (RN), when provided during routine home care provided in the last 7 days of a Medicaid member's life. The SIA payment is in addition to the routine home care rate. The SIA Medicaid reimbursement will be equal to the Continuous Home Care hourly payment rate (as calculated annually by CMS), multiplied by the amount of direct patient care hours provided by an RN or social worker for up to four (4) hours total that occurred on the day of service, and adjusted by the appropriate hospice wage index published by CMS.

16.3.1 Effective July 1, 2019, the telehealth originating site facility fee shall be set at 100 percent of the Medicare rate and shall reflect changes annually based on any changes in the Medicare rate.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATE-
OTHER TYPES OF CARE**

12 VAC 30-80-96. Fee-for-service: Early Intervention (under EPSDT).

A. Payment for Early Intervention (EI) services pursuant to Part C of the Individuals with Disabilities Education Act (IDEA) of 2004, as set forth in Supplement 1 to Attachment 3.1-A&B, page 6.1 of 41, for individuals younger than 21 years of age shall be the lower of the state agency fee schedule or actual charge (charge to the general public). All private and governmental fee-for-service providers are reimbursed according to the same methodology. The agency's rates were set as of January 1, 2024, and are effective for services on or after that date. Rates are published on the agency's website at www.dmas.virginia.gov.

B. There shall be separate fees for:

1. certified Early Intervention professionals who are also licensed as either a physical therapist, occupational therapist, speech pathologist, or registered nurse and certified Early Intervention specialists who are also licensed as either a physical therapy assistant or occupational therapy assistant and
2. all other certified Early Intervention professionals and certified Early Intervention specialists.

C. Provider travel time shall not be included in billable time for reimbursement.

D. Local Education Agency (LEA) providers provide Medicaid-covered school health services for which they are reimbursed on a cost basis pursuant to Attachment 4.19-B, pages 9a through 9f of 15. LEAs may also be certified as, and enrolled to provide, Early Intervention services. LEAs providing such services shall be reimbursed for EI services on a fee-for-service basis in the same manner as other EI providers. The fee-for-service rate is the same regardless of the setting in which LEAs provide EI services.

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