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State/Territory Name: **Virginia**

State Plan Amendment (SPA) #: **20-0008**

This file contains the following documents in the order listed:

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

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



Medicaid and CHIP Operations Group

November 10, 2020

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

RE: Virginia State Plan Amendment 20-0008

Dear Ms. Kimsey:

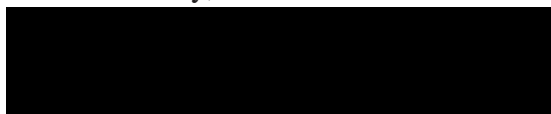
The Centers for Medicare & Medicaid Services (CMS) has reviewed Virginia's State Plan Amendment (SPA) 20-0008, Addiction and Recovery Treatment Services (ARTS) Updates.

The purpose of this SPA is to update the ARTS state plan pages to incorporate general updates to the program, including updates related to medication assisted treatment, defining the scope of practice for certified substance abuse counselors, including substance use disorder counseling within that scope, and guidance related to telemedicine requirements.

This SPA is acceptable. Therefore, we are approving SPA 20-0008 with an effective date of October 1, 2020. Enclosed are the approved SPA pages and signed CMS-179 form.

If you have any questions concerning this information, please contact me at (816) 426-6417, or your staff may contact Margaret Kosherzenko at Margaret.Kosherzenko@cms.hhs.gov or (215) 861-4288.

Sincerely,



James G. Scott, Director
Division of Program Operations

Enclosures

cc: Emily McClellan

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

1. TRANSMITTAL NUMBER
2 0 — 0 0 8

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
10/1/2020

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 Part 440

7. FEDERAL BUDGET IMPACT

a. FFY 2020 \$ 0
b. FFY 2021 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

3.1A&B Supp 1, revised pages 42, 43, ~~new~~
~~page 43.1~~; revised pages 44, 45, 46, 47, 48,
49, 50, 51, ~~53~~, 53, 55, 52
4.19-B, revised pages 6.01 and 6.02

Pen and
Ink
Changes
11/9/20
Emily
McClellan

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

Same as box 8.

10. SUBJECT OF AMENDMENT

ARTS Updates

11. GOVERNOR'S REVIEW (*Check One*)

- GOVERNOR'S OFFICE REPORTED NO COMMENT²⁰²⁰
 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

10/6/2020

16. RETURN TO

Dept. of Medical Assistance Services
600 East Broad Street, #1300
Richmond VA 23219

Attn: Regulatory Coordinator

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED
October 6, 2020

18. DATE APPROVED
November 5, 2020

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL
October 1, 2020

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME

James G. Scott

22. TITLE

Director Division of Program Operations

23. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

**AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY
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Provider Qualifications:

“Care Coordination Provider” means one of the following: 1.) At least a bachelor's degree in one of the following fields (social work, psychology, psychiatric rehabilitation, sociology, counseling, vocational rehabilitation, human services counseling) and have one of the following qualifications (i) substance use related direct experience providing services to individuals with a diagnosis substance abuse use disorder or (ii) clinical experience working with individuals with co-occurring diagnoses of substance use disorder and mental illness; 2.) Licensure by the Commonwealth as a registered nurse with (i) substance use related direct experience providing services to individuals with a diagnosis of substance use disorder or (ii) clinical experience working with individuals with co-occurring diagnoses of substance use disorder and mental illness; or 3.) Certification as a Board of Counseling Certified Substance Abuse Counselor CSAC, CSAC-supervisee or CSAC-Assistant under supervision as defined in state law.

"Credentialed addiction treatment professional" means (i) an addiction-credentialed physician or physician or physician extender with experience or training in addiction medicine; (ii) a licensed psychiatrist; (iii) a licensed clinical psychologist; (iv) a licensed clinical social worker; (v) a licensed professional counselor; (vi) a certified psychiatric clinical nurse specialist; (vii) a licensed psychiatric nurse practitioner; (viii) a licensed marriage and family therapist; (ix) a licensed substance abuse treatment practitioner; (x) residents under supervision of a licensed professional counselor, licensed marriage and family therapist, or licensed substance abuse treatment practitioner who is registered with the Virginia Board of Counseling; (xi) a resident in psychology under supervision of a licensed clinical psychologist who is registered with the Virginia Board of Psychology; (xii) a supervisee in social work under the supervision of a licensed clinical social worker who is registered with the Virginia Board of Social Work;

“CSAC” means (as certified by the Virginia Department of Health Professions) a certified substance abuse counselor shall be qualified to perform, under clinical supervision or direction, substance abuse treatment functions described in subsequent pages of this document. Certified substance abuse counselors shall not engage in independent or autonomous practice.

“CSAC-A” means (as certified by Virginia’s Department of Health Professions) a certified substance abuse counseling assistant shall be qualified to perform, under appropriate clinical supervision or direction, the substance abuse treatment functions described in subsequent pages of this document. Certified substance abuse counseling assistants may participate in recovery group discussions, but shall not engage in counseling with either individuals or groups or engage in independent or autonomous practice.

“CSAC-supervisee” means a certified substance abuse counseling supervisee, which is an individual who has completed the educational requirements, but not the practice hours, to become a CSAC.

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“Buprenorphine-waivered practitioner” licensed under Virginia law and registered with the Drug Enforcement Administration (DEA) to prescribe Schedule III, IV, or V medications for treatment of pain and who has obtained the waiver to prescribe or dispense buprenorphine for opioid use disorder required under the Drug Addiction Treatment Act of 2000 (21 USC § 800 et seq.). A buprenorphine-waivered practitioner meets all federal and state requirements and is supervised by or work in collaboration with a qualifying physician in accordance with the applicable regulatory board. A nurse practitioner with at least five years of full-time clinical experience as a licensed nurse practitioner may practice without a practice agreement with a qualifying physician with approval from the Board of Nursing. The practitioner must have a DEA-X number issued by the U.S. Drug Enforcement Agency that is included on all buprenorphine prescriptions for treatment of opioid use disorder.

"Clinical Supervision" for CSACs means the ongoing process performed by a clinical supervisor who is credentialed as defined in regulations of the Virginia Board of Counseling.

"Physician extenders" means licensed nurse practitioners and licensed physician assistants as defined in state law.

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1. Screening, Brief Intervention, and Referral to Treatment

Service Definition: Service components match those forth in ASAM and are provided by ASAM approved staff plus pharmacists.

<u>Service Component Definitions - Screening, Brief Intervention, and Referral to Treatment</u>	<u>Staff That Provide Service Components</u>
Assessment: means the individualized, person-centered assessment performed face-to-face, in which the provider obtains comprehensive information from the individual.	Physician Credentialed addiction treatment professional
Screening and brief intervention and referral to treatment (SBIRT) by a licensed or certified treatment professional shall be provided to counsel individuals about substance use, alert these individuals to possible consequences and, if needed, begin to motivate individuals to take steps to change their behaviors.	Credentialed addiction treatment professional CSAC, CSAC-supervisee, RN, LPN

Limits on amount, duration, and scope: SBIRT services do not require service authorization. There are no annual service limits.

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2. Opioid Treatment Programs (OTP)

<u><i>Service Component Definitions – Opioid Treatment Programs</i></u>	<u><i>Staff That Provide Service Components</i></u>
Conduct or arrange for appropriate laboratory and toxicology tests including urine drug screenings.	Buprenorphine-waivered practitioner licensed by the state; Credentialed addiction professional trained in the treatment of opioid use disorder
Assess, order, administer, reassess, and regulate medication and dose levels appropriate to the member; supervise withdrawal management from opioid analgesics, including methadone, buprenorphine products or naltrexone products; and oversee and facilitate access to appropriate treatment for opioid use disorder.	Buprenorphine-waivered practitioner licensed by the state; Credentialed addiction professional trained in the treatment of opioid use disorder
Provide cognitive, behavioral psychotherapy and other substance use disorder-focused counseling provided to the member on an individual, group, or family basis.	Credentialed addiction treatment professional, CSAC, CSAC-supervisee
Provision of onsite screening or ability to refer for screening for infectious diseases such as HIV, Hepatitis B and C, and tuberculosis at treatment initiation and then at least annually or more often based on risk factors. Ability to provide or refer for treatment for infectious diseases as necessary.	Buprenorphine-waivered practitioner licensed by the state, credentialed addiction professional, Registered Nurse, or Practical Nurse licensed by the state
Medication administration on site during the induction phase must be provided by a Registered Nurse. Medication administration during the maintenance phase may be provided either by a RN or Licensed Practical Nurse.	Physician, Pharmacist, Nurse Practitioner, Physician Assistant, Registered Nurse, or Practical Nurse licensed by the state
OTP risk management shall include the following activities which must be clearly and adequately documented in each member's record: <ul style="list-style-type: none"> • Random urine drug screening for all members, conducted at least eight times during a 12 month period. Urine drug testing (UDT) is used as part of a comprehensive treatment program to assist with recovery and to restore an individual to health. UDT is used in SUD treatment to determine if the patient is taking medication as prescribed and to assess if the patient is taking other medications which may have a higher risk of overdose when taken with medications for opioid use disorder. • Opioid overdose prevention counseling including the prescribing of naloxone. 	Physician, Pharmacist, Nurse Practitioner, Physician Assistant, Registered Nurse, or Practical Nurse licensed by the state

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Provide optional substance use care coordination that includes integrating behavioral health into primary care and specialty medical settings through interdisciplinary care planning and monitoring member progress and tracking member outcomes; linking members with community resources to facilitate referrals and respond to peer supports; and tracking and supporting members when they obtain medical or behavioral health outside the practice. Substance use care coordination cannot be provided simultaneously with substance use case management.	Care Coordination Provider
Provide optional peer recovery support services that includes non-medical, peer-to-peer activities that engage and support an individual's, and as applicable the caregiver's, self-help efforts to improve health recovery, resiliency, and wellness.	Peer Recovery Support Specialist

Limits on amount, duration, and scope: OTP services do not require service authorization.

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3. Preferred Office-Based Opioid Treatment (OBOT)

Service Definition: a service for individuals with a primary opioid use disorder provided by buprenorphine-waivered practitioners working in collaboration with credentialed addiction treatment practitioners providing psychosocial counseling in public and private practice settings that encompasses pharmacological and nonpharmacological treatment modalities.

<u><i>Service Component Definitions – Preferred Office-Based Opioid Treatment</i></u>	<u><i>Staff That Provide Service Components</i></u>
Assessing, ordering, administering, reassessing, and regulating medication and dose levels appropriate to the individual; supervising withdrawal management from opioid analgesics; and overseeing and facilitating access to appropriate treatment for opioid use disorder and alcohol use disorder.	Buprenorphine-waivered practitioner licensed by the state; and Credentialed addiction treatment professional
Provide cognitive, behavioral psychotherapies, and other substance use disorder-focused counseling shall be provided to the individual on an individual, group, or family basis and shall be provided in collaboration with the buprenorphine-waivered practitioner.	Credentialed Addiction Treatment Professional, CSAC, CSAC-supervisee.
Provision of onsite screening the ability to refer for screening for infectious diseases such as HIV, Hepatitis B and C, and tuberculosis at treatment initiation and then at least annually or more often based on risk factors. Ability to provide or refer for treatment for infectious diseases as necessary.	Buprenorphine-waivered practitioner licensed by the state; credentialed addiction treatment professional, Pharmacist, Registered Nurse, or Practical Nurse licensed by the state.
OBOT risk management shall be documented in each individual's record and shall include: <ul style="list-style-type: none"> • Random urine drug screening for all individuals, conducted at a minimum of eight times per 12 month period. Urine drug testing (UDT) is used as part of a comprehensive treatment program to assist with recovery and to restore an individual to health. UDT is used in SUD treatment to determine if the patient is taking medication as prescribed and to assess if the patient is taking other medications which may have a higher risk of overdose when taken with medications for opioid use disorder. • Opioid overdose prevention counseling including the prescribing of naloxone. 	Physician, Pharmacist, Nurse Practitioner, Physician Assistant, Registered Nurse, or Practical Nurse licensed by the state

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Provide optional substance use care coordination that includes integrating behavioral health into primary care and specialty medical settings through interdisciplinary care planning and monitoring member progress and tracking member outcomes; linking members with community resources to facilitate referrals and respond to peer supports; and tracking and supporting members when they obtain medical or behavioral health outside the practice. Substance use care coordination cannot be provided simultaneously with substance use case management.	Care Coordination Provider
Provider optional peer recovery support services that includes non-medical peer-to-peer activities that engage and support an individual's, and as applicable the caregiver's, self-help efforts to improve health recovery, resiliency, and wellness.	Peer Recovery Support Specialist

Limits on amount, duration, and scope:

OBOTs may receive three separate inductions per 365 calendar days per member and must be at least 90 calendar days apart. Additional physician/nurse practitioner/physician assistant follow up and maintenance visits may be provided within a 365 calendar day period. If a member fails three buprenorphine or buprenorphine/naloxone inductions within a 365 calendar day period in an OBOT setting, the member should be referred to an OTP or a higher level of care for assessment for treatment.

Group counseling by credentialed addiction treatment professionals, CSACs and CSAC-supervisees shall have a maximum limit of 12 individuals in the group or less depending on the clinical model. Such counseling shall focus on the needs of the members served.

OBOT services do not require service authorization.

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.

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4. Outpatient Services

<u><i>Service Component Definitions – Outpatient Services</i></u>	<u><i>Staff That Provide Service Components</i></u>
Assessment: means the individualized, person-centered biopsychosocial assessment performed face-to-face, in which the provider obtains comprehensive information from the individual.	Credentialed addiction treatment professional A registered nurse or a practical nurse who is licensed by the Commonwealth with clinical experience involving medication management.
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.	Credentialed addiction treatment professional
Individual, Family, and Group Therapy: application of principles, standards, and methods of the counseling profession in (i) conducting assessments and diagnoses for the purpose of establishing treatment goals and objectives and (ii) planning, implementing, and evaluating treatment plans using treatment interventions to facilitate human development and to identify and remediate mental, emotional, or behavioral disorders and associated distresses that interfere with mental health.	Credentialed addiction treatment professional
Evidenced-based patient counseling on addiction, treatment, recovery, and associated health risks.	Credentialed addiction treatment professional A registered nurse or a practical nurse who is licensed by the Commonwealth with experience involving medication management.
The administration of medication related to substance use treatment or the monitoring for adverse side effects or results of that medication; interventions are matched to levels of patient progress and intended outcomes.	Physician, Nurse Practitioner, Physician Assistant A registered nurse or a practical nurse who is licensed by the Commonwealth with experience involving medication management.

Limits on amount, duration, and scope: Outpatient substance use disorder treatment services do not require service authorization.

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5. Intensive Outpatient Services

<u><i>Service Component Definitions – Intensive Outpatient Services</i></u>	<u><i>Staff That Provide Service Components</i></u>
<p>Assessment: means the individualized, person-centered biopsychosocial assessment performed face-to-face, in which the provider obtains comprehensive information from the individual (including family members and significant others as needed) including history of the present illness; family history; developmental history; alcohol, tobacco, and other drug use or addictive behavior history; personal/social history; legal history; psychiatric history; medical history; spiritual history as appropriate; review of systems; mental status exam; physical examination; formulation and diagnoses; survey of assets, vulnerabilities and supports; and treatment recommendations.</p> <p>The multidimensional assessment shall include a physical examination and laboratory testing necessary for substance use disorder treatment as necessary.</p>	<p>Credentialed addiction treatment professional</p>
<p>Development of a person-centered plan of care that is specific to the individual's unique treatment needs, developed with the individual, in consultation with the individual's family, as appropriate.</p>	<p>Credentialed addiction treatment professional</p>
<p>Individual, Family, and Group Psychotherapy: application of principles, standards, and methods of the counseling profession in (i) conducting assessments and diagnoses for the purpose of establishing treatment goals and objectives and (ii) planning, implementing, and evaluating treatment plans using treatment interventions to facilitate human development and to identify and remediate mental, emotional, or behavioral disorders and associated distresses that interfere with mental health.</p>	<p>Credentialed addiction treatment professional</p>

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<p>Psychoeducational substance use disorder counseling means: (i) a specific form of counseling aimed at helping individuals who have a substance use disorder or mental illness and their family members or caregivers to access clear and concise information about substance use disorders or co-occurring substance use disorder and mental illness and (ii) a way of accessing and learning strategies to deal with substance use disorders or co-occurring substance use and mental illness and its effects in order to design effective treatment plans and strategies.</p>	<p>Credentialed addiction treatment professional, CSAC, CSAC-supervisee</p>
<p>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. Assistance with medication management is only available to parents and guardians when it is for the direct benefit of the child and if the child is present.</p>	<p>Credentialed addiction treatment professional A registered nurse or a practical nurse who is licensed by the Commonwealth with experience involving medication management.</p>
<p>24-hour crisis services means immediate 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 prevent harm and higher levels of acuity.</p>	<p>Credentialed addiction treatment professional</p>
<p>Withdrawal Management services as necessary; the extent to which withdrawal management is needed for specific classes of drugs is determined. Additionally, medical decision-making by the addiction specialist physician includes determining whether, for a patient in acute withdrawal, the indicated intervention is acute management of the withdrawal syndrome or induction into agonist, partial agonist, or antagonist maintenance therapy. Thus, if the patient is to be placed on ongoing treatment with an agonist or partial agonist, then he or she should not be placed on a withdrawal regimen for that class of drugs, though other withdrawal management interventions may be indicated for other classes of drugs.</p>	<p>Physicians and Physician extenders with DEA-X waiver to prescribe buprenorphine.</p>
<p>Medication for Opioid Use Disorder (MOUD) and Alcohol Use Disorder shall be provided onsite or through referral.</p>	<p>Physicians and physician extenders who have a DEA-X number to prescribe buprenorphine</p>

Limits on amount, duration, and scope: Intensive outpatient services require service authorization.

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6. Partial Hospitalization

<u>Service Component Definitions – Partial Hospitalization</u>	<u>Staff That Provide Service Components</u>
<p>Assessment: means the individualized, person-centered biopsychosocial assessment performed face-to-face, in which the provider obtains comprehensive information from the individual (including family members and significant others as needed) including history of the present illness; family history; developmental history; alcohol, tobacco, and other drug use or addictive behavior history; personal/social history; legal history; psychiatric history; medical history; spiritual history as appropriate; review of systems; mental status exam; physical examination; formulation and diagnoses; survey of assets, vulnerabilities and supports; and treatment recommendations.</p> <p>The multidimensional assessment shall include a physical examination and laboratory testing necessary for substance use disorder treatment as necessary.</p>	<p>Physician, Nurse practitioners or Physician Assistants licensed by the state</p> <p>Credentialed addiction treatment professional</p>
<p>Treatment Planning: development of a person-centered plan of care that is specific to the individual’s unique treatment needs, developed with the individual, in consultation with the individual’s family, as appropriate.</p>	<p>Physician, Nurse practitioners or Physician Assistants licensed by the state</p> <p>Credentialed addiction treatment professional</p>
<p>Individual, Family, and Group Psychotherapy: application of principles, standards, and methods of the counseling profession in (i) conducting assessments and diagnoses for the purpose of establishing treatment goals and objectives and (ii) planning, implementing, and evaluating treatment plans using treatment interventions to facilitate human development and to identify and remediate mental, emotional, or behavioral disorders and associated distresses that interfere with mental health.</p>	<p>Physician, Credentialed addiction treatment professional</p>
<p>Psychoeducational substance use disorder counseling: means (i) a specific form of counseling aimed at helping individuals who have a substance use disorder or co-occurring substance use and mental illness and their family members or caregivers to access clear and concise information about substance use disorders or co-occurring substance use disorder and mental illness and (ii) a way of accessing and learning strategies to deal with substance use disorders or mental illness and its effects in order to design effective treatment plans and strategies.</p>	<p>Credentialed addiction treatment professional, CSAC, CSAC-supervisee</p>

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<p>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. Assistance with medication management is only available to parents and guardians when it is for the direct benefit of the child and if the child is present.</p>	<p>Physician, Nurse practitioners or Physician Assistants licensed by the state Credentialed addiction treatment professional</p>
<p>Withdrawal management services as necessary; the extent to which withdrawal management is needed for specific classes of drugs is determined. Additionally, medical decision-making by the addiction specialist physician includes determining whether, for a patient in acute withdrawal, the indicated intervention is acute management of the withdrawal syndrome or induction into agonist, partial agonist, or antagonist maintenance therapy. Thus, if the patient is to be placed on ongoing treatment with an agonist or partial agonist, then he or she should not be placed on a withdrawal regimen for that class of drugs, though other withdrawal management interventions may be indicated for other classes of drugs.</p>	<p>Physicians and Physician extenders with DEA-X waiver to prescribe buprenorphine</p>
<p>Medication for Opioid Use Disorder (MOUD) and Alcohol Use Disorder shall be provided onsite or through referral.</p>	<p>Physicians and physician extenders who have a DEA-X number to prescribe buprenorphine.</p>
<p>24-hour crisis services means immediate 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 prevent harm and higher levels of acuity.</p>	<p>Physician, Nurse practitioners or Physician Assistants licensed by the state Credentialed addiction treatment professional</p>

Limits on amount, duration, and scope: Service authorization is required. There are no maximum annual limits.

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2) shall have two consecutive years of documented practical experience rendering Peer Support Services or Family Support Services, have certification training as a PRS under a certifying body approved by the Department of Behavioral Health and Developmental Services (DBHDS), and have documented completion of the DBHDS PRS supervisor training; or,

3) shall be a qualified mental health professional (QMHP) as defined in Supplement 1 to Attachment 3.1A&B, page 31.2 with at least two consecutive years of documented experience as a QMHP, and who has documented completion of the DBHDS PRS supervisor training; or

4) shall be a CSAC, CSAC Supervisee, or CSAC-A, as defined on the next page, if they are acting under the supervision or direction of a licensed substance use treatment practitioner or licensed mental health professional or a nurse practitioner, and who has documented completion of the DBHDS PRS supervisor training.

LMHP means the same as defined in 3.1 A&B, Supplement 1, page 31.

LMHP-Resident or LMHP-R means the same as defined in 3.1 A&B, Supplement 1, page 31.1.

LMHP-Resident in Psychology or LMHP-RP means the same as defined in 3.1 A&B, Supplement 1, page 31.1.

LMHP-Supervisee or LMHP-S means the same as defined in 3.1 A&B, Supplement 1, page 31.1.

"Peer Recovery Specialist" or "PRS" means a person who has the qualifications, education, and experience established by the Department of Behavioral Health and Developmental Services (DBHDS). A PRS is professionally qualified and trained (i) to provide collaborative services to assist individuals in achieving sustained recovery from the effects of mental health disorders, substance use disorders, or both ii) to provide peer supports as a self-identified individual successful in the recovery process with lived experience with mental health disorders or substance use disorders, or co-occurring mental health and substance use disorders, and (iii) to offer support and assistance in helping others in the recovery and community-integration process. A PRS may be a parent of a minor or adult child with similar mental health or substance use disorders or co-occurring mental health and substance use disorders, or an adult with personal experience with a family member with similar mental health or substance use disorders or co-occurring mental health and substance use disorders with experience navigating substance use or behavioral health care services. A PRS shall have the qualifications, education,

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Methods and Standards for Establishing Payment Rates: Other Types of Care

Section 6 A (3), continued

Reimbursement for outpatient substance use disorder services: Other Provides, including Licensed Mental Health Professionals (LMHP) (42 CFR 447, Subpart F)

(k) Outpatient substance use disorder services furnished by physicians or other licensed practitioners as described in Attachment 3.1 A&B, Supp 1, page 10.1 for assessment and evaluation or treatment of substance use disorders as defined per Attachment 3.1 A&B, Supp 1, page 49 shall be reimbursed using the methodology described in section 6(A)(Fee-for-Service Providers) of Attachment 4.19-B, page 4.8 and page 6 and in Supplement 4 to Attachment 4.19-B subject to the following reductions for psychotherapy services for other licensed practitioners. The same rates shall be paid to governmental and private providers. These services are reimbursed based on Current Procedural Terminology codes and Healthcare Common Procedure Coding System codes. The agency's rates were set as of April 1, 2017, and are updated as described in Supplement 4 to Attachment 4.19-B. All rates are published on the DMAS website: <https://www.dmas.virginia.gov/#/searchcptcodes>

- (i) Services of a licensed clinical psychologist shall be reimbursed at 90% of the reimbursement rate for psychiatrists.
- (ii) Services provided by independently enrolled licensed clinical social workers, licensed professional counselors, licensed marriage and family therapists, licensed psychiatric nurse practitioners, licensed substance abuse treatment practitioners, or registered clinical nurse specialists-psychiatric shall be reimbursed at 75% of the reimbursement rate for licensed clinical psychologists.

TN No. 20-008
Supersedes
TN No. 17-008

Approval Date 11/05/2020

Effective Date 10-01-20

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Virginia

Methods and Standards for Establishing Payment Rates: Other Types of Care

Section 6 A (3), continued.

Reimbursement for community substance use disorder services: Rehabilitation Services (42 CFR 447, Subpart F)

(l) Rates for the following addiction and recovery treatment physician and clinic services shall be based on the Agency fee schedule: OTP and OBOT, which are described in Attachment 3.1A&B, Supplement 1, pages 45-48. OTP and OBOT services may be provided by physicians, other licensed practitioners, or in clinics, and shall use the following methodologies. For all of the these services, the same rates shall be paid to governmental and private providers. All rates are published on the DMAS website at <https://www.dmas.virginia.gov/#/searchcptcodes>

- the induction of medication for opioid use disorder (MOUD), which is reimbursed per encounter, and is limited to 3 encounters per 12 months per provider; rate set as of April 1, 2017
- Substance Use Care Coordination, which is reimbursed based on a monthly unit, rate set as of April 1, 2017
- Medication Administration, which is reimbursed per daily medication dose, rate set as of April 1, 2017
- Substance Use Disorder Counseling and Psychotherapy, which is reimbursed based on a 15-minute unit, rate set as of April 1, 2017
- Telehealth originating site facility fee, which is reimbursed per visit, rate set as of January 1, 2002

-The following services are reimbursed based on CPT codes, with the rates set on various dates: Physician/Nurse Practitioner Evaluation and management visits (rate set 7/1/16); Alcohol Breathalyzer (rate set 7/1/14); Presumptive drug class screening, any drug class (rate set 4.1.17); Definitive drug classes (rate set 4/1/17); RPR Test (rate set 7/1/14); Hepatitis B and C / HIV Tests (rate set 7/1/14); Pregnancy Test (rate set 7/1/14); TB Test (rate set 7/1/16); EKG (rate set 7/1/17).

The Medicaid and commercial rates for similar services as well as the cost for providing services shall be considered when establishing the fee schedules so that payments shall be consistent with economy, efficiency and quality of care.

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