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State Name: Virginia

State Plan Amendment (SPA) #: 16-005

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 Page
- 4) Companion Letter

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
150 S. Independence Mall West
Suite 216, The Public Ledger Building
Philadelphia, Pennsylvania 19106-3499



Region III/Division of Medicaid and Children's Health Operations

SWIFT #090920164021

April 3, 2017

Cynthia B. Jones, Director
Department of Medical Assistance Services
600 East Broad Street, Suite 1300
Richmond, VA 23219

Dear Ms. Jones:

The Centers for Medicare & Medicaid Services (CMS) has reviewed Virginia's State Plan Amendment (SPA) 16-005, Mental Health Skill Building Services. This SPA proposes changes to mental health skill building services. These services include activities, interventions, and goal directed trainings that are designed to restore functioning and that are defined in an individual service plan. Additionally, this SPA includes provider qualifications for the providers able to furnish the proposed services.

This SPA is acceptable. Therefore, we are approving SPA 16-005 with an effective date of July 27, 2016. Enclosed are the approved SPA pages and a copy of the signed Form CMS-179.

Please note that accompanying this approval of SPA 16-005, there is an enclosed companion letter addressing unrelated issues that arose in review of this SPA.

If you have any questions about this SPA, please contact Margaret Kosherzenko of my staff at 215-861-4288.

Sincerely,

/S/

Francis McCullough
Associate Regional Administrator

Enclosures

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

1. TRANSMITTAL NUMBER
1 6 - 0 0 5

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
July 27, 2016

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 2016 \$ (16,427,399)
 b. FFY 2017 \$ ~~(4,986,799)~~

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
 Attach. 3.1-A&B, Supplement 1, pages 31.4 and 31.8b through 31.8g
 31, 31.1, 31.2, 31.3, 31.4, and 31.10 (prior 31.8b)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
 10,543,753
 Same pages

pen & ink ell 2/15/17

Pen & ink ell 2/23/17

10. SUBJECT OF AMENDMENT
Mental Health Skill Building Services

11. GOVERNOR'S REVIEW (Check One)
 GOVERNOR'S OFFICE REPORTED NO COMMENT²⁰¹⁶
 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
/S/ [Redacted]

13. TYPED NAME
Cynthia B. Jones

14. TITLE
Director

15. DATE SUBMITTED
8/23/16

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
September 6, 2016

18. DATE APPROVED
March 30, 2017

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL
July 27, 2016

20. SIGNATURE OF REGIONAL OFFICIAL
[Redacted] /S/

21. TYPED NAME
Francis McCullough

22. TITLE
Associate Regional Administrator

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
and MEDICALLY NEEDY**

“Human services field” means the same as defined by DBHDS in the document entitled Human Services and Related Fields Approved Degrees/Experience, issued March 12, 2013, revised May 3, 2013.

“Individual” means the client or recipient of services described in Attachment 3.1-A&B pages 30 through 31.10 (12VAC30-50-226).

“Individual service plan” or “ISP” means a comprehensive and regularly updated treatment plan specific to the individual’s unique treatment needs as identified in the clinical assessment. The ISP contains his treatment or training needs, his goals and measurable objectives to meet the identified needs, services to be provided with the recommended frequency to accomplish the measurable goals and objectives, the estimated timetable for achieving the goals and objectives, and an individualized discharge plan that describes transition to other appropriate services. The individual shall be included in the development of the ISP and the ISP shall be signed by the individual. If the individual is a child, the ISP shall also be signed by the individual’s parent/legal guardian. Documentation shall be provided if the individual, who is a child or an adult who lacks legal capacity, is unable or unwilling to sign the ISP.

“LMHP” or “licensed mental health professional” means a licensed physician, licensed clinical psychologist, licensed professional counselor, licensed clinical social worker, licensed substance abuse treatment practitioner, licensed marriage and family therapist, or certified psychiatric clinical nurse specialist.

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"LMHP-R" or "LMHP-resident" means the same as "resident" as defined in (i) 18VAC115-20-10 for licensed professional counselors; (ii) 18VAC115-50-10 for licensed marriage and family therapists; or (iii) 18VAC115-60-10 for licensed substance abuse treatment practitioners: an individual who has submitted a supervisory contract and has received approval from the applicable Virginia licensing board to provide clinical services under supervision in professional counseling, marriage and family therapy, or substance abuse treatment. An LMHP-resident shall be in continuous compliance with the regulatory requirements of the applicable counseling profession for supervised practice and shall not perform the functions of the LMHP-R or be considered a "resident" until the supervision for specific clinical duties at a specific site has been preapproved in writing by the Virginia Board of Counseling. For purposes of Medicaid reimbursement to their supervisors for services provided by such residents, they shall use the title "Resident" in connection with the applicable profession after their signatures to indicate such status.

"LMHP-RP" or "LMHP-resident in psychology" means the same as an individual in a residency, as that term is defined in 18VAC125-20-10, program for clinical psychologists: a post-internship, post-terminal degree, supervised experience approved by the Virginia Board of Psychology. An LMHP-resident in psychology shall be in continuous compliance with the regulatory requirements for supervised experience as found in 18VAC125-20-65, established by the Board of Psychology and shall not perform the functions of the LMHP-RP or be considered a "resident" until the supervision for specific clinical duties at a specific site has been preapproved in writing by the Virginia Board of Psychology. For purposes of Medicaid reimbursement by supervisors for services provided by such residents, they shall use the title "Resident in Psychology" after their signatures to indicate such status.

"LMHP-S" or "LMHP-supervisee in social work," or "LMHP-supervisee," means the same as "supervisee" is defined in 18VAC140-20-10 for licensed clinical social workers: an individual who has submitted a supervisory contract and has received approval from the Virginia Board of Social Work to provide clinical services in social work under supervision. An LMHP-supervisee in social work shall be in continuous compliance with the regulatory requirements for supervised practice as found in 18VAC140-20-50, established by the Board of Social Work and shall not perform the functions of the LMHP-S or be considered a "supervisee" until the supervision for specific clinical duties at a specific site is preapproved in writing by the Virginia Board of Social Work. For purposes of Medicaid reimbursement to their supervisors for services provided by supervisees, these persons shall use the title "Supervisee in Social Work" after their signatures to indicate such status.

TN No. 16-005

Approval Date 03/30/2017

Effective Date 7/27/2016

Supersedes

TN No. 10-14

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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"QMHP-A" or "Qualified mental health professional-adult" means the same as defined in 12VAC35-105-20: a person in the human services field who is trained and experienced in providing psychiatric or mental health services to individuals who have a mental illness; including (i) a doctor of medicine or osteopathy licensed in Virginia; (ii) a doctor of medicine or osteopathy, specializing in psychiatry and licensed in Virginia; (iii) an individual with a master's degree in psychology from an accredited college or university with at least one year of clinical experience; (iv) a social worker: an individual with at least a bachelor's degree in human services or related field (social work, psychology, psychiatric rehabilitation, sociology, counseling, vocational rehabilitation, human services counseling or other degree deemed equivalent to those described) from an accredited college and with at least one year of clinical experience providing direct services to individuals with a diagnosis of mental illness; (v) a person with at least a bachelor's degree from an accredited college in an unrelated field that includes at least 15 semester credits (or equivalent) in a human services field and who has at least three years of clinical experience; (vi) a Certified Psychiatric Rehabilitation Provider (CPRP) registered with the United States Psychiatric Rehabilitation Association (USPRA); (vii) a registered nurse licensed in Virginia with at least one year of clinical experience; or (viii) any other licensed mental health professional.

"QMHP-C" or "Qualified mental health professional-child" or "QMHP-C" means the same as defined in 12VAC35-105-20: a person in the human services field who is trained and experienced in providing psychiatric or mental health services to children who have a mental illness. To qualify as a QMHP-C, the individual must have the designated clinical experience and must either (i) be a doctor of medicine or osteopathy licensed in Virginia; (ii) have a master's degree in psychology from an accredited college or university with at least one year of clinical experience with children and adolescents; (iii) have a social work bachelor's or master's degree from an accredited college or university with at least one year of documented clinical experience with children or adolescents; (iv) be a registered nurse with at least one year of clinical experience with children and adolescents; (v) have at least a bachelor's degree in a human services field or in special education from an accredited college with at least one year of clinical experience with children and adolescents, or (vi) be a licensed mental health professional in Virginia.

"QMHP-E" or "Qualified mental health professional-eligible" means the same as defined in 12VAC35-105-20: a person who has: (i) at least a bachelor's degree in a human service field or special education from an accredited college without one year of clinical experience or (ii) at least a bachelor's degree in a nonrelated field and is enrolled in a master's or doctoral clinical program, taking the equivalent of at least three credit hours per semester and is employed by a provider that has a triennial license issued by DBHDS and has a DBHDS and DMAS-approved supervision training program.

"QPPMH" or "qualified paraprofessional in mental health" means the same as the term is defined in 12VAC35-105-20 and consistent with the requirements of 12VAC35-105-1370: a person who must, at a minimum, meet one of the following criteria: (i) registered with the United States Psychiatric Association (USPRA) as an Associate Psychiatric Rehabilitation Provider (APRP); (ii) has an associate's degree in a related field (social work, psychology, psychiatric rehabilitation, sociology, counseling, vocational rehabilitation, human services counseling) and at least one year of experience providing direct services to individuals with a diagnosis of mental illness; or (iii) has a minimum of 90 hours classroom training and 12 weeks of experience under the direct personal supervision of a QMHP-Adult providing services to individuals with mental illness and at least one year of experience (including the 12 weeks of supervised experience).

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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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f. Independent Living and Recovery Services shall be defined as training and supports to enable restoration of an individual to the highest level of baseline functioning and achieve and maintain community stability and independence in the most appropriate, least restrictive environment.

Subcomponents of Service and Providers

These services shall provide face to face activities, instruction, interventions, and goal directed trainings that are designed to restore functioning and that are defined in the ISP in order to be reimbursed by Medicaid. These services include the following components:

<p>(i) providing opportunities to enhance recovery plans that include but are not limited to:</p> <p>a. Daily health activities and trainings on personal care/hygiene to restore and regain functional skills and appropriate behavior related to health and safety; and</p> <p>b. Skills training and reinforcement on the use of available community resources, such as public transportation to improve daily living and community integration skills and independent use of community resources; etc.</p>	<p>May only be provided by an LMHP, LMHP-R, LMHP-RP, LMHP-S, QMHP-A, QMHP-C, QMHP-E, or a QPPMH under the supervision of a QMHP-A, C, or E.</p>
<p>(ii) recovery and symptom management activities that include but are not limited to:</p> <p>a. condition specific education and training and reinforcement of symptom identification designed to increase the individual's ability to recognize and respond to symptoms; and</p> <p>b. goal directed and individualized stress management and coping skills training to increase the individual's continued adjustment to and management of mental illness; and</p> <p>c. training and coaching to facilitate improved communication, problem solving, and appropriate coping skills; etc.</p>	<p>May only be provided by an LMHP, LMHP-R, LMHP-RP, LMHP-S, or a QMHP-A, QMHP-C, or QMHP-E under the supervision of an LMHP, LMHP-R, LMHP-RP, or LMHP-S.</p>
<p>(iii) assistance with medication management that includes but is not limited to:</p> <p>a. Counseling on role of prescription medications and their effects including side effects; and</p> <p>b. Monitoring the use and effects of medications; etc.</p>	<p>May only be provided by an LMHP, LMHP-R, LMHP-RP, or LMHP-S.</p>
<p>(iv) conducting targeted exercises and coaching to restore an individual's ability to monitor and regulate their health, nutrition, and physical condition that includes but is not limited to:</p> <p>a. Self-assessment exercises and recovery coaching that builds self-awareness of symptoms and how to identify and monitor symptoms; and</p> <p>b. Coaching and training on maintaining adherence to recommended medical care such as scheduling and keeping medical appointments; etc.</p>	<p>May only be provided by an LMHP, LMHP-R, LMHP-RP, LMHP-S, QMHP-A, QMHP-C, QMHP-E, or a QPPMH under the supervision of a QMHP-A, C, or E.</p>

Limitations on Amount, Duration, and Scope

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.

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
150 S. Independence Mall West
Suite 216, The Public Ledger Building
Philadelphia, Pennsylvania 19106-3499



Region III/Division of Medicaid and Children's Health Operations

SWIFT #090920164021

April 3, 2017

Cynthia Jones, Director
Department of Medical Assistance Services
600 East Broad Street, Suite 1300
Richmond, Virginia 23219

Dear Mrs. Jones:

This letter is being sent as a companion to our approval of Virginia's State Plan Amendment (SPA) 16-005. This amendment makes program changes in the provisions of Community Mental Health Rehabilitative Services and In-Home Intensive Community Services. While we are proceeding with approval of VA SPA 16-005, this letter follows up on other reimbursement matters that need to be resolved.

Section 1902(a) of the Social Security Act (the Act) requires that States have a State Plan for medical assistance that meets certain federal requirements that set out a framework for the State program. Implementing regulations at 42 CFR §430.10 require that the State Plan be a comprehensive written statement describing the nature and scope of the State's Medicaid Program and that it contain all information necessary for the Centers for Medicare & Medicaid Services (CMS) to determine whether the plan can be approved to serve as the basis for Federal financial participation (FFP) in the State program. During our review of VA SPA 16-005, CMS performed an analysis of the reimbursement pages related to this SPA, and found that additional clarification is necessary.

In reviewing the State Plan pages, CMS found companion page issues related to reimbursement which are outlined per Exhibit 1. Please revise the State Plan Attachment 4.19-B page/pages to include the required detailed information.

Please respond to this letter within 90 days (June 28, 2017) with a corrective action plan describing how you will resolve the issues identified above. During the 90-day period, we are happy to provide any technical assistance that you need. State Plans that are not in compliance with requirements at 42 CFR §430.10 and 42 CFR §440.167 are grounds for initiating a formal compliance process.

Cynthia Jones, Director – Page 2

If you have any questions regarding this letter, please contact Margaret Kosherzenko at 215- 861-4288. We look forward to working with you on these issues.

Sincerely,

/S/

Francis McCullough
Associate Regional Administrator

ATTACHMENT/Exhibit 1

cc: De Earhart, CMS

EXHIBIT 1

Companion Letter Issues Related to VA SPA 16-005

REIMBURSEMENT ISSUES

Attachment 4.19-B, page 6:

Section 6.A.3 Mental Health Services: (This page was last updated per SPA 15-008)

Please submit a State Plan amendment Attachment 4.19-B to correct the following deficiencies in the current plan:

- Unit of Service;
- A reference to the coverage section that identifies the services provided and the provider qualifications. For example: Mental Health Services as outlined per Attachment A, Supplement 2, page 6 fee schedule is effective as of July 1, 2011;
- Identification of the services paid. Currently CMS is uncertain if all of the following services or only some of these services are paid under this reimbursement schedule: Crisis Stabilization, Therapeutic Day Treatment, Day Treatment/Partial Hospitalization and Psychosocial Rehabilitation and;
- Any payment limitations.

3.1 Intensive In-Home Services: (This page was last updated per SPA 15-008)

Please submit a State Plan Amendment Attachment 4.19-B to correct the following deficiencies in the current plan:

- Updated fee schedule language per the DMAS e-mail dated December 3, 2015, to CMS, that the fee schedule was updated on July 1, 2011;
- A reference to the coverage section that identifies the services provided and the provider qualifications. For example: Intensive In-Home Services, as defined per Attachment A, Supplement 2, page 6, is reimbursed based on an hourly rate . . .;
- Identification of the services paid. Currently CMS is uncertain if all of the following services or only some of these services are paid under this reimbursement schedule: Crisis Stabilization, Therapeutic Day Treatment, Day Treatment/Partial Hospitalization and Psychosocial Rehabilitation and;
- Any payment limitations.