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State Name: Virginia

State Plan Amendment (SPA) #: 17-009

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
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 #081120174037

October 17, 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) 17-009, Reimbursement for Community Mental Health Services and Dental Services. The purpose of SPA 17-009 is to add text to the State Plan regarding reimbursement practices for community mental health services and to reflect the inclusion of updated dental procedure codes in the agency's fee schedule.

This SPA is acceptable. Therefore, we are approving SPA 17-009 with an effective date of October 15, 2017. Enclosed are the approved SPA pages and the signed CMS-179 form.

If you have further 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 7 - 0 0 9

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 1, 2017
Pen & ink GH
9/21/17

5. TYPE OF PLAN MATERIAL (Check One)
 NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT
October 15,

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION
42 CFR Part 447

7. FEDERAL BUDGET IMPACT
a. FFY 2017 \$ -0-
b. FFY 2018 \$ -0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 4.19-B, Revised Page 5, 6, ~~6-24~~
v.
S.1,
Pen & ink GH
9/21/17

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)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

10. SUBJECT OF AMENDMENT
Reimbursement for Community Mental Health Services and Dental Services

11. GOVERNOR'S REVIEW (Check One)
 GOVERNOR'S OFFICE REPORTED NO COMMENT ²⁰¹⁷
 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
7/17/17

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
July 25, 2017

18. DATE APPROVED
October 17, 2017

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL
October 15, 2017

20. SIGNATURE OF REGIONAL OFFICIAL
/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

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

6.A. 2. Dentists' services: Dental services, dental provider qualifications and dental service limits are identified in Attachment 3.1A&B, Supplement 1, page 16.1 and 16.1.1. Dental services are paid based on procedure codes which are listed in the Agency' fee schedule rate, effective October 15, 2017. The state agency fee schedule is published on the DMAS website at http://www.dmas.virginia.gov/Content_pgs/rcp-ada_agrmnt2.aspx Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private individual practitioners.

TN No. 17-009

Approval Date October 17, 2017

Effective Date 10-15-17

Supersedes

TN No. 15-008

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, 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, 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, 2011, 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, 2011, 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, 2011, and are effective for services on or after that date.

TN No. 17-009

Approval Date October 17, 2017

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Supersedes

TN No. New Page

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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

e. Therapeutic Day Treatment/partial hospitalization, as defined per Supplement 1 to Attachment 3.1A&B, starting on page 31.4, and provided by the individuals who are listed in Attachment 3.1A&B, Supplement 1, page 31.6 and defined in Attachment 3.1A&B, Supplement 1, beginning on page 31, is reimbursed based on the following units of service: One unit= 2-3.99 hours/day; Two units= 4-6.99 hours/day; Three units= 7+ hours/day. No room and board is included in the rates for therapeutic day treatment/partial hospitalization. The Agency's rates were set as of July 1, 2011, and are effective for services on or after that date.

f. Psychosocial Rehabilitation, as defined per Supplement 1 to Attachment 3.1A&B, page 31.6, and provided by the individuals who are listed in Attachment 3.1A&B, Supplement 1, page 31.8 and defined in Attachment 3.1A&B, Supplement 1, beginning on page 31, 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 Agency's rates were set as of July 1, 2011, and are effective for services on or after that date.

g. Crisis Intervention, as defined per Supplement 1 to Attachment 3.1A&B, page 31.9, and provided by the individuals who are listed in Attachment 3.1A&B, Supplement 1, page 31.9a and defined in Attachment 3.1A&B, Supplement 1, beginning on page 31, 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 Agency's rates were set as of July 1, 2011, and are effective for services on or after that date.

h. Intensive Community Treatment , as defined per Supplement 1 to Attachment 3.1A&B, page 31.9b, and provided by the individuals who are listed in Attachment 3.1A&B, Supplement 1, page 31.9c and defined in Attachment 3.1A&B, Supplement 1, beginning on page 31, is reimbursed on an hourly unit of service. The Agency's rates were set as of July 1, 2011, and are effective for services on or after that date.

i. Crisis Stabilization, as defined per Supplement 1 to Attachment 3.1A&B, page 31.9d, and provided by the individuals who are listed in Attachment 3.1A&B, Supplement 1, page 31.9e and defined in Attachment 3.1A&B, Supplement 1, beginning on page 31, is reimbursed on an hourly unit of service. The Agency's rates were set as of July 1, 2011, and are effective for services on or after that date.

j. Independent Living and Recovery Services (previously called Mental Health Skill-Building Services) as defined per Supplement 1 to Attachment 3.1 A&B, page 31.10, and provided by the individuals who are listed in Attachment 3.1A&B, Supplement 1, page 31.10 and defined in Attachment 3.1A&B, Supplement 1, beginning on page 31, 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 Agency's rates were set as of July 1, 2011 and are effective for services on or after that date.

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