

## **Table of Contents**

**State Name:** Virginia

**State Plan Amendment (SPA) #:** 17-019

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**

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SWIFT #092120174041

November 21, 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) 17-019, Peer Support Services and Family Support Partners. The purpose of SPA 17-019 is to implement peer support services for children and adults who have mental health conditions and/or substance use disorders. Peer Support Services and Family Support Partners are Peer Recovery Support Services and are non-clinical, peer to peer activities that engage, counsel, and support an individual's self-help efforts to improve their health, recovery, resiliency, and wellness. Services shall be available to the caregiver of individuals under the age of 17 who have a mental health or substance use disorder or co-occurring mental health and substance use disorder when the services are directed exclusively toward the benefit of the Medicaid-eligible child.

This SPA is acceptable. Therefore, we are approving SPA 17-019 with an effective date of July 1, 2017. Enclosed are the approved SPA pages and a copy of the signed Form CMS-179.

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 7 0 1 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 Gl  
9/14/2017

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 2017 \$ 724,664  
b. FFY 2018 \$ 2,898,645

Pen & ink  
Call  
9/14/17

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attach 3.1 A&B, Supp. 1, new  
pages 54, 55, 56, 57, 58, 59  
  
Attach 4.19-B, new page 6.0.4

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Same pages

10. SUBJECT OF AMENDMENT

Peer Support Services and Family Support Partners

11. GOVERNOR'S REVIEW (Check One)

- GOVERNOR'S OFFICE REPORTED NO COMMENT<sup>2017</sup>  
 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/

13. TYPED NAME

Cynthia B. Jones

14. TITLE

Director

15. DATE SUBMITTED

9/7/17

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

September 13, 2017

18. DATE APPROVED

November 20, 2017

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

July 1, 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**

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Peer Support Services and Family Support Partners are Peer Recovery Support Services and are non-clinical, peer to peer activities that engage, counsel, and support an individual's, and as applicable, the caregiver's self-help efforts to improve health, recovery, resiliency and wellness. These services are provided under 42 CFR 440.130(d) in accordance with the rehabilitative services benefit. These services shall be available to:

1. Individuals 21 years or older with mental health or substance use disorders or co-occurring mental health and substance use disorders; or
2. The caregiver of individuals under the age of 17 years old who have a mental health or substance use disorder or co-occurring mental health and substance use disorder when the services is directed exclusively toward the benefit of a Medicaid-eligible child; or
3. Individuals 18-20 years old who meet the medical necessity criteria, who would benefit from receiving Peer Support Services directly, and who choose to receive Peer Support Services directly instead of through their family, shall be permitted to receive Peer Support Services by an appropriate Peer Recovery Specialist.

Definitions:

"CSAC" means the same as defined in Attachment 3.1 A&B Supplement 1, page 42. CSACs shall be supervised by an LMHP, LMHP-R, LMHP-RP, or LMHP S, as defined in 3.1 A&B, Supplement 1, page 31 and 31.1.

"CSAC-A" means the same as defined in Attachment 3.1 A&B Supplement 1, page 42. CSAC-A's shall be supervised by a CSAC or by an LMHP, LMHP-R, LMHP-RP, or LMHP S, as defined in 3.1 A&B, Supplement 1, page 31 and 31.1.

"Credentialed addiction treatment professional" means the same as defined in Attachment 3.1 A&B Supplement 1 Page 42.

"Direct Supervisor" means the person who provides direct supervision to the Peer Recovery Specialist ("PRS"). The direct supervisor:

1) shall be a Licensed Mental Health Professional (LMHP), including 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 or a Licensed Mental Health Professional – Resident, Licensed Mental Health Professional – Resident in Psychology, Licensed Mental Health Professional – Supervisee, who has documented completion of the DBHDS PRS supervisor training who is acting within their scope of practice under state law; or

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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, 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) who has a high school diploma or equivalent; completed the DBHDS peer recovery specialist training, and who has received certification in good standing by a certifying body recognized by 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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and experience, and certification required by DBHDS in order to be eligible to register with the Board of Counseling at the Department of Health Professions on or after July 1, 2018. Upon the promulgation of regulations by the Board of Counseling at the Department of Health Professions, registration of Peer Recovery Specialists by the Board of Counseling shall be required.

- 1) The PRS shall perform Family Support Partners services for individuals with a primary mental health diagnosis under the oversight of the LMHP making the recommendation for services and providing the clinical oversight of the Recovery, Resiliency, and Wellness Plan.
- 2) The PRS shall perform Family Support Partners services for individuals with a primary substance use diagnosis, or individuals with co-occurring substance use and mental health diagnoses, under the oversight of the Credentialed Addiction Treatment Professional (excluding the Certified Substance Abuse Counselor-Assistant) making the recommendation for services and providing the clinical oversight of the Recovery, Resiliency, and Wellness Plan.

Direct supervision of the PRS shall be performed as needed based on the level of urgency and intensity of service being provided.

1. If the PRS has less than 12 months experience delivering Peer Support Services or Family Support Partners, they shall receive face-to-face, one-to-one supervisory meetings of sufficient length to address identified challenges for a minimum of 30 minutes, two times a month. The direct supervisor must be available at least by telephone while the PRS is on duty.

2. If the PRS has been delivering Peer Recovery Services for over 12 months and fewer than 24 months they must receive monthly face-to-face, one-to-one supervision of sufficient length to address identified challenges for a minimum of 30 minutes. The direct supervisor must be available by phone for consult within 24 hours of service delivery if needed for challenging situations.

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Family Support Partners:

Service Definition: Family Support Partners is a Peer Recovery Support Service and is a strength-based, individualized, service provided to the caregiver of Medicaid-eligible individual under age 21, with a mental health or substance use disorder or co-occurring mental health and substance use disorder that is the focus of support. The services provided to the caregiver and individual must be directed exclusively toward the benefit of the Medicaid-eligible individual. Services are expected to improve outcomes for individuals under age 21 with complex needs who are involved with multiple systems and increase the individual's and family's confidence and capacity to manage their own services and supports while promoting recovery and healthy relationships. These services are rendered by a PRS who is (i) a parent of a minor or adult child with a similar substance use disorder or co-occurring mental health and substance use disorder, or (ii) an adult with personal experience with a family member with a similar a mental health or substance use disorder or co-occurring mental health and substance use disorder with experience navigating substance use or behavioral health care services. The PRS shall perform the service within the scope of their knowledge, lived experience, and education.

Peer Support Services:

Service Definition: Peer Support Services for Adults is a Peer Recovery Support Service and is a person centered, strength-based, and recovery oriented rehabilitative service for individuals 21 years or older provided by a Peer Recovery Specialist (PRS) successful in the recovery process with lived experience with a mental health or substance use disorder, or co-occurring mental health and substance use disorders who is trained to offer support and assistance in helping others in the recovery to reduce the disabling effects of a mental health or substance use disorder or co-occurring mental health and substance use disorder that is the focus of support. Services assist the individual with developing and maintaining a path to recovery, resiliency, and wellness. Specific Peer Support Service activities shall emphasize the acquisition, development, and enhancement of recovery, resiliency, and wellness. Services are designed to promote empowerment, self-determination, understanding, and coping skills through mentoring and service coordination supports, as well as to assist individuals in achieving positive coping mechanisms for the stressors and barriers encountered when recovering from their illness or disorder.

Service components, staff that may provide those service components, and service limitations for Family Support Partners and Peer Support Services may be found in Attachment 3.1A&B, Supplement 1, pages 58 - 59.

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Subcomponents of Peer Support Service and Family Support Partners and Providers:

These services shall provide recovery oriented services and activities, defined in the person centered Recovery Resiliency and Wellness Plan that guides the individual and the healthcare team to move the individual toward the maximum achievable independence and autonomy in the community. The Recovery, Resiliency, and Wellness Plan is a component of the individual's overall plan of care.

These services include the following components:

<u><i>Service Component Definitions –Peer Support Services and Family Support Partners</i></u>	<u><i>Staff That Provide Service Components</i></u>
<p>A licensed practitioner acting within the scope of practice makes the determination an individual meets the medical necessity criteria for Peer Support Services or Family Support Partner. Under the clinical oversight of the licensed practitioner the Peer Support Services or Family Support Partners the Peer Recovery Specialist (PRS) in consultation with their direct supervisor shall develop a Recovery, Resiliency, and Wellness Plan based on the recommendation for service, the individual’s and the caregiver’s perceived recovery needs, and any clinical assessments or service specific provider intakes within 30 calendar days of the initiation of service. Development of the Recovery, Resiliency, and Wellness Plan shall include collaboration with the individual and the individual’s caregiver, as applicable. Individualized goals and strategies shall be focused on the individual’s identified needs for self-advocacy and recovery.</p>	<p>PRS, Direct Supervisor, LMHP or Credentialed Addiction Treatment Professional, excluding the CSAC-A</p>
<p>The PRS and individual, and caregiver as applicable, shall perform a review of the Recovery, Resiliency, and Wellness Plan every 90 calendar days in consultation with the Direct Supervisor. Review of the Recovery Resiliency and Wellness Plan means the PRS evaluates and updates the individual's progress every 90 days toward meeting the Plan’s goals and documents the outcome of this review in the individual’s medical record.</p>	<p>PRS</p>
<p>Strategies and activities shall include at a minimum: 1) person centered, strength based planning to promote the development of self-advocacy skills; 2) empowering the individual to take a proactive role in the development and updating of their Recovery, Resiliency, and Wellness Plan; 3) crisis support; and 4) assisting in the use of positive self-management techniques, problem-solving skills, coping mechanisms, symptom management, and communication strategies identified in the Recovery, Resiliency and Wellness Plan so that the individual: i) remains in the least restrictive setting; ii) achieves their goals and objectives identified in the Recovery, Resiliency and Wellness Plan; iii) self-advocates for quality physical and behavioral health services; and iv) has access to strength-based behavioral health services, social services, educational services and other supports and resources.</p>	<p>PRS</p>

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Limits on amount, duration, and scope in Peer Support Services and Family Support Partners:

Service authorization shall be required. A unit of service shall be defined as 15 minutes. Peer Support Services and Family Support Partners shall be limited to four hours per day (up to 16 units per calendar day) and nine hundred (900) hours per calendar year. The four units of services per day may be exceeded based on medical necessity and that for individuals under age 21 limitations are not applicable because children must receive all medically necessary services in accordance with 1905(r) of the Social Security Act.

If a service recommendation for Peer Support Services or Family Support Partners made in a Mental Health setting in addition to a service recommendation for Peer Support Services or Family Support Partners in an addiction and recovery treatment setting, the individual may receive services in both settings however the enrolled provider shall coordinate services to ensure the four hour daily service limit is not exceeded. No more than a total of four hours of services in each of the settings, or a total of four hours of services in a combination of settings, up to 16 units of total service, shall be provided per calendar day. Peer Support Services or Family Support Partners shall not be rendered in these two settings at the same time. A separate annual service limit of up to 900 hours shall apply to each of these settings..

Service delivery limits may be exceeded based upon documented medical necessity and service authorization approval. Individuals 18-20 years old who meet the medical necessity criteria who would benefit from receiving peer supports directly, and who choose to receive Peer Support Services directly instead of through their caregiver shall be permitted to receive Peer Support Services by an appropriate Peer Recover Specialist (PRS).

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

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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, 2017, and are effective for services on or after that date. All rates are published on the DMAS website at: [www.dmas.virginia.gov](http://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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TN No. 17-019

Approval Date 11/20/2017

Effective Date 07-1-17

Supersedes

TN No. New Page