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State Name: Virginia

State Plan Amendment (SPA) #: 22-0008

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 St., Room 355 Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

May 16, 2022

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

Re: Virginia State Plan Amendment 22-0008

Dear Ms. Kimsey:

The Centers for Medicare & Medicaid Services (CMS) has reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 22-0008. This amendment proposes to remove the limit on Mental Health and Substance Use Disorder Case Management.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations Title 42 of the Code of Federal Regulations §440. This letter is to inform you that Virginia Medicaid SPA 22-0008 was approved on May 16, 2022, with an effective date of January 1, 2022.

If you have any questions, please contact Margaret Kosherzenko at 215-861-4288 or via email at Margaret.Kosherzenko@cms.hhs.gov.

Sincerely

James G. Scott, Director Division of Program Operations

cc: Meredith Lee

TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER 2. STATE 2 2 — 0 0 0 8 V A						
STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL						
FOR. CENTERS FOR MEDICARE & MEDICAID SERVICES	SECURITY ACT						
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES	4. PROPOSED EFFECTIVE DATE						
DEPARTMENT OF HEALTH AND HUMAN SERVICES	1/1/2022						
5. FEDERAL STATUTE/REGULATION CITATION	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)						
42 CFR 440	a. FFY 2022 \$ 0 b. FFY 2023 \$ 0						
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION						
Attachment 3.1A, Supplement 2, revised page 7 Attachment 3.1A&B, Supplement 2, revised page 40	OR ATTACHMENT (If Applicable) Same as box #7.						
9. SUBJECT OF AMENDMENT Remove Limit on Mental Health & Substance Use Disorder Case I	Management						
10. GOVERNOR'S REVIEW (Check One)							
GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	OTHER, AS SPECIFIED: Secretary of Health and Human Resources						
11. SIGNATURE OF STATE AGENCY OFFICIAL	15. RETURN TO						
	Department of Medical Assistance Services 600 East Broad Street, #1300						
12 TVDED NAME I	ichmond VA 23219						
13. TITLE	Attn: Policy, Regulations, and Manuals Supervisor						
Agency Director 14. DATE SUBMITTED							
2/28/2022							
FOR CMS U	of the transfer of the control of th						
Secretary Secretary Control of the C	17. DATE APPROVED 05/16/2022						
03/31/2022 PLAN APPROVED - ON	VE COPY ATTACHED						
	19. SIGN						
01/01/2022							
20. TYPED NAME OF APPROVING OFFICIAL	1. TITLE OF APPROVING OFFICIAL						
James G. Scott	Director, Division of Program Operations						
22. REMARKS							

Revision: HCFA-PM-87-4 (BERC) Supplement 2 to

March 1987

Youth at risk of serious emotional disturbance. (12 VAC 30-50-430)

Attachment 3.1-A Page 7

OMB No.: 0939-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

§3.

CASE MANAGEMENT SERVICES

A.	Target Group:	Medicaid eligible	individuals	who meet the DBHDS	definition	of youth at risk
	of serious emot	ional disturbance.				•

- An active client shall mean an individual for whom there is a plan of care in effect which requires regular direct or client-related contacts or communication or activity with the client, family, service providers, significant others and others including at least one faceto-face contact every 90-days. Billing can be submitted for an active client only for months in which direct or client-related contacts, activity or communications occur.
- 2. Target group includes individuals transitioning to a community setting. management services will be made available for up to 30 consecutive days prior to discharge from a covered stay in a medical institution. (The target group does not include individuals between ages 22 and 64 who are served in Institutions for Mental Disease or individuals who are immates of public institutions). (State Medicaid Directors Letter (SMDL), July 25, 2000).
- В. Areas of State in which services will be provided: $|\mathsf{x}|$ **Entire State** Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than Statewide: C. Comparability of Services Services are provided in accordance with section 1902(a)(10)(B) of the Act. Services are not comparable in amount, duration, and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act. D.
- Definition of Services: Mental health services. Case management services assist youth at risk of serious emotional disturbance in accessing needed medical, psychiatric, social, educational, vocational, and other supports essential to meeting basic needs. Services to be provided include:
 - 1. Assessment and planning services, to include developing an Individual Service Plan;

TN No. 22-0008 Approval Date: 05/16/2022 Effective Date: 01/01/2022

Supersedes TN No. 03-11

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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CASE MANAGEMENT SERVICES

§	12.	Target	Group	(42	Code o	f Federa	al Reg	ulations	441.	18(a)(8)(i)	and	441	.180	(a)	(9)):
		50.00	777	· ·			77	7.			(3 / m/c)	1000				1000	77	25

X The Medicaid eligible individual shall meet the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) diagnostic criteria for a substance use disorder. Tobacco-related disorders or caffeine- related disorders and nonsubstance-related disorders shall not be covered. Target group includes individuals transitioning to a community setting. Case management services will be made available for up to 30 consecutive days prior to discharge from a covered stay in a medical institution. (The target group does not include individuals between ages 22 and 64 who are served in Institutions for Mental Disease or individuals who are immates of public institutions). (State Medicaid Directors Letter (SMDL), July 25, 2000).

A.	Areas of State in which services will be provided (§ 1915(g)(1) of the Act):
	Entire State Only in the following geographic areas:
B.	Comparability of services (§§ 1902(a)(10)(B) and 1915(g)(1)):
	Services are provided in accordance with $\S 1902(a)(10)(B)$ of the Act. Services are not comparable in amount, duration, and scope $(1915(g)(1))$.

- C. Definition of services (42 CFR 440.169): Targeted case management services are defined as services furnished to assist individuals, eligible under the State Plan, in gaining access to needed medical, social, educational and other services. Targeted Case Management includes the following assistance: An individual receiving substance use case management services shall have an active individual service plan (ISP) that requires a minimum of two substance use case management service activities each month and at least one face-to-face contact with the individual at least every 90 calendar days.
- Comprehensive assessment and periodic reassessment of individual needs, to determine the need for any medical, education, social or other services. These assessment activities include:
 - Taking client history;
 - Identifying the individual's needs and completing related documentation; and
 - Gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the eligible individual;
 - Periodic reassessments include evaluating and updating the individual's progress toward
 meeting the individualized service plan objectives and shall occur as needed and at a minimum
 every 90 calendar days during a review of the ISP with the individual.

TN No. <u>22-0008</u> Approval Date: <u>05/16/2022</u> Effective Date: 01/01/2022 Supersedes

TN No.____17-008