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State/Territory Name: West Virginia

State Plan Amendment (SPA) #: 23-0003

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

September 5, 2023

Cynthia Beane, MSW, LCSW
Commissioner
Bureau for Medical Services
350 Capitol Street, Room 251
Charleston, WV 25301-3706

Re: West Virginia State Plan Amendment (SPA) 23-0003

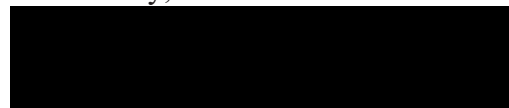
Dear Commissioner Beane:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0003. This amendment proposes provide coverage for a Medicaid Community-Based Mobile Crisis Intervention Services program.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 C.F.R. 440.167. This letter is to inform you that West Virginia Medicaid SPA 23-0003 was approved on September 5, 2023, with an effective date of July 1, 2023.

If you have any questions, please contact Nicole Guess at 872-287-1397 or via email at Nicole.Guess@cms.hhs.gov.

Sincerely,



Ruth A. Hughes, Acting Director
Division of Program Operations

cc: Sarah Young
Riley Romeo
Nora Dillard

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

1. TRANSMITTAL NUMBER

2 3 — 0 0 0 3

2. STATE

WV

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT

XIX XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

7/1/2023

5. FEDERAL STATUTE/REGULATION CITATION

Title XIX of the Social Security Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2023 \$ 949,587

b. FFY 2024 \$ 3,955,249

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Supplement 2 to Attachment 3.1-A and 3.1-B

Pages 5.1, 5.2 and 5.3

Attachment 4.19-B page 11*

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

New*
Attachment 4.19 page 11*

9. SUBJECT OF AMENDMENT

This amendment proposes to provide coverage for a Medicaid Community-Based Mobile Crisis Intervention Services program.

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:

12. TYPED NAME
Cynthia Beane

13. TITLE
Commissioner, Bureau for Medical Services

14. DATE SUBMITTED
06/09/23

15. RETURN TO
Bureau for Medical Services
350 Capitol Street Room 251
Charleston, West Virginia 25301

FOR CMS USE ONLY

16. DATE RECEIVED 06/09/2023

17. DATE APPROVED 09/05/2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
07/01/2023

19. SIGNATURE OF

20. TYPED NAME OF APPROVING OFFICIAL
Ruth A. Hughes

21. TITLE OF APPROVING OFFICIAL
Acting Director, Division of Program Operations

22. REMARKS

*Pen and Ink changes per state e-mail dated 08/30/2023.

3.1 AMOUNT, DURATION, AND SCOPE OF ASSISTANCE (cont.)

(c) Community-Based Mobile Crisis Intervention Services – Rehabilitative Services Benefit

A Medicaid member (member) who is experiencing a suspected mental health and/or substance use disorder-related crisis is eligible for Community-Based Mobile Crisis Intervention Services. Community-Based Mobile Crisis Intervention Services include a toll-free hotline and a Mobile Crisis Response Team. The team provides timely intensive supports, stabilization of the crisis event, and time-limited rehabilitation intervention services intended to achieve crisis symptom reduction. In addition, the team will help facilitate restoration of the member to their baseline function and will maintain the member in their homes, whenever possible.

The toll-free crisis hotline services and Mobile Crisis Response Teams are available throughout the state and staffed 24 hours per day, seven days a week. Intensive support and stabilization services will be offered and delivered in person within the State's designated timeframe. Community-Based Mobile Crisis Intervention Services will be provided at the home, work, school, group care, and/or other natural setting of the member. Services will be tailored to meet the member's individualized needs. Community-Based Mobile Crisis Intervention Services cannot be delivered to a member who is currently admitted to an inpatient facility.

The Mobile Crisis Response Teams consist of Supervisory Staff, Clinical Staff, and Direct Care Staff who provide supervisory support, clinical support and direct crisis response services. Community-Based Mobile Crisis Intervention Services include the following components:

- mental status exam
- brief screening and assessment
- short-term intervention
- crisis safety planning
- brief counseling
- coordination and consultation with additional qualified providers

Community-Based Mobile Crisis Intervention Services will assist with the specific crisis, and provide referrals to and/or linkages with other mental health and/or substance use services or organizations. The provider organization providing services will be responsible for helping to ensure clinically appropriate follow-up occurs including documentation of follow-up with the member and/or family/caregiver/guardian within 24 hours of initial contact/response and up to 4 weeks post-contact/response.

In the event that the member cannot be stabilized by the responding mobile crisis team in the community, services may also include facilitation of a safe transition to a higher level of care. The transition may include, but is not limited to, warm hand-offs and coordinating transportation when and only if situations warrant transition to other locations and/or higher levels of care.

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Supersedes: New		

Community-Based Mobile Crisis Intervention Services are to be provided for purposes of making progress towards the following clinical goals:

- helping members return to previous levels of functioning
- helping members develop coping mechanisms to minimize or help prevent a future crisis
- helping prevent unnecessary institutionalization of members.

Provider Qualifications

Community-Based Mobile Crisis Intervention Services are provided by multi-disciplinary Mobile Crisis Response Teams composed of at least two individuals including, at a minimum, one Clinical Staff with experience in crisis response, and one Direct Care Staff. Clinical care staff must be fully engaged in the intervention by meeting face-to-face with the member or via telehealth as appropriate. For the safety of the Mobile Response Team teams, teams must consist of a minimum of two individuals for face-to-face responses.

Community-Based Mobile Crisis Intervention Services shall be delivered directly by, or under the supervision of a Clinical Supervisor who must be licensed under at least one of the following licensure categories:

Clinical Supervisory Staff:

- Physician; OR
- Non-physician practitioner (NPP) e.g., Registered Nurse (RN), Advance Practice Registered Nurse (APRN), Physician Assistant (PA) or equivalent; OR
- A Licensed Psychologist or Supervised Psychologist; OR
- A Licensed Graduate Social Worker (LGSW) or Licensed Certified Social Worker (LCSW) or Licensed Independent Clinical Social Worker (LICSW), or Licensed Professional Counselor (LPC) or Advanced Alcohol Drug Counselor (AADC) who has the authority to provide, or supervise the provision of, these services.

Any Community-Based Mobile Crisis Intervention Service described herein may be provided to a member by any qualified provider type described below, subject to any limitations on scope of practice and requirements for access to supervisory clinicians.

- **Clinical Staff:** Masters level clinical resource: Mobile Crisis Response Teams shall, on an as-needed basis, have access to a Masters level or higher level Clinical resource who shall hold a Master's degree in Counseling, Social Work, or Psychology and who shall have two years of experience in behavioral health services. Clinical staff including clinical supervisors may provide assessment(s) within their authorized scope of practice under state law and training to help determine the needs of the individual. The Clinical Supervisor may serve as the clinical staff

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component of the Mobile Crisis Response Team. Community-Based Mobile Crisis Intervention Services shall be delivered directly by, or under the supervision of a Clinical Supervisor.

- **Direct Care Staff:**

- **Crisis Specialist:** Crisis Specialists are members of the Mobile Crisis Response Team who provide direct crisis response services. Crisis Specialists must hold at minimum a Bachelor's degree in a human services (in social work, psychology, sociology or other human services field) with one year of documented experience working with this population. A Clinical Supervisor and/or a Master's level clinical resource may directly provide Community-Based Mobile Crisis Intervention Services. Crisis specialists may provide Community-Based Mobile Crisis Intervention Services under the supervision of a Clinical Supervisor.
- **Peer Parent Support Mentor:** A Peer Parent Support Mentor must have lived experience as an individual or family member of a child with serious emotional disturbance (SED) or lived experience parenting children or youths with social, emotional, behavioral, or substance use challenges, and must possess a high school diploma or general education development test (GED). The individual will complete specialized training to support parents and caregivers. Peer Parent Support Mentors may provide Community-Based Mobile Crisis Intervention Services under the supervision of a Clinical Supervisor.
- **Youth and/or Adult Peer Mentor:** The Youth and/or Adult Peer Mentor must have either lived experience of recovery from mental health disorders or an associate degree in a behavioral health or related human services field. He or she will complete formal training or education in peer recovery support. The peer mentor must be 18 years of age or older. Youth and/or Adult Peer Mentors may provide Community-Based Mobile Crisis Intervention Services under the supervision of a Clinical Supervisor.

All Community-Based Mobile Crisis staff must successfully complete a criminal background check and child abuse registry check.

Provider Agency Qualifications

Organizational provider types eligible to provide Mobile Crisis Intervention Services include:

- Licensed Behavioral Health Centers
- Comprehensive Mental Health Centers
- Federally Qualified Health Centers
- Certified Community Behavioral Health Clinics

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: West Virginia

Attachment 4.19-B

Page 11

4.19 Payments for Medical and Remedial Care Services

health agencies only is based on payment rates for each service by units of time with limitations established for occurrences. The payment upper limit is established by arraying charges of providers for the services to establish a reasonable and customary and prevailing charge. Effective for dates of service on or after April 1, 2022, the behavioral health services rates will be increased by five (5) percent. Unless specifically noted otherwise in the plan, the state-developed fee schedule rate is the same for both governmental and private providers. The BMS fee schedule is published at:

<https://dhhr.wv.gov/bms/fees/pages/default.aspx>.

Community-Based Mobile Crisis Intervention Services Providers will be reimbursed in Fee for Service using the BMS fee schedule for licensed behavioral health center (LBHC) services and the BMS fee schedule shall be the minimum rate paid for Mobile Crisis Services rendered in Managed Care for these services. LBHC rates are distinct from FQHC encounter rates. The service codes and rates for Community-Based Mobile Crisis Intervention Services are all inclusive of the Mobile Crisis Response Team. Therefore, each provider on the team is not being paid separately for the service as they are paid through the rate reimbursed for the team.

LBHC codes and rates effective for dates on or after April 1, 2022 are published here:

[https://dhhr.wv.gov/bms/FEES/Documents/LBHC%20Rates%20as%20of%204.1.22 rev b.pdf](https://dhhr.wv.gov/bms/FEES/Documents/LBHC%20Rates%20as%20of%204.1.22%20rev%20b.pdf)

Reimbursement for Assertive Community Treatment (ACT) is based on an assessment of the fees of those service codes included in the ACT array of services together with a review of the staff level and hours of the professionals included in the ACT team. A per diem or a monthly rate will be based on the historical data of the frequency of those service codes included in ACT and the number of staff and average wages of the professional team. Effective for dates of service on or after April 1, 2022, the ACT services rates will be increased by five (5) percent. Unless specifically noted otherwise in the plan, the state-developed fee schedule rate is the same for both governmental and private providers. The BMS fee schedule is published at: <https://dhhr.wv.gov/bms/fees/pages/default.aspx>.

Cardiac Rehabilitative Services: Cardiac Rehabilitative Services as defined per Attachment 3.1A and 3.1B page 5g and 5h are reimbursed effective 1/1/14 based on the physician fee schedule as outlined per Attachment 4.19-B, page 3aa. Other practitioners providing these services as described in Attachment 3.1A and 3.1B page 5g and 5h shall be reimbursed at the lesser of the practitioners' usual and customary fee or the West Virginia Medicaid fee scheduled, if applicable, at www.dhhr.wv.gov/bms.

Pulmonary Rehabilitation: Pulmonary Rehabilitation as defined per Attachment 3.1 A and 3.1-B page 5i and 5j are reimbursed effective 1/1/14 based on the physician fee schedule as outlined per Attachment 4.19-B, page 3aa.

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