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State/Territory Name: VA

State Plan Amendment (SPA) #: 24-0003

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
Center for Medicaid & CHIP Services
233 North Michigan Ave., Suite 600
Chicago, Illinois 60601



Financial Management Group

March 5, 2024

Cheryl J. Roberts, Director
Virginia Department of Medical Assistance Services
600 East Broad Street, Suite 1300
Richmond, VA 23219

RE: Virginia State Plan Amendment (SPA) Transmittal Number 24-0003

Dear Director Roberts:

We have reviewed the proposed State Plan Amendment (SPA) to Attachment 4.19-B of Virginia's state plan, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on January 16th, 2024. This plan makes numerous updates to the rates and payment methodology for mental health services.

Based upon the information provided by the State, we have approved the amendment with an effective date of January 1st, 2024. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Jerica Bennett at 1-410-786-1167 or jerica.bennett@cms.hhs.gov.

Sincerely,

A solid black rectangular box used to redact the signature of Todd McMillion.

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

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

1. TRANSMITTAL NUMBER

2 4 — 0 0 0 3

2. STATE

V A

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

1/1/2024

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 447

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2024 \$ 369,190
b. FFY 2025 \$ 572,164

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-B, revised pages 5.1, 5.2, 6, 6.0.4, 6.2.1, & 9g

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Same as box #7.

9. SUBJECT OF AMENDMENT

Non-Institutional Provider Reimbursement Changes

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

12. TYPED NAME
Cheryl Roberts

13. TITLE
Agency Director

14. DATE SUBMITTED
12/15/2023

15. RETURN TO

Department of Medical Assistance Services
600 East Broad Street, #1300
Richmond VA 23219

Attn: Policy, Regulations, and Manuals Supervisor

FOR CMS USE ONLY

16. DATE RECEIVED
01/16/2024

17. DATE APPROVED
March 5, 2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
1/1/2024

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL
Todd McMillion

21. TITLE OF APPROVING OFFICIAL
Director, Division of Reimbursement Review

22. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATE-
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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 4.11, 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 4.11, 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 January 1, 2024, 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 January 1, 2024, 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, 2022, and are effective for services on or after that date.

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d-1. Mental Health Intensive Outpatient services are reimbursed based on a per-diem unit that accounts for the wages, employee costs, and other allowable costs associated with providing this service. The rate for this service does not include costs related to room and board or other unallowable facility costs. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers. The Agency's fee schedule rate was set as of January 1, 2024, and is effective for services on or after that date. All rates are published on the agency's website at <https://www.dmas.virginia.gov/for-providers/procedure-fee-files-cpt-codes/> - go to the header for HCPC Codes and look for this service.

d-2. Residential Crisis Stabilization is reimbursed based on a per-diem unit. The rate for this service does not include costs related to room and board or other unallowable facility costs. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers. The Agency's fee schedule rate was set as of January 1, 2024 and is effective for services on or after that date. All rates are published on the agency's website at <https://www.dmas.virginia.gov/for-providers/procedure-fee-files-cpt-codes/> - go to the header for HCPC Codes and look for this service.

d-3. 23-Hour Residential Crisis Stabilization is a form of Residential Crisis Stabilization that is provided as a 23-hour service and is reimbursed on a per-diem unit. The rate for this service does not include costs related to room and board or other unallowable facility costs. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers. The Agency's fee schedule rate was set as of January 1, 2024 and is effective for services on or after that date. All rates are published on the agency's website at <https://www.dmas.virginia.gov/for-providers/procedure-fee-files-cpt-codes/> - go to the header for HCPC Codes and look for this service.

d-4. Multisystemic Therapy is reimbursed based on a 15-minute unit of service. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers. The Agency's fee schedule rate was set as of January 1, 2024, and is effective for services on or after that date. All rates are published on the agency's website at <https://www.dmas.virginia.gov/for-providers/procedure-fee-files-cpt-codes/> - go to the header for HCPC Codes and look for this service.

d-5. Functional Family Therapy is reimbursed based on a 15-minute unit of service. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers. The Agency's fee schedule rate was set as of January 1, 2024, and is effective for services on or after that date. All rates are published on the agency's website at <https://www.dmas.virginia.gov/for-providers/procedure-fee-files-cpt-codes/> - go to the header for HCPC Codes and look for this service.

TN No. 24-0003

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TN No. 22-0018

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- e. Mental Health Partial Hospitalization Program services are reimbursed based on a per diem unit that accounts for the wages, employee costs, and other allowable costs associated with providing this service. The rate for this service does not include costs related to room and board or other unallowable facility costs. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers. The Agency's fee schedule rate was set as of January 1, 2024, and is effective for services on or after that date. All rates are published on the agency's website at <https://www.dmas.virginia.gov/for-providers/procedure-fee-files-cpt-codes/> - go to the header for HCPC Codes and look for this service.
- f. Psychosocial Rehabilitation 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 rates account for the wages, employee costs, and other allowable costs associated with providing this service. The Agency's rates were set as of January 1, 2024, and are effective for services on or after that date. All rates are published on the agency's website at <https://www.dmas.virginia.gov/for-providers/procedure-fee-files-cpt-codes/> - go to the header for HCPC Codes and look for this service.
- g. Mobile Crisis Response is reimbursed based on a 15-minute unit of service. The rates account for the wages, employee costs, and other allowable costs associated with providing this service. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers. The Agency's fee schedule rate was set as of January 1, 2024, and is effective for services on or after that date. All rates are published on the agency's website at <https://www.dmas.virginia.gov/for-providers/procedure-fee-files-cpt-codes/> - go to the header for HCPC Codes and look for this service.
- h. Assertive Community Treatment is reimbursed on a daily unit of service that accounts for the wages, employee costs, and other allowable costs associated with providing this service. The Agency's rates were set as of January 1, 2024, and are effective for services on or after that date. All rates are published on the agency's website at <https://www.dmas.virginia.gov/for-providers/procedure-fee-files-cpt-codes/> - go to the header for HCPC Codes and look for this service.
- i. Community Stabilization is reimbursed on a 15 minute unit of service that accounts for the wages, employee costs, and other allowable costs associated with providing this service. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers. The Agency's fee schedule rate was set as of January 1, 2024, and is effective for services on or after that date. All rates are published on the agency's website at <https://www.dmas.virginia.gov/for-providers/procedure-fee-files-cpt-codes/> - go to the header for HCPC Codes and look for this service.
- j. Independent Living and Recovery Services (previously called Mental Health Skill-Building Services) 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 rates account for the wages, employee costs, and other allowable costs associated with providing this service. The Agency's rates were set as of January 1, 2024 and are effective for services on or after that date. All rates are published on the agency's website at <https://www.dmas.virginia.gov/for-providers/procedure-fee-files-cpt-codes/> - go to the header for HCPC Codes and look for this service.

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**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATE-
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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 January 1, 2024, and are effective for services on or after that date. All rates are published on the DMAS website at: 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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16.1 Reimbursement for personal care services for individuals enrolled in the Medicaid Buy-In program described in Attachment 2.6A, Supplement 8a, p 1-3 or for personal care services covered under EPSDT. All governmental and private providers are reimbursed according to the same published fee schedule. All rates are published on the DMAS website at www.dmas.virginia.gov. The Agency's rates, based upon one-hour increments, were set as of January 1, 2024, and shall be effective for 1902(a) state plan authorized services on and after that date. Qualifying overtime for consumer-directed personal care provided under EPSDT will be paid 150% of the fee schedule, and qualifying sick leave for consumer – directed personal care provided under EPSDT will be at 100% of the fee schedule.

16.1.a. Reimbursement for consumer-directed services facilitator services under EPSDT as described per Supplement 1 to Attachment 3.1A&B, pages 6.4.7 & 6.4.8. All governmental and private providers are reimbursed according to the same published fee schedule, located on the DMAS website at www.dmas.virginia.gov. The Agency's rates were set as of July 1, 2022, and shall be effective for services provided on and after that date.

16.2. Private duty nursing services covered under EPSDT as defined per Supplement 1 to Attachment 3.1A&B, page 6.4.8, with provider qualifications on page 6.4.8, are reimbursed based on a 15-minute unit of service in accordance with the State Agency fee schedule. The fee schedule is the same for both governmental and private providers and was set as of July 1, 2022, and shall be effective for services provided on and after that date. The state agency fee schedule is published on the DMAS website at www.dmas.virginia.gov.

16.3 Medical Supplies, Equipment and Appliances (assistive technology) covered under EPSDT, as defined per Supplement 1 to Attachment 3.1 A&B, page 6.4.9, with provider qualifications on page 6.4.10. The service shall be reimbursed based upon the total cost of all AT incurred by the provider.

16.4 Reserved.

16.5 Hospice services, as defined per Attachment 3.1 A&B, Supplement 1, pages 33-37. Hospice services payments are effective October 1 annually and are equivalent to the annual Medicaid hospice rates published by CMS. As of July 1, 2019, room and board will be reimbursed at a rate equal to 100 percent of the skilled nursing facility rate for Medicaid members receiving hospice services who reside in a nursing facility. Hospice services shall be paid according to the location of the service delivery and not the location of the Agency's home office. Payments to a hospice for inpatient care are limited according to the number of days of inpatient care furnished to Medicaid members. During the twelve (12) month period beginning October 1 of each year and ending September 30 of the next year, the aggregate number of inpatient days (both general inpatient days and inpatient respite care days) for any given hospice provider may not exceed twenty percent (20%) of the total number of days of hospice care provided to all Medicaid members during the same period.

Services that are included in the hospice reimbursement are: (a) Routine Home Care where most hospice care is provided - Days 1- 60; (b) Routine Home Care where most hospice care is provided-Days 61 and over; (c) Continuous Home Care; (d) Hospice Inpatient Respite Care; (e) Hospice General Inpatient Care; (f) Service Intensity Add-On (SIA) will be made for a visit by a social worker or a registered nurse (RN), when provided during routine home care provided in the last 7 days of a Medicaid member's life. The SIA payment is in addition to the routine home care rate. The SIA Medicaid reimbursement will be equal to the Continuous Home Care hourly payment rate (as calculated annually by CMS), multiplied by the amount of direct patient care hours provided by an RN or social worker for up to four (4) hours total that occurred on the day of service, and adjusted by the appropriate hospice wage index published by CMS.

16.3.1 Effective July 1, 2019, the telehealth originating site facility fee shall be set at 100 percent of the Medicare rate and shall reflect changes annually based on any changes in the Medicare rate.

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**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATE-
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12 VAC 30-80-96. Fee-for-service: Early Intervention (under EPSDT).

A. Payment for Early Intervention (EI) services pursuant to Part C of the Individuals with Disabilities Education Act (IDEA) of 2004, as set forth in Supplement 1 to Attachment 3.1-A&B, page 6.1 of 41, for individuals younger than 21 years of age shall be the lower of the state agency fee schedule or actual charge (charge to the general public). All private and governmental fee-for-service providers are reimbursed according to the same methodology. The agency's rates were set as of January 1, 2024, and are effective for services on or after that date. Rates are published on the agency's website at www.dmas.virginia.gov.

B. There shall be separate fees for:

1. certified Early Intervention professionals who are also licensed as either a physical therapist, occupational therapist, speech pathologist, or registered nurse and certified Early Intervention specialists who are also licensed as either a physical therapy assistant or occupational therapy assistant and
2. all other certified Early Intervention professionals and certified Early Intervention specialists.

C. Provider travel time shall not be included in billable time for reimbursement.

D. Local Education Agency (LEA) providers provide Medicaid-covered school health services for which they are reimbursed on a cost basis pursuant to Attachment 4.19-B, pages 9a through 9f of 15. LEAs may also be certified as, and enrolled to provide, Early Intervention services. LEAs providing such services shall be reimbursed for EI services on a fee-for-service basis in the same manner as other EI providers. The fee-for-service rate is the same regardless of the setting in which LEAs provide EI services.

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