

## **Table of Contents**

**State Name:** Virginia

**State Plan Amendment (SPA) #:** 12-04

This file contains the following documents in the order listed:

- 1) Approval Letters
- 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 #092820124025

DEC 04 2012

Cynthia B. Jones, Director  
Department of Medical Assistance Services  
600 East Broad Street, Suite 1300  
Richmond, VA 23219

Dear Ms. Jones:

We have reviewed State Plan Amendment (SPA) 12-04, Companion SPA to Virginia (VA) SPA 10-14 concerning Mental Health Utilization. On May 24, 2011, the Centers for Medicare & Medicaid Services (CMS) sent a companion letter to the Department of Medical Assistance Services (DMAS) concerning a previously approved State Plan Amendment VA 10-14, which concerned Mental Health Program Utilization Changes. The companion letter noted that CMS required additional clarification regarding Targeted Case Management (TCM) for seriously mentally ill adults and emotionally disturbed children.

The VA SPA 12-04 provides State Plan pages that conform to CMS' State Plan requirements for information concerning Targeted Case Management (TCM) for seriously mentally ill adults and emotionally disturbed children. This SPA is acceptable. Therefore, we are approving VA SPA 12-04 with an effective date of January 1, 2012. Enclosed are the approved SPA pages and signed CMS-179 form.

Please note that accompanying this approval of SPA 12-04, there is an enclosed companion letter addressing unrelated issues that arose in review of this SPA.

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

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> <b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER 1 2 - 0 4	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 January 1, 2012	
5. TYPE OF PLAN MATERIAL (Check One) <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT		

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

6. FEDERAL STATUTE/REGULATION CITATION 42 CFR Part 431	7. FEDERAL BUDGET IMPACT a. FFY 2012 \$ 0 b. FFY 2013 \$ 0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attach. 3.1-A, Supp 2, pp 2.1, 3, 4, 5, 6 of 25	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attach. 3.1-A, Supp 2, pp 3, 4, 5, 6 of 25 of SPA 03-11.

10. SUBJECT OF AMENDMENT  
Companion SPA to SPA 10-14 concerning Mental Health Utilization

11. GOVERNOR'S REVIEW (Check One)  
 GOVERNOR'S OFFICE REPORTED NO COMMENT       OTHER, AS SPECIFIED  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL  
Secretary of Health and Human Resources

12. SIGNATURE OF STATE AGENCY OFFICIAL /S/	16. RETURN TO Dept. of Medical Assistance Services 600 East Broad Street, #1300 Richmond VA 23219 Attn: Regulatory Coordinator
13. TYPED NAME Cynthia B. Jones	
14. TITLE Director	
15. DATE SUBMITTED May 29, 2012	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED September 6, 2012	18. DATE APPROVED DEC 04 2012
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL January 1, 2012	20. SIGNATURE OF REGIONAL OFFICIAL /S/
21. TYPED NAME FRANCIS McCULLOUGH	TITLE ASSOCIATE REGIONAL Administrator / DMCHD
23. REMARKS	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

TARGETED CASE MANAGEMENT SERVICES

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TARGETED CASE MANAGEMENT SERVICES

A. Target group (42 CFR §§ 441.18(8)(i) and 441.18(9):

1. The targeted group is described on page 2 of this Supplement.
2. N/A Target group includes individuals transitioning to a community setting. Case management services will be made available for up to \_\_\_\_\_ consecutive days of 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 inmates of public institutions.

B. Areas of State in which services will be provided (§ 1915(g)(1) of the Act).

- Entire State
- Only in the following geographic areas (§ 1915(g)(1) of the Act):

C. Comparability of services (§§ 1902(a)(10)(B) and 1915(g)(1).

- Services are provided in accordance with § 1902(a)(10)(B) of the Act.
- Services are not comparable in amount, duration, and scope. (§ 1915(g)(1) of the Act); see also page 3 of this Supplement.

D. 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:

1. Comprehensive assessment and periodic reassessment of individual needs to determine the need for any medical, educational, social, or other services. Needs shall be reassessed at least annually.
2. 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.
3. Development (and periodic revision) of a specific care plan that is based on the information collected through the assessment that specifies the goals and actions to address the medical, social, educational, and other services needed by the individual; includes activities such as ensuring the active participation of the eligible individual, and working with the individual (or the individual's authorized health care decision maker) and others to develop those goals; and identifies a course of action to respond to the assessed needs of the individual.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

TARGETED CASE MANAGEMENT SERVICES

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4. Referral and related activities (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including activities that help link the individual with medical, social, educational providers, or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan; and
5. Monitoring and follow-up activities, including activities and contacts that are necessary to ensure that the ISP is effectively implemented and adequately addresses the needs of the eligible individual, and which may be with the individual, family members, services providers, or other and conducted as frequently as necessary, and including at least one annual monitoring, to determine whether the following conditions are met:

Services are being furnished in accordance with the individual's care plan; services in the care plan are adequate; and changes in the needs or status of the individual are reflected in the care plan. Monitoring and follow-up activities include making arrangements with providers, as more fully described on pages 3 and 4 of this Supplement.

E. Qualifications of providers. (42 CFR §§441.18(a)(8)(v) and 441.18(b).

1. Services are not comparable in amount, duration, and scope. Authority of § 1915(g)(1) of the Act is invoked to limit case management providers for individuals with mental retardation and individuals with serious/chronic mental illness to the Community Services Boards (CSBs) only to enable them to provide services to serious/chronically mentally ill or mentally retarded individuals without regard to the requirements of § 1902(a)(10)(B) of the Act. The CSBs are the local-level agencies for the Department of Behavioral Health and Developmental Services, are the enrolled Medicaid providers and whose employees render case management services.
2. To qualify as a provider of services through DMAS for targeted case management for seriously/chronically mentally ill adults and emotionally disturbed children/adolescents, the provider of the services must meet certain criteria. These criteria shall be:
  - a. The provider must have the administrative and financial management capacity to meet state and federal requirements;
  - b. The provider must have the ability to document and maintain individual case records in accordance with state and federal requirements;
  - c. The provider must be licensed as a provider of case management services by the DBHDS;

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State of VIRGINIA

TARGETED CASE MANAGEMENT SERVICES

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d. Employees of the case management provider must have knowledge of:

(1) Services, systems, and programs available in the community including primary health care, support services, eligibility criteria and intake processes, generic community resources, and mental health, mental retardation, and substance abuse treatment programs;

(2) The nature of serious mental illness, mental retardation (intellectual disability), substance abuse (substance use disorders), or co-occurring disorders depending on the individuals served, including clinical and developmental issues.

e. Employees of the case management provider must have abilities to:

(1) Work as team members, maintaining effective inter- and intra-agency working relationships;

(2) Work independently, performing position duties under general supervision, and

(3) Engage and sustain ongoing relationships with individuals receiving services.

3. Providers may bill Medicaid for mental health case management only when the services are provided by qualified mental health case managers.

F. Freedom of choice. (42 CFR § 441.18(a)(1).

1. Freedom of choice is described on page 6 of this Supplement.

2. Freedom of choice exception (§ 1915(g)(1) and 42 CFR § 441.18(b)):

N/A Target group consists of eligible individuals with developmental disabilities or with chronic mental illness. Providers are limited to qualified Medicaid providers of case management services capable of ensuring that individuals with developmental disabilities or with chronic mental illness receive needed services.

G. Payment for case management services under the plan does not duplicate payments made to public agencies of private entities under other program authorities for this same purpose. Case management services may not be billed concurrently with intensive community treatment services, treatment foster care case management services or intensive in-home services for children and adolescents.

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**TARGETED CASE MANAGEMENT SERVICES**

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- H. Access to Services. (42 CFR §§ 441.18(a)(2), 441.18(a)(3), 441.18(a)(6)). The state assures the following:
1. Case management services shall be provided in a manner consistent with the best interest of recipients and shall not be used to restrict an individual's access to other Medicaid services.
  2. Individuals shall not be compelled to receive case management services. The receipt of other Medicaid services shall not be a condition for the receipt of case management services, and the receipt of case management services shall not be a condition for receipt of other Medicaid services.
  3. Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other Medicaid services.
- I. Case records. (42 CFR 441.18(a)(7)). Case management services must be documented and maintained in individual case records in accordance with 42 CFR § 441.18(a)(7) and other state and federal requirements.
- J. Limitations.
1. Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for services defined in § 441.169 when the case management activities are an integral and inseparable component of another covered Medicaid service (State Medicaid Manual (SMM) 4302.F)
  2. Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for services defined in § 441.169 when the case management activities constitute the direct delivery of underlying medical, educational, social or other covered services.

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TARGETED CASE MANAGEMENT SERVICES

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K. Targeted case management services (pursuant to Supp. 1 of Attach 3.1-A&B, pp. 30-31.4).

1. Reimbursement shall be provided only for "active" targeted case management clients, as defined. An active client for targeted case management shall mean an individual for whom there is a plan of care in effect which requires regular direct or client-related contacts or activity or communication with the client or families, significant others, service providers, and others including a minimum of one face-to-face client contact within a 90-day period. Billing can be submitted only for months in which direct or client-related contacts, activity or communications occur.
2. The Medicaid eligible individual shall meet the DBHDS criteria of serious mental illness, serious emotional disturbance in children and adolescents, or youth at risk of serious emotional disturbance.
3. There shall be no maximum service limits for targeted case management services. Targeted case management shall not be billed for persons in institutions for mental disease.
4. The ISP must document the need for targeted case management and be fully completed within 30 days of initiation of the service, and the case manager shall review the ISP every three months. The review will be due by the last day of the third month following the month in which the last review was completed. A grace period will be granted up to the last day of the fourth month following the month of the last review. When the review was completed in a grace period, the next subsequent review shall be scheduled three months from the month the review was due and not the date of actual review.
5. The ISP shall be updated at least annually.
6. The provider of targeted case management services shall be licensed by DBHDS as a provider of targeted case management services.

**NOTE:** Subsection K (Targeted Case Mgt. Services) was formerly Subsection E of Attachment Page 3.1-C, Page 33 of 43

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