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State Name: West Virginia

State Plan Amendment (SPA) #: 09-11

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

SWIFT #021020114010

APR 12 2011

Ms. Nancy V. Atkins
Commissioner
Bureau for Medical Services
Department of Health and Human Resources
350 Capitol Street, Room 251
Charleston, West Virginia 25301-3706

Dear Ms Atkins:

We have reviewed West Virginia State Plan Amendment (SPA) 09-11, which provides for an additional diagnosis of mental health and mental retardation under the Assertive Community Treatment (ACT) Program, and find it approvable. The SPA also clarifies the qualifications and composition of the ACT team members. Enclosed is a copy of the approved SPA and signed CMS-179 form. The effective date is July 1, 2010.

If you have any questions, please contact Donna Fischer of my staff at (215) 861-4221.

Sincerely,

/S/

Ted Gallagher
Associate Regional Administrator

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: 0 9 - 1 1	2. STATE: West Virginia
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE 1-Jul-10	
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 440.130		7. FEDERAL BUDGET IMPACT: a. FFY 2010 \$ Budget Neutral b. FFY 2011 \$ Budget Neutral	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 2 to Attachment 3.1-A and 3.1-B, pages 5d and 5e		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable). Supplement 2 to Attachment 3.1-A and 3.1-B, pages 5d and 5e	
10. SUBJECT OF AMENDMENT: Assertive Community Treatment (ACT) is a rehabilitative behavioral health service. This amendment will add mental illness and mild mental retardation as an ACT eligible diagnosis and clarify ACT team member composition and qualifications.			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input checked="" type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: /S/		16. RETURN TO: Bureau for Medical Services 350 Capitol Street Room 251 Charleston West Virginia 25301	
13. TYPED NAME: Nancy V. Atkins, RN, MSN, NP-BC			
14. TITLE: Commissioner			
15. DATE SUBMITTED: 8-17-10			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED AUGUST 18, 2010		18. DATE APPROVED APR 12 2011	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2010		20. SIGNATURE OF REGIONAL OFFICIAL: /S/	
21. TYPED NAME: BO GALLAGHER		22. TITLE ASSOCIATE REGIONAL ADMINISTRATOR, DMCHA	
23. REMARKS:			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: West Virginia

Supplement 2 to
ATTACHMENT 3.1-A and 3.1-B

Page 5d

Paraprofessional staff shall possess a high school education and have verified training, experience and skills specific to working with individuals with serious and persistent mental illness. Staff to client ratio shall be one (1) staff to twelve (12) clients per site.

5. Community Focused Treatment Program Certification Process:

All Community Focused Treatment programs require approval through the completion of the Community Focused Treatment Program Certification form, which is then reviewed and approved by the Bureau for Medical Services.

Any changes from an approved original certification must be submitted with corresponding rationale for the changes. This assessment also includes a summary of utilization for the past year. Specific content is described in the application for Community Focused Treatment Program Certification used by the Bureau for Medical Services.

Assertive Community Treatment (ACT)

ACT is a multi-disciplinary approach to providing an inclusive array of community-based rehabilitation services to individuals that are to be provided by multi-disciplinary professional teams certified by the Department.

Eligibility Criteria:

Eligibility criteria for an ACT program is specific to a target population comprised of those members who are most in need and most suitable for the ACT services. The individual must:

- A. Be an adult, eighteen (18) years of age or older who has been diagnosed with a severe and persistent mental illness as described in the most current edition of the Diagnostic and Statistical Manual of Mental Disorders, and
- B. Be in an eligible Disability group defined as one of the following: MH (Mental Health); MH & SA (Mental Health & Substance Abuse); or, MH & MR/DD (Mental Health & Mental Retardation/Developmental Disability) for those individuals who have a mental illness as the primary diagnosis and a secondary or co-occurring diagnosis of Mild Mental Retardation. The secondary or co-occurring diagnosis is limited to Mild Mental Retardation. Those individuals who have a primary Mental Retardation/Developmental Disability diagnosis are not eligible to participate in the ACT program. ACT is furnished to all individuals who are determined to meet the medical necessity criteria for the service.

TN No: 09-11
Supersedes: 01-13

Approval Date:

APR 12 2011

Effective Date:

34241, 2010

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: West Virginia

Supplement 2 to
ATTACHMENT 3.1-A and 3.1-B

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C. ACT Services Team Composition and Staff Qualifications:

The ACT team shall be comprised of a multi-disciplinary, multi-functional professional staff, specializing in mental health, substance abuse treatment, and vocational rehabilitation. Minimum services included in ACT are: Psychiatrist services, counseling, medication management, care coordination of mental health services, community focused treatment, basic living skills, behavioral management, clinical evaluation and crisis services and treatment planning.

At a minimum, the team shall include staff with the following qualifications:

1. one (1) licensed physician/psychiatrist who is board certified;
2. one (1) full-time Team Leader/Supervisor with three (3) years experience in behavioral health services, two (2) of which must be in a supervisory capacity, and a Master's degree and valid West Virginia license in either Counseling, Nursing, Social Work, Psychology or be a Psychologist under Supervision for Licensure (formally enrolled in the WV Board of Examiners of Psychologist Supervision Program);
3. one (1) full-time Registered Nurse with one (1) year psychiatric experience;
4. two (2) full-time staff at the Master's level in Counseling, Nursing, Social Work, or Psychology and two (2) years experience in behavioral health services, specializing in substance abuse assessment/treatment and/or vocational rehabilitation; and,
5. one (1) full-time staff at the Bachelor's level in Social Work or the Behavioral Sciences with behavioral health services experience.

The psychiatrist shall be actively involved with clients and the team for a minimum of sixteen (16) hours a week, and will physically attend/participate in one (1) or more team meetings a week. The ACT team must meet daily to review cases in their caseload; the psychiatrist must also participate in the daily team meeting either in person or by means of video conferencing when unable to be physically present. The team may participate via teleconferencing with the exception of one (1) day per week when the team must meet face-to-face. The psychiatrist must physically participate in the annual service planning session. The psychiatrist and/or physician assistant and/or a psychiatric nurse practitioner may substitute for the psychiatrist as long as they are under the direct clinical supervision of the psychiatrist (except for his/her attendance at the annual service planning session) and the psychiatrist evidences direct clinical involvement with the ACT team and members.

D. ACT Discharge Criteria:

The member may be discharged from the ACT program for any of the following reasons:

1. Member no longer meets eligibility criteria;
2. Member has met all program goals and is at maximum level of functioning;
3. Member has moved outside of the ACT team's geographic area;
4. Member is no longer participating or refuses services regardless of ACT team's efforts at engagement;
5. By virtue of diagnosis or intensity of service needs, member would be better served by an alternative program of care.

E. Caseload Mix and Ratios:

ACT Teams may serve fifty (50) members per team at a minimum and may increase to one hundred and twenty (120) members at a maximum as long as the staff to member ratio remains 1:10. As additional members are added to the ACT team, the number of staff will increase to maintain the 1:10 staff to member ratio (the ratio may not include the psychiatrist). **Note: The ACT Team shall not serve non-ACT members.**

F. ACT Service Elements and Fidelity Indicators:

The ACT Team is required to provide a combination of long-term services designed to meet national fidelity standards and individualized to the member. If necessary, services are provided twenty-four (24) hours a day, seven (7) days a week with seventy-five percent (75%) being community-based and delivered directly to the member outside of program offices.

TN No: 09-11
Supersedes: 01-13

Approval Date:

APR 12 2011

Effective Date:

July 1, 2010