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State/Territory Name: VA

State Plan Amendment (SPA) #: 24-0015

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 Page

#### DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services Center for Medicaid & CHIP Services 230 South Dearborn Chicago, Illinois 60604



## Financial Management Group

September 5, 2024

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

RE: TN 24-0015

Dear Director Roberts:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Virginia state plan amendment (SPA) to Attachment 4.19-B of VA-24-0015, which was submitted to CMS on June 18, 2024. This plan amendment updates rates for EPSDT Therapeutic Group Homes.

We reviewed your SPA submission for compliance with statutory requirements including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2), of the Social Security Act and the applicable implementing Federal regulations.

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

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

Sincerely,

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES  TO: CENTER DIRECTOR     CENTERS FOR MEDICAID & CHIP SERVICES     DEPARTMENT OF HEALTH AND HUMAN SERVICES  5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 440.40  7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT 4.19B, revised page 5.1	$\frac{2}{2} + \frac{4}{2} = 0 + 0 + 0 + 0 + 0 + 0 + 0 + 0 + 0 + 0$
9. SUBJECT OF AMENDMENT	
9. SUBJECT OF AMENDMENT	
EPSDT Therapeutic Group Homes	
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	
	15. RETURN TO
	Department of Medical Assistance Services
12. TYPED NAME	600 East Broad Street, #1300 Richmond VA 23219
Cheryl J. Roberts	
13. TITLE Director	Attn:
14. DATE SUBMITTED 5/16/2024	
FOR CMS USE ONLY	
16. DATE RECEIVED 06/18/2024	17. DATE APPROVED September 5, 2024
PLAN APPROVED - ONE COPY ATTACHED	
18. EFFECTIVE DATE OF APPROVED MATERIAL 07/01/2024	19. SIGNATURE OF APPROVING OFFICIAL
20. TYPED NAME OF APPROVING OFFICIAL	21. TITLE OF APPROVING OFFICIAL
Todd McMillion	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-OTHER TYPES OF CARE

#### 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.

- (B) 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.
- (C) 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.

The rates for EPSDT Therapeutic 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 EPSDT Therapeutic Group Home services. The agency's rates were set as of July 1, 2024, and are effective for services on or after that date.