

## **Table of Contents**

**State Name: Virginia**

**State Plan Amendment (SPA) #: 21-0001**

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. 12<sup>th</sup> Street, Room 355  
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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May 27, 2021

Karen Kimsey, Director  
Department of Medical Assistance Services  
600 East Broad Street, Suite 1300  
Richmond, VA 23219

RE: Virginia State Plan Amendment 21-0001

Dear Ms. Kimsey:

The Centers for Medicare & Medicaid Services (CMS) has reviewed Virginia's State Plan Amendment (SPA) 21-0001, Enhanced Behavioral Health – Part 1.

The purpose of this SPA is to implement Assertive Community Treatment, which will replace and serve as an “enhancement” of the current Intensive Community Treatment Service (this will continue to be a service for adults). In addition, the SPA will implement Mental Health Intensive Outpatient Programs, a new service for youth and adults; and Mental Health Partial Hospitalization Programs for Youth and Adults, which will replace the current Partial Hospitalization Program for adults.

This SPA is acceptable. Therefore, we are approving SPA 21-0001 with an effective date of July 1, 2021. Enclosed are the approved SPA pages and signed CMS-179 form.

If you have any questions concerning this information, please contact me at (816) 426-6417, or your staff may contact Margaret Kosherzenko at [Margaret.Kosherzenko@cms.hhs.gov](mailto:Margaret.Kosherzenko@cms.hhs.gov) or (215) 861-4288.

Sincerely,

James G. Scott, Director  
Division of Program Operations

Enclosures

cc:  
Emily McClellan

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

1. TRANSMITTAL NUMBER  
2 1 0 0 1

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  
7/1/2021

5. TYPE OF PLAN MATERIAL (Check One)

- NEW STATE PLAN       AMENDMENT TO BE CONSIDERED AS NEW PLAN       AMENDMENT

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

6. FEDERAL STATUTE/REGULATION CITATION

42 CFR 440

7. FEDERAL BUDGET IMPACT

a. FFY 2021 \$ 1,608,325  
b. FFY 2022 \$ 6,433,300

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

3.1A&B Supp 1, revised pages 31.4, 31.5, 31.6, 31.9b, 31.9c, 31.11, 31.12. New pages 31.9c-1, 31.13 4.19-B, new page 5.2, revised page 6

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Same as box #8.

10. SUBJECT OF AMENDMENT

Enhanced Behavioral Health - Part 1

11. 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

12. SIGNATURE OF STATE AGENCY OFFICIAL

*Karen Kimsey*

13. TYPED NAME

Karen Kimsey

14. TITLE

Director

15. DATE SUBMITTED

3/25/2021

16. RETURN TO

Dept. of Medical Assistance Services  
600 East Broad Street, #1300  
Richmond VA 23219  
  
Attn: Regulatory Coordinator

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED  
March 25, 2021

18. DATE APPROVED  
May 27, 2021

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL  
July 1, 2021

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME

James G. Scott

22. TITLE

Director, Division of Program Operations

23. REMARKS

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

State of VIRGINIA

**AMOUNT, DURATION, AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY  
and MEDICALLY NEEDY**

**Mental Health Partial Hospitalization**

(1) Service definition. Mental Health Partial Hospitalization (MH-PHP) services are short-term, non-residential interventions that are more intensive than outpatient services and that are required to stabilize an individual's psychiatric condition. The service is delivered under physician direction to individuals at risk of psychiatric hospitalization or transitioning from a psychiatric hospitalization to the community. Individuals qualifying for this service must demonstrate a medical necessity for the service arising from behavioral health disorders that result in significant functional impairments in major life activities. The service is non-residential and is not an IMD. The service is provided in accordance with the rehabilitative services benefit requirements at 42 CFR 440.130(d).

This service includes assessment, assistance with medication management, individual and group therapy, skills restoration, and care coordination for individuals who require coordinated, intensive, comprehensive, and multidisciplinary treatment but who do not require inpatient treatment.

(2) Service Components and Provider Qualifications. Provider qualifications for LMHP, LMHP-R, LMHP-RP, LMHP-S, QMHP-A, QMHP-C, and QMHP-E are on page 31, 31.1, and 31.2 of Attachment 3.1A&B, Supp. 1. Provider qualifications for PRS are on page 55 of Attachment 3.1A&B, Supp. 1. Registered Nurses (RN), Licensed Practical Nurses (LPN), and Nurse Practitioners (NP) shall hold an active license issued by the Virginia Board of Nursing. Physicians, Physician Assistants and Occupational Therapists shall hold an active license issued by the Virginia Board of Medicine.

<b><i>Service Component Definitions –Mental Health Partial Hospitalization</i></b>	<b><i>Staff That Provide Service Components</i></b>
“Assessment” means the face-to-face interaction in which the provider obtains information from the individual or other family members, as appropriate, about the individual's mental health status. It includes documented history of the severity, intensity, and duration of mental health problems and behavioral and emotional issues.	LMHP LMHP-R LMHP-RP LMHP-S Nurse Practitioner Physician Assistant
“Treatment Planning” means the development of a person-centered plan of care that is specific to the individual’s unique treatment needs, developed with the individual, in consultation with the individual's family, as appropriate.	LMHP LMHP-R LMHP-RP LMHP-S Nurse Practitioner, Physician Assistant

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

State of VIRGINIA

**AMOUNT, DURATION, AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY  
and MEDICALLY NEEDY**

<p>“Health literacy counseling” means patient counseling on mental health, and, as appropriate, addiction, treatment, and recovery, and associated health risks including administration of medication, monitoring for adverse side effects or results of that medication, counseling on the role of prescription medications and their effects including side effects and the importance of compliance and adherence.</p>	<p>LMHP LMHP-R LMHP-RP LMHP-S Nurse Practitioner, Physician Assistant Occupational Therapist</p> <p>A RN or LPN with at least one year of clinical experience involving medication management</p>
<p>"Individual, group and family therapy" means the application of principles, standards, and methods of the counseling profession in (i) conducting assessments and diagnoses for the purpose of establishing treatment goals and objectives and (ii) planning, implementing, and evaluating treatment plans using treatment interventions to facilitate human development and to identify and remediate mental, emotional, or behavioral disorders and associated distresses that interfere with mental health. All family therapy services furnished are for the direct benefit of the individual, in accordance with the individual’s needs and treatment goals identified in the individual’s plan of care, and for the purpose of assisting in the individual’s recovery. The individual is present during family therapy except when it is clinically appropriate for the individual to be absent in order to advance the individual’s treatment goals.</p>	<p>LMHP LMHP-R LMHP-RP LMHP-S</p>

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

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**AMOUNT, DURATION, AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY  
and MEDICALLY NEEDY**

<p>“Skills Restoration” means a service to assist individuals in the restoration of lost skills that are necessary to achieve the goals established in the individual’s plan of care. Services include assisting the individual in restoring the following skills: self- management, symptom management, interpersonal, communication, community living, and problem solving skills through modeling, coaching, and cueing.</p>	<p>LMHP, LMHP-R, LMHP-RP, LMHP-S, QMHP-A, QMHP-C, QMHP-E, or a QPPMH under the supervision of at least a QMHP-A or QMHP-C.</p>
<p>“Crisis treatment” means behavioral health care, available 24-hours per day, seven days per week, to provide immediate assistance to individuals experiencing acute behavioral health problems that require immediate intervention to stabilize and prevent harm and a higher level of acuity.</p>	<p>LMHP, LMHP-R, LMHP-RP, LMHP-S or a QMHP-A, QMHP-C, or QMHP-E</p>
<p>“Peer Recovery Support Services” means strategies and activities that include person centered, strength based planning to promote the development of self-advocacy skills; empowering the individual to take a proactive role in the development of their plan of care; crisis support; assisting in the use of positive self-management techniques, problem-solving skills, coping mechanisms, symptom management and communication strategies identified in the plan of care. Caregivers of individuals under age 21 may also receive family support partners as a peer recovery support service when the service is directed exclusively toward the benefit of the individual. Peer recovery support services to the beneficiary’s family and significant others is for the direct benefit of the beneficiary, in accordance with the beneficiary’s needs and treatment goals identified in the beneficiary’s treatment plan, and for the purpose of assisting in the beneficiary’s recovery.</p>	<p>PRS</p>
<p>"Care coordination" means locating and coordinating services across mental health providers to include sharing of information among health care providers, who are involved with an individual's health care, to improve the restorative care and align service plans.</p>	<p>LMHP, LMHP-R, LMHP-RP, LMHP-S, QMHP-A, QMHP-C, QMHP-E, or a QPPMH under the supervision of at least a QMHP-A or QMHP-C.</p>

(3) Limits on amount, duration, and scope.

a. Mental Health Partial Hospitalization services are available to individuals who meet the medical necessity criteria for the service.

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

State of VIRGINIA

**AMOUNT, DURATION, AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY  
and MEDICALLY NEEDY**

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**Assertive Community Treatment**

(1) Service definition. Assertive Community Treatment (ACT) is a rehabilitative benefit provided according to 42 CFR 440.130(d). ACT provides long term needed treatment, rehabilitation, and support services to identified individuals with severe and persistent mental illness especially those who have severe symptoms that are not effectively remedied by available treatments or who because of reasons related to their mental illness resist or avoid involvement with mental health services in the community. ACT services are offered to outpatients outside of clinic, hospital, or program office settings for individuals who are best served in the community. ACT services include assessment, therapy, assistance with medication management, crisis treatment, co-occurring substance use disorder treatment, skills restoration and care coordination activities through a designated multi-disciplinary team of mental health professionals.

(2) Service Components and Provider Qualifications. Provider qualifications for LMHP, LMHP-R, LMHP-RP, LMHP-S, QMHP-A, QMHP-C, QMHP-E, and QPPMH are on page 31, 31.1, and 31.2 of Attachment 3.1A&B, Supp. 1. Provider qualifications for CSAC and CSAC-A are on page 42 of Attachment 3.1A&B, Supp. 1. PRS are on page 55 of Attachment 3.1A&B, Supp. 1. Registered Nurses (RN) and Nurse Practitioners (NP) shall hold an active license issued by the Virginia Board of Nursing and 1 year of experience working with individuals with serious mental illness. Licensed Practical Nurses (LPN) shall hold an active license issued by the Virginia Board of Nursing and three years of experience with individuals with serious mental illness. Physician Assistants shall hold an active license issued by the Virginia Board of Medicine and 1 year of experience working with individuals with serious mental illness. Psychiatrists shall hold an active license issued by the Virginia Board of Medicine.

<b><i>Service Component Definitions – Assertive Community Treatment</i></b>	<b><i>Staff That Provide Service Components</i></b>
"Assessment" means the face-to-face interaction in which the provider obtains information from the individual or other family members, as appropriate, about the individual's mental health status. It includes documented history of the severity, intensity, and duration of mental health problems and behavioral and emotional issues.	LMHP LMHP-R LMHP-RP LMHP-S Nurse Practitioner Physician Assistant

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

State of VIRGINIA

**AMOUNT, DURATION, AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY  
and MEDICALLY NEEDY**

<p>"Individual, Family and Group Therapy" means the application of principles, standards, and methods of the counseling profession in (i) conducting assessments and diagnoses for the purpose of establishing treatment goals and objectives and (ii) planning, implementing, and evaluating treatment plans using treatment interventions to facilitate human development and to identify and remediate mental, emotional, or behavioral disorders and associated distresses that interfere with mental health. All family therapy services furnished are for the direct benefit of the individual, in accordance with the individual's needs and treatment goals identified in the individual's plan of care, and for the purpose of assisting in the individual's recovery. The individual is present during family therapy except when it is clinically appropriate for the individual to be absent in order to advance the individual's treatment goals.</p>	<p>LMHP LMHP-R LMHP-RP LMHP-S Credentialed addiction treatment professional excluding CSAC and CSAC-A</p>
<p>"Health literacy counseling" means patient counseling on mental health, and, as appropriate, addiction, treatment, and recovery, and associated health risks including administration of medication, monitoring for adverse side effects or results of that medication, counseling on the role of prescription medications and their effects including side effects and the importance of compliance and adherence.</p>	<p>LMHP, LMHP-R, LMHP-RP, LMHP-S, Nurse Practitioner, Physician Assistant, Credentialed addiction treatment professional  A RN or LPN with at least one year of clinical experience involving medication management.</p>
<p>"Crisis treatment" means behavioral health care, available 24-hours per day, seven days per week, to provide immediate assistance to individuals experiencing acute behavioral health problems that require immediate intervention to prevent harm and a higher level of acuity.</p>	<p>LMHP LMHP-R LMHP-RP LMHP-S QMHP-A QMHP-E</p>



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**AMOUNT, DURATION, AND SCOPE OF MEDICAL  
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and MEDICALLY NEEDY**

<p>“Skills Restoration” means a service to assist individuals in the restoration of lost skills that are necessary to achieve the goals established in the individual’s plan of care. Services include assisting the individual in restoring the following skills: personal care/hygiene, self-management, symptom management, interpersonal, communication, community living, and problem solving skills through modeling, coaching, and cueing.</p>	<p>LMHP, LMHP-R, LMHP-RP, LMHP-S, QMHP-A, QMHP-E or a QPPMH under the supervision of at least a QMHP-A.</p>
<p>“Peer Recovery Support Services” means strategies and activities that include person centered, strength based planning to promote the development of self-advocacy skills; empowering the individual to take a proactive role in the development of their plan of care; crisis support; assisting in the use of positive self-management techniques, problem-solving skills, coping mechanisms, symptom management and communication strategies identified in the plan of care. Caregivers of individuals under age 21 may also receive family support partners as a peer recovery support service when the service is directed exclusively toward the benefit of the individual. Peer recovery support services to the beneficiary’s family and significant others is for the direct benefit of the beneficiary, in accordance with the beneficiary’s needs and treatment goals identified in the beneficiary’s treatment plan, and for the purpose of assisting in the beneficiary’s recovery.</p>	<p>PRS</p>
<p>"Care coordination" means locating and coordinating services across mental health providers to include sharing of information among health care providers, who are involved with an individual's health care, to improve the restorative care and align service plans.</p>	<p>LMHP, LMHP-R, LMHP-RP, LMHP-S, QMHP-A, QMHP-E, or a QPPMH under the supervision of at least a QMHP-A.</p>

(3) Limits on amount, duration, and scope.

ACT has been shown to be effective for individuals aged 18 and above. As required by EPSDT, youth may receive ACT if medically necessary.

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

State of VIRGINIA

**AMOUNT, DURATION, AND SCOPE OF MEDICAL  
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and MEDICALLY NEEDY**

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**Mental Health Intensive Outpatient**

(1) Service Definition: Mental Health Intensive Outpatient (MH-IOP) is a rehabilitative benefit provided according to 42 CFR 440.130(d). IOP includes skilled treatment services for adults and youth focused on maintaining and improving functional abilities through a time-limited, interdisciplinary approach to treatment. The service is non-residential and is not an IMD.

MH-IOP is based on a comprehensive, coordinated and individualized individual service plan that involves the use of multiple, concurrent service components and treatment modalities. Treatment focuses on symptom reduction, crisis and safety planning, promoting stability and independent living in the community, recovery/relapse prevention and reducing the need for a more acute level of care. This service is provided to individuals who do not require the intensive level of care of inpatient, residential, or partial hospitalization service, but require more intensive services than outpatient services and would benefit from the structure and safety available in the MH-IOP setting.

(2) Service Components and Provider Qualifications. Provider qualifications for LMHP, LMHP-R, LMHP-RP, LMHP-S, QMHP-A, QMHP-C, and QMHP-E are on page 31, 31.1, and 31.2 of Attachment 3.1A&B, Supp. 1. Provider qualifications for PRS are on page 55 of Attachment 3.1A&B, Supp. 1. Registered Nurses (RN), Licensed Practical Nurses (LPN), and Nurse Practitioners (NP) shall hold an active license issued by the Virginia Board of Nursing. Physician Assistants and Occupational Therapists shall hold an active license issued by the Virginia Board of Medicine.

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

State of VIRGINIA

**AMOUNT, DURATION, AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY  
and MEDICALLY NEEDY**

<b><i>Service Component Definitions –Mental Health Intensive Outpatient</i></b>	<b><i>Staff That Provide Service Components</i></b>
"Assessment" means the face-to-face interaction in which the provider obtains information from the individual or other family members, as appropriate, about the individual's mental health status. It includes documented history of the severity, intensity, and duration of mental health problems and behavioral and emotional issues.	LMHP, LMHP-R, LMHP-RP, LMHP-S, Nurse Practitioner, or Physician Assistant
"Treatment Planning" means the development of a person-centered plan of care that is specific to the individual's unique treatment needs, developed with the individual, in consultation with the individual's family, as appropriate.	LMHP, LMHP-R, LMHP-RP, LMHP-S, Nurse Practitioner, or Physician Assistant
"Individual, Family, and Group Therapy" means the application of principles, standards, and methods of the counseling profession in (i) conducting assessments and diagnoses for the purpose of establishing treatment goals and objectives and (ii) planning, implementing, and evaluating treatment plans using treatment interventions to facilitate human development and to identify and remediate mental, emotional, or behavioral disorders and associated distresses that interfere with mental health. All family therapy services furnished are for the direct benefit of the individual, in accordance with the individual's needs and treatment goals identified in the individual's plan of care, and for the purpose of assisting in the individual's recovery. The individual is present during family therapy except when it is clinically appropriate for the individual to be absent in order to advance the individual's treatment goals.	LMHP, LMHP-R, LMHP-RP, LMHP-S
"Skills Restoration" means a service to assist individuals in the restoration of lost skills that are necessary to achieve the goals established in the individual's plan of care. Services include assisting the individual in restoring the following skills: self-management, symptom management, interpersonal, communication, community living, and problem solving skills through modeling, coaching, and cueing.	LMHP, LMHP-R, LMHP-RP, LMHP-S, or a QMHP-A, QMHP-C, or QMHP-E

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

State of VIRGINIA

**AMOUNT, DURATION, AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY  
and MEDICALLY NEEDY**

<p>“Health literacy counseling” means patient counseling on mental health, and, as appropriate, addiction, treatment, and recovery, and associated health risks including administration of medication, monitoring for adverse side effects or results of that medication, counseling on the role of prescription medications and their effects including side effects and the importance of compliance and adherence.</p>	<p>LMHP, LMHP-R, LMHP-RP, LMHP-S, Nurse Practitioner, Physician Assistant Occupational Therapist</p> <p>A RN or LPN with at least one year of clinical experience involving medication management</p>
<p>“Crisis treatment” means behavioral health care, available 24-hours per day, seven days per week, to provide immediate assistance to individuals experiencing acute behavioral health problems that require immediate intervention to stabilize and prevent harm and a higher level of acuity.</p>	<p>LMHP, LMHP-R, LMHP-RP, LMHP-S or a QMHP-A, QMHP-C, or QMHP-E</p>
<p>“Peer Recovery Support Services” means strategies and activities that include person centered, strength based planning to promote the development of self-advocacy skills; empowering the individual to take a proactive role in the development of their plan of care; crisis support; assisting in the use of positive self-management techniques, problem-solving skills, coping mechanisms, symptom management and communication strategies identified in the plan of care. Caregivers of individuals under age 21 may also receive family support partners as a peer recovery support service when the service is directed exclusively toward the benefit of the individual. Peer recovery support services to the beneficiary’s family and significant others is for the direct benefit of the beneficiary, in accordance with the beneficiary’s needs and treatment goals identified in the beneficiary’s treatment plan, and for the purpose of assisting in the beneficiary’s recovery.</p>	<p>PRS</p>
<p>"Care coordination" means locating and coordinating services across mental health providers to include sharing of information among health care providers, who are involved with an individual's health care, to improve the restorative care and align service plans.</p>	<p>LMHP, LMHP-R, LMHP-RP, LMHP-S, QMHP-A, QMHP-C, or QMHP-E</p>

(3) Limits on amount, duration, and scope.

Mental Health Intensive Outpatient services are available to individuals who meet the medical necessity criteria for the service.

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**  
State of VIRGINIA  
**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATE -  
OTHER TYPES OF CARE**

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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 July 1, 2021, and is effective for services on or after that date. All rates are published on the agency's website at [www.dmas.virginia.gov/#/searchcptcodes](http://www.dmas.virginia.gov/#/searchcptcodes) - go to the header for HCPC Codes and look for this service.

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TN No. 21-001  
Supersedes  
TN No. New page

Approval Date 5/27/2021

Effective Date 7/1/2021

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**  
State of VIRGINIA  
**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATE -  
OTHER TYPES OF CARE**

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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 July 1, 2021, and is effective for services on or after that date. All rates are published on the agency's website at [www.dmas.virginia.gov/#/searchcptcodes](http://www.dmas.virginia.gov/#/searchcptcodes) - 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 July 1, 2011, and are effective for services on or after that date. All rates are published on the agency's website at [www.dmas.virginia.gov/#/searchcptcodes](http://www.dmas.virginia.gov/#/searchcptcodes) - go to the header for HCPC Codes and look for this service.

g. Crisis Intervention is reimbursed based on the following ~~units~~ unit of service: One unit = 15 minutes. 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 July 1, 2011, and are effective for services on or after that date. All rates are published on the agency's website at [www.dmas.virginia.gov/#/searchcptcodes](http://www.dmas.virginia.gov/#/searchcptcodes) - 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 July 1, 2021, and are effective for services on or after that date. All rates are published on the agency's website at [www.dmas.virginia.gov/#/searchcptcodes](http://www.dmas.virginia.gov/#/searchcptcodes) - go to the header for HCPC Codes and look for this service.

i. Crisis Stabilization is reimbursed on an hourly 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 July 1, 2011, and are effective for services on or after that date. All rates are published on the agency's website at [www.dmas.virginia.gov/#/searchcptcodes](http://www.dmas.virginia.gov/#/searchcptcodes) - 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 July 1, 2011 and are effective for services on or after that date. All rates are published on the agency's website at [www.dmas.virginia.gov/#/searchcptcodes](http://www.dmas.virginia.gov/#/searchcptcodes) - go to the header for HCPC Codes and look for this service.

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TN No. 21-001  
Supersedes  
TN No. 17-009

Approval Date 5/27/2021

Effective Date 7/1/2021