

Virginia Medicaid Child Community Mental Health and Rehabilitation Services (CMHRS) UM Guideline

Subject: Virginia Medicaid Child CMHRSUM Guideline
Status: Approved

Current Effective Date: 03/01/2018
Last Review Date: 01/22/2021

Description

Please note, this communication applies to Anthem HealthKeepers Plus offered by HealthKeepers, Inc.

VA program designed to provide children with Community Mental Health and Rehabilitation Services (CMHRS). Listed below are the services:

1) Intensive in-home Services

- a. Intensive in-home services (IIH) to children and adolescents under age 21 shall be time-limited interventions provided in the individual's residence and when clinically necessary in community settings. All interventions and the settings of the intervention shall be defined in the Individual Service Plan. All IIH services shall be designed to specifically improve family dynamics, provide modeling, and the clinically necessary interventions that increase functional and therapeutic interpersonal relations between family members in the home. IIH services are designed to promote psychoeducational benefits in the home setting of an individual who is at risk of being moved into an out-of-home placement or who is being transitioned to home from an out-of-home placement due to a documented medical need of the individual. These services provide crisis treatment; individual and family counseling; communication skills (e.g., counseling to assist the individual and his parents or guardians, as appropriate, to understand and practice appropriate problem solving, anger management, and interpersonal interaction, etc.); care coordination with other required services; and 24-hour emergency response.
- b. Service-specific provider intakes shall be required at the onset of services and Individual Service Plans (ISP(S)) shall be required during the entire duration of services. Services based upon incomplete, missing, or outdated service-specific provider intakes or Individual Service Plans (ISP) shall be denied reimbursement. Requirements for service-specific provider intakes and ISPs are set out in this section.
- c. The enrolled service provider shall be licensed by the Department of Behavioral Health and Developmental Services (DBHDS) as a provider of intensive in-home services. The provider shall also have a provider enrollment agreement with Department of Medical Assistance Services (DMAS) or its contractor in effect prior to the delivery of this service that indicates that the provider will offer intensive in-home services.
- d. Services must only be provided by a Licensed Mental Health Professional (LMHP), LMHP-supervisee (LMHP-S), LMHP-resident (LMHP-R), Licensed Mental Health Professional Resident in Psychology (LMHP-RP), Qualified Mental Health Professional – Child (QMHP-C), Qualified Mental Health Professional – Eligible (QMHP-E). Reimbursement shall not be provided for such services when they have been rendered by a Qualified Mental Health Paraprofessional in Mental Health (QPPMH) as defined in [12VAC35-105-20](#).
- e. The provider shall ensure that the maximum staff-to-caseload ratio fully meets the needs of the individual.

<https://mediproviders.anthem.com/va>

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2) Therapeutic Day Treatment

- a. Service-specific provider intakes shall be required at the onset of services and ISPs shall be required during the entire duration of services. Services based upon incomplete, missing, or outdated service-specific provider intakes or ISPs shall be denied reimbursement. Requirements for service-specific provider intakes and ISPs are set out in this section.
- b. The service definition for therapeutic day treatment (TDT) for children and adolescents is contained in 12VAC30-50-130.
- c. The enrolled provider of therapeutic day treatment for child and adolescent services shall be licensed by DBHDS to provide day support services. The provider shall also have a provider enrollment agreement in effect with DMAS prior to the delivery of this service that indicates that the provider offers therapeutic day treatment services for children and adolescents.
- d. Services shall be provided by an LMHP, LMHP-supervisee, LMHP-resident, LMHP-RP, QMHP-C or QMHP-E.
- e. The minimum staff-to-individual ratio as defined by DBHDS licensing requirements shall ensure that adequate staff is available to meet the needs of the individual identified on the ISP.
- f. The program shall operate a minimum of two hours per day and may offer flexible program hours (i.e., before or after school or during the summer). One unit of service shall be defined as a minimum of two hours but less than three hours in a given day. Two units of service shall be defined as a minimum of three but less than five hours in a given day. Three units of service shall be defined as five or more hours of service in a given day.
- g. The provider shall determine who the primary care provider is and, upon receiving written consent from the individual or parent/legal guardian, shall inform them of the child's receipt of community mental health rehabilitative services. The documentation shall include who was contacted, when the contact occurred, and what information was transmitted. The parent/legal guardian shall be required to give written consent that this provider has permission to inform the primary care provider of the child's or adolescent's receipt of community mental health rehabilitative services.
- h. Providers shall comply with DMAS marketing requirements as set out in [12VAC30-130-2000](#). Providers that DMAS determines have violated these marketing requirements shall be terminated as a Medicaid provider pursuant to [12VAC30-130-2000](#) E.
- i. If there is a lapse in services greater than 60 consecutive calendar days, the provider shall discharge the individual. If the individual continues to need services, a new intake/admission documentation shall be prepared and a new service authorization shall be required.
- j. Such services shall not duplicate those services provided by the school.

3) Mental health Peer Supports - Family Support Partners

- a. Family Support Partners is a peer support service and is a strength-based individualized team-based service provided to the caregiver of Medicaid-eligible youth under age 21, with a mental health or substance use disorder or co-occurring mental health and substance use disorder that is the focus of support;

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- b. The services provided to the caregiver must be directed exclusively toward the benefit of the Medicaid-eligible youth. Services are expected to improve outcomes for youth with complex needs who are involved with multiple systems and increase the youth and family's confidence and capacity to manage their own services and supports while promoting recovery and healthy relationships;
- c. These services are rendered by a PRS Peer Recovery Specialist who is:
 - i. A parent of a minor or adult child with a similar a mental health or substance use disorder or co-occurring mental health and substance use disorder; **OR**
 - ii. An adult with personal experience with a family member with a similar mental health or substance use disorder or co-occurring mental health and substance use disorder with experience navigating substance use or behavioral health care services.
- d. The PRS shall perform the service within the scope of their knowledge, lived-experience, and education;
- e. A PRS shall perform MH Peer Support Services or Family Support Partners services under the oversight of a LMHP, LMHP-R, LMHP-RP, or LMHP-S making the recommendation for services and providing the clinical oversight of the individual's Recovery, Resiliency, and Wellness Plan;
- f. The PRS rendering MH Family Support Partners shall be employed by or have a contractual relationship with an enrolled/credentialed provider licensed for one of the following:
 - i. Acute Care General and Emergency Department Hospital Services licensed by Virginia Department of Health;
 - ii. Freestanding Psychiatric Hospital and Inpatient Psychiatric Unit licensed by Department of Behavioral Health and Developmental Services;
 - iii. Psychiatric Residential Treatment Facility licensed by Department of Behavioral Health and Developmental Services;
 - iv. Therapeutic Group Home licensed by Department of Behavioral Health and Developmental Services;
 - v. Outpatient mental health clinic services licensed by Department of Behavioral Health and Developmental Services;
 - vi. Outpatient psychiatric services provider;
 - vii. A Community Mental Health and Rehabilitative Services provider licensed by the Department of Behavioral Health and Developmental Services as a provider of one of the following Community Mental Health and Rehabilitative Services as defined in [12VAC30-50-130](#), [12VAC30-50-226](#), [12VAC30-50-420](#), or [12VAC30-50-430](#) for which the youth under 21 meets eligibility criteria:
 - 1. Intensive In-Home;
 - 2. Therapeutic Day Treatment;
 - 3. Day Treatment/Partial Hospitalization;
 - 4. Crisis Intervention;
 - 5. Crisis Stabilization;
 - 6. Mental Health Skill-building Services; or
 - 7. Mental Health Case Management.

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- viii. Only the licensed and enrolled/credentialed provider referenced above under MH Peer Support Services and MH Family Support Partners shall be eligible to bill and receive reimbursement;
- ix. Payments shall not be permitted to providers that fail to enter into an enrollment agreement with HealthKeepers, Inc.;
- x. Reimbursement shall be subject to retraction for any billed service that is determined to not be in compliance with DMAS requirements;
- xi. The caseload assignment of a full time PRS shall not exceed 12-15 individuals at any one time and 30-40 individuals annually allowing for new case assignments as those on the existing caseload begin to self-manage with less support. The caseload assignment of a part-time PRS shall not exceed 6-9 individuals at any one time and 15 annually.

4) Supervision Requirements: MH Peers - Family Support Partners

- a. Clinical oversight of the services and of the individual's Recovery, Resiliency, and Wellness Plan shall be provided by a LMHP, LMHP-R, LMHP-RP, or LMHP-S, making the recommendation for Family Support Partners;
- b. Direct supervision of the PRS shall be provided as needed based on the level of urgency and intensity of service being provided. Supervisors shall maintain documentation of all supervisory sessions;
- c. If the PRS has less than 12 months experience delivering Peer Support Services or Family Support Partners services, they shall receive face-to-face, one-to-one supervisory meetings of sufficient length to address identified challenges for a minimum of 30 minutes, two times a month. The direct supervisor must be available at least by telephone while the PRS is on duty;
- d. If the PRS has been delivering Support Services or Family Support Partners services over 12 months and fewer than 24 months they must receive monthly face-to-face, one-to-one supervision of sufficient length to address identified challenges for a minimum of 30 minutes. The direct supervisor must be available by phone for consult within 24 hours of service delivery, if needed, for challenging situations;
- e. "Direct Supervisor" in a mental health setting is the person who provides direct supervision to the Peer Recovery Specialist. The direct supervisor:
 - i. Shall have two consecutive years of practical experience rendering peer support services or family support services, have certification training as a PRS under a certifying body approved by the Department of Behavioral Health and Developmental Services (DBHDS), and have completed the DBHDS PRS supervisor training; or
 - ii. Shall be a qualified mental health professional (QMHP) as defined in [12VAC35-105-20](#) with at least two consecutive years of experience as a QMPH, and who has completed the DBHDS PRS supervisor training; or
 - iii. Shall be an LMHP, LMHP-R, LMHP-RP, or LMHP-S who has documented completion of the DBHDS PRS supervisor training who is acting within their scope of practice under state law. An LMHP, LMHP-R, LMHP-RP, or LMHP-S providing services before April 1, 2018 shall have until April 1, 2018 to complete the DBHDS PRS supervisor training.
- f. The Direct Supervisor shall have an employment (or contract) relationship with the same provider entity that employs/contracts with the PRS;

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- i. Documentation of all supervision sessions shall be maintained by the enrolled/credentialed provider in a supervisor's log or the PRS' personnel file.

5) Service Delivery

- a. Service delivery shall be based on the individual's identified needs, established medical necessity criteria, consistent with the recommendation of the referring practitioner who recommended services, and goals identified in the individual Recovery Resiliency and Wellness Plan;
- b. The level of services provided and total time billed by the enrolled/credentialed provider for the week shall not exceed the frequency established in the Recovery, Resiliency, and Wellness Plan;
- c. As determined by the goal(s) identified in the Recovery, Resiliency and Wellness Plan services may be rendered in the provider's office or in the community, or both;
- d. Peer Support Services and Family Support Partners shall be rendered on an individual basis or in a group;
- e. Services shall be delivered in compliance with the following minimum contact requirements:
 - i. Billing shall occur only for services provided with the individual present;
 - ii. Telephone time is supplemental rather than replacement of face to face contact and is limited to 25% or less of total time per recipient per calendar year;
 - iii. Justification for services rendered with the individual via telephone shall be documented;
 - iv. Any telephone time rendered over the 25% limit will be subject to retraction;
 - v. Contact shall be made with the individual receiving Peer Support Services or Family Support Partners a minimum of twice each month;
 - vi. At least one of these contacts must be face-to-face and the second may be either face-to-face or telephone contact, subject to the 25% limitation described above, depending on the individual's support needs and documented preferences;
 - vii. In the absence of the required monthly face-to-face contact and if at least two unsuccessful attempts to make face-to-face contact have been tried and documented;
 - viii. the provider may bill for a maximum of two telephone contacts in that specified month, not to exceed 2 units;
 - ix. After two consecutive months of unsuccessful attempts to make face-to-face contact, discharge shall occur;
 - x. Peer Support Services or Family Support Partners may operate in the same building as other day services; however, there must be a distinct separation between services in staffing, program description, and physical space;
 - xi. Peer Support Services shall be an ancillary service and shall not impede, interrupt, or interfere with the provision of the primary service setting.

Service-Specific Provider Intakes for all Mental Health Services shall be conducted by:

- 1) A licensed mental health professional (LMHP); **OR**
- 2) MHP-supervisee in social work or LMHP-S; **OR**
- 3) LMHP-resident or LMHP-R; **OR**
- 4) LMHP-resident in psychology; **OR**
- 5) LMHP-RP.

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Clinical Indications

Intensive in-home (IIH) services for children and adolescents

Medically Necessary:

- 1) The service definition for intensive in-home (IIH) services is contained in [12VAC30-50-130](#).
- 2) Individuals qualifying for this service shall demonstrate a clinical necessity for the service arising from mental, behavioral or emotional illness which results in significant functional impairments in major life activities. Individuals **must meet at least two** of the following criteria on a continuing or intermittent basis to be authorized for these services (please provide detail):
 - a. Have difficulty in establishing or maintaining normal interpersonal relationships to such a degree that they are at risk of hospitalization or out-of-home placement because of conflicts with family or community;
 - b. Exhibit such inappropriate behavior that documented, repeated interventions by the mental health, social services or judicial system are or have been necessary resulting in being at risk for out of home placement;
 - c. Exhibit difficulty in cognitive ability such that they are unable to recognize personal danger or recognize significantly inappropriate social behavior resulting in being at risk for out of home placement.
- 3) Prior to admission, an appropriate service-specific provider intake, as defined in [12VAC30-50-130](#), shall be conducted by the licensed mental health professional (LMHP), LMHP-supervisee, LMHP-resident, or LMHP-RP, documenting the individual's diagnosis and describing how service needs can best be met through intervention provided typically but not solely in the individual's residence. The service-specific provider intake shall describe how the individual's clinical needs put the individual at risk of out-of-home placement and shall be conducted face-to-face in the individual's residence. Claims for services that are based upon service-specific provider intakes that are incomplete, outdated (more than 12 months old), or missing shall not be reimbursed. Service-specific provider intake includes:
 - a. Documented history of the severity, intensity, and duration of mental health care problems and issues and **shall contain all** of the following elements:
 - i. Presenting issue/reason for referral;
 - ii. Mental health history/hospitalizations;
 - iii. Previous interventions by providers and timeframes and response to treatment,
 - iv. Medical profile
 - v. Developmental history including history of abuse, if appropriate;
 - vi. Educational/vocational status;
 - vii. Current living situation and family history and relationships;
 - viii. Legal status;
 - ix. Drug and alcohol profile;
 - x. Resources and strengths;
 - xi. Mental status exam and profile;
 - xii. Diagnosis;
 - xiii. Professional summary and clinical formulation;
 - xiv. Recommended care and treatment goals; AND**
 - xv. Dated signature of the LMHP, LMHP-supervisee, LMHP-resident, or LMHP-RP.
- 4) The ISP shall meet all of the requirements as defined in [12VAC30-50-226](#). The ISP must contain, but is not limited to:
 - a. The individual's treatment or training needs;
 - b. The individual's goals and measurable objectives to meet the identified needs:

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- c. Services to be provided with the recommended frequency to accomplish the measurable goals and objectives;
 - d. The estimated timetable for achieving the goals and objectives; **AND**
 - e. An individualized discharge plan that describes transition to other appropriate services;
 - f. The individual shall be included in the development of the ISP and the ISP shall be signed by the individual;
 - g. If the individual is a minor child, the ISP shall also be signed by the individual's parent/legal guardian;
 - h. Documentation shall be provided if the individual, who is a minor child or an adult who lacks legal capacity, is unable or unwilling to sign the ISP;
 - i. Be fully completed, signed, and dated by either an LMHP, LMHP-supervisee, LMHP-resident, LMHP-RP, a QMHP-C, or a QMHP-E;
 - j. Signed by the individual and individual's parent/guardian;
 - k. Completed within 30 days of initiation of services.
- 5) The ISP, as defined in [12VAC30-50-226](#), shall be updated as the individual's needs and progress changes. If there is a lapse in services that is greater than 60 consecutive calendar days without any communications from family members/legal guardian or the individual with the service provider, the provider shall discharge the individual. If the individual continues to need services, then a new intake/admission shall be documented and a new service authorization shall be required.
- 6) Services shall be directed toward the treatment of the eligible individual and delivered primarily in the family's residence with the individual present. As clinically indicated, the services may be rendered in the community if there is documentation, on that date of service, of the necessity of providing services in the community. The documentation shall describe how the alternative community service location supports the identified clinical needs of the individual and describe how it facilitates the implementation of the ISP. For services provided outside of the home, there shall be documentation reflecting therapeutic treatment as set forth in the ISP provided for that date of service in the appropriately signed and dated progress notes.
- 7) These services shall be provided when the clinical needs of the individual put them at risk (please provide detail) for out-of-home placement, as these terms are defined in this section:
- a. When services that are far more intensive than outpatient clinic care are required to stabilize the individual in the family situation, **OR**
 - b. When the individual's residence as the setting for services is more likely to be successful than a clinic. The service-specific provider intake shall describe how the individual meets either subdivision a or b of this subdivision.
- 8) Services shall also be used to facilitate the transition to home from an out-of-home placement when services more intensive than outpatient clinic care are required for the transition to be successful. The individual and responsible parent/guardian shall be available and in agreement to participate in the transition.
- 9) **At least one parent/legal guardian or responsible adult** with whom the individual is living must be willing to participate in the intensive in-home services with the goal of keeping the individual with the family. In the instance of this service, a responsible adult shall be an adult who lives in the same household with the child and is responsible for engaging in therapy and service-related activities to benefit the individual.
- 10) If an individual receiving services is also receiving case management services pursuant to [12VAC30-50-420](#) or [12VAC30-50-430](#) (see definition section), the service provider shall:
- a. Contact the case manager and provide notification of the provision of services;
 - b. Shall send monthly updates to the case manager on the individual's status;
 - c. Send a discharge summary to the case manager within 30 days of the service

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- discontinuation date;
 - d. Meet requirements for delivery of the notification, monthly updates, and discharge summary upon entry of the information in the electronic health records when service providers and case managers are using the same electronic health record for the individual.
- 11) Emergency assistance shall be available 24 hours per day, seven days a week.
 - 12) Providers shall comply with DMAS marketing requirements at [12VAC30-130-2000](#). Providers that DMAS determines violate these marketing requirements shall be terminated as a Medicaid provider pursuant to [12VAC30-130-2000](#) E.
 - 13) **Individual and family counseling is a required component of this service** and must be provided by a LMHP, LMHP-R, LMHP-RP or LMHP-S. Counseling may be provided by the IIH provider or an outpatient service by a private provider as long as it is documented in the ISP and coordinated by the IIH provider.

Continued Stay Criteria

- 1) When the individual continues to meet medically necessary criteria

Not Medically Necessary:

- 1) When the child or youth no longer meets the medical necessity criteria
- 2) When the child or youth no longer resides in the home;
- 3) When there is a lapse in services greater than 31 calendar days;
- 4) When transfer to less intensive or non-home based services are appropriate;
- 5) The service meets the definition of a “failed Service”; (see definitions)
- 6) The service documentation does not demonstrate that services meet the IIH service definition.

Therapeutic Day Treatment for Children and Adolescents

Medically Necessary:

- 1) Therapeutic day treatment is appropriate for children and adolescents who **meet one** of the following (please provide detail):
 - a. Children and adolescents who require year-round treatment in order to sustain behavior or emotional gains;
 - b. Children and adolescents whose behavior and emotional problems are so severe they cannot be handled in self-contained or resource emotionally disturbed (ED) classrooms without:
 - i. This programming during the school day; **OR**
 - ii. This programming to supplement the school day or school year.
 - c. Children and adolescents who would otherwise be placed on homebound instruction because of severe emotional/behavior problems that interfere with learning.
 - d. Children and adolescents who:
 - i. Have deficits in social skills, peer relations or dealing with authority;
 - ii. Are hyperactive;
 - iii. Have poor impulse control;
 - iv. Are extremely depressed or marginally connected with reality.
 - e. Children in preschool enrichment and early intervention programs when the children's emotional/behavioral problems are so severe that they cannot function in these programs without additional services.
- 2) Prior to admission to this service, a service-specific provider intake shall be conducted by the LMHP as defined in [12VAC35-105-20](#).
- 3) Services shall be provided following a service-specific provider intake that is conducted by

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appropriate professionals listed above shall make and document the diagnosis. The service-specific provider intake shall include the elements as defined in [12VAC30-50-130](#).

- a. Documented history of the severity, intensity, and duration of mental health care problems and issues and **shall contain all** of the following elements:
 - i. Presenting issue/reason for referral;
 - ii. Mental health history/hospitalizations;
 - iii. Previous interventions by providers and timeframes and response to treatment,
 - iv. Medical profile
 - v. Developmental history including history of abuse, if appropriate;
 - vi. Educational/vocational status;
 - vii. Current living situation and family history and relationships;
 - viii. Legal status;
 - ix. Drug and alcohol profile;
 - x. Resources and strengths;
 - xi. Mental status exam and profile;
 - xii. Diagnosis;
 - xiii. Professional summary and clinical formulation;
 - xiv. Recommended care and treatment goals; AND
 - xv. Dated signature of the LMHP, LMHP-supervisee, LMHP-resident, or LMHP-RP.
- 4) The ISP shall meet all of the requirements as defined in [12VAC30-50-226](#). The ISP contains, but is not limited to:
 - a. The individual's treatment or training needs;
 - b. The individual's goals and measurable objectives to meet the identified needs;
 - c. Services to be provided with the recommended frequency to accomplish the measurable goals and objectives;
 - d.** The estimated timetable for achieving the goals and objectives; **AND**
 - e. An individualized discharge plan that describes transition to other appropriate services;
 - f. The individual shall be included in the development of the ISP and the ISP shall be signed by the individual;
 - g. If the individual is a minor child, the ISP shall also be signed by the individual's parent/legal guardian;
 - h. Documentation shall be provided if the individual, who is a minor child or an adult who lacks legal capacity, is unable or unwilling to sign the ISP;
 - i. Be fully completed, signed, and dated by either an LMHP, LMHP-supervisee, LMHP-resident, LMHP-RP, a QMHP-C, or a QMHP-E;
 - j. Signed by the individual and individual's parent/guardian;
 - k. Completed within 30 days of initiation of services.
- 5) Individuals qualifying for this service shall demonstrate a clinical necessity for the service arising from a condition due to mental, behavioral or emotional illness which results in significant functional impairments in major life activities. Individuals shall **meet at least two** of the following criteria on a continuing or intermittent basis (please provide detail):
 - a. Have difficulty in establishing or maintaining normal interpersonal relationships to such a degree that they are at risk of hospitalization or out-of-home placement because of conflicts with family or community;
 - b. Exhibit such inappropriate behavior that documented, repeated interventions by the mental health, social services, or judicial system are or have been necessary;
 - c. Exhibit difficulty in cognitive ability such that they are unable to recognize personal danger or recognize significantly inappropriate social behavior.

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- 6) If an individual receiving services is also receiving case management services pursuant to [12VAC30-50-420](#) or [12VAC30-50-430](#)(see definition section), the service provider shall:
 - a. Contact the case manager and provide notification of the provision of services;
 - b. Shall send monthly updates to the case manager on the individual's status;
 - c. Send a discharge summary to the case manager within 30 days of the service discontinuation date;
 - d. Meet requirements for delivery of the notification, monthly updates, and discharge summary upon entry of the information in the electronic health records when service providers and case managers are using the same electronic health record for the individual.
- 7) **Individual and family counseling is a required component of this service** and must be provided by a LMHP, LMHP-R, LMHP-RP or LMHP-S. Counseling may be provided by the IIH provider or an outpatient service by a private provider as long as it is documented in the ISP and coordinated by the IIH provider.

Continued Stay Criteria

- 1) When medically necessary criteria continues to be met.

Not Medically Necessary:

- 1) When the child or youth no longer meets the medical necessity criteria;
- 2) When there is a lapse in services greater than 31 calendar days;
- 3) When transfer to less intensive or more intensive services are appropriate.

Mental Health Family Support Partners

Medically Necessary:

- 1) Caregivers of youth under age 21 who qualify to receive Mental Health Family Support Partners shall have a youth with a mental health disorder, who requires recovery oriented services, and meets two or more of the following:
 - a. Individual and his caregiver need peer-based recovery oriented services for the maintenance of wellness and the acquisition of skills needed to support the youth;
 - b. Individual and his caregiver need assistance to develop self-advocacy skills to assist the youth in achieving self-management of the youth's health status;
 - c. Individual and his caregiver need assistance and support to prepare the youth for a successful work/school experience;
 - d. Individual and his caregiver need assistance to help the youth and caregiver assume responsibility for recovery.
- 2) Individuals 18-20 years old who meet the MNC criteria stated above for MH Peer Support Services, who would benefit from receiving peer supports directly, and who choose to receive MH Peer Support Services directly instead of through MH Family Support Partners shall be permitted to receive MH Peer Support Services by an appropriate PRS.

Continued Stay Criteria

- 1) To qualify for continued peer support services and family support partners, MNC criteria shall continue to be met;
- 2) progress notes shall document the status of progress relative to the goals identified in the Recovery Resiliency and Wellness Plan; **AND**
- 3) The individual continues to require the monthly minimum contact requirements.

Not Medically Necessary:

- 1) Goals of the Recovery Resiliency and Wellness Plan have been substantially met; **OR**

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- 2) The Individual or as applicable for youth under 21, the caregiver, request discharge; **OR**
- 3) The individual or as applicable for youth under 21, the caregiver, fail to make the monthly minimum contact requirements or the individual or caregiver, as applicable, discontinues participation in services.

Coding

Procedure / HCPC Code	Modifier	Service Definition
H2012	-	Intensive In-Home
H0035	HA	Therapeutic Day Treatment (TDT) Children
H0024		Mental Health Peer support Individual
H0025		Mental Health Peer support Group

Intensive In-Home

- 1) Service authorization shall be required for Medicaid reimbursement prior to the onset of services. Services rendered before the date of authorization shall not be reimbursed;
- 2) HealthKeepers, Inc. shall not reimburse for dates of services in which the progress notes are not individualized and child-specific. Duplicated progress notes shall not constitute the required child-specific individualized progress notes. Each progress note shall demonstrate unique differences particular to the individual's circumstances, treatment, and progress. Claim payments shall be retracted for services that are supported by documentation that does not demonstrate unique differences particular to the individual;
- 3) The billing unit for intensive in-home service shall be one hour. Although the pattern of service delivery may vary, intensive in-home services is an intensive service provided to individuals for whom there is an ISP in effect which demonstrates the need for a minimum of three hours a week of intensive in-home service, and includes a plan for service provision of a minimum of three hours of service delivery per individual/family per week in the initial phase of treatment. It is expected that the pattern of service provision may show more intensive services and more frequent contact with the individual and family initially with a lessening or tapering off of intensity toward the latter weeks of service. Service plans shall incorporate an individualized discharge plan that describes transition from intensive in-home to less intensive or non-home based services.

Therapeutic Day Treatment

- 1) Therapeutic day treatment (TDT) shall be provided two or more hours per day in order to provide therapeutic interventions. Day treatment programs, provide evaluation; medication education and management; opportunities to learn and use daily living skills and to enhance social and interpersonal skills (e.g., problem solving, anger management, community responsibility, increased impulse control, and appropriate peer relations, etc.); and individual, group and family counseling;
- 2) Service authorization shall be required for reimbursement;
- 3) Time required for academic instruction when no treatment activity is going on shall not be included in the billing unit.

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- 4) Time spent monitoring behavior during the classroom when no treatment activity is occurring is not reimbursed.

Mental Health Family Support Partners

- 1) Peer Support Services and Family Support Partners shall be registered and providers can access registration forms here: <http://www.dmas.virginia.gov/Content/Pgs/bh-sud.aspx>
- 2) Family Support Partners are billed separately from the per diem or Diagnostic Related Group (DRG) for the following MH Settings:
 - a. Hospital Emergency Department Services licensed by Virginia Department of Health;
 - b. Acute Care General Hospital licensed by Virginia Department of Health;
 - c. Freestanding Psychiatric Hospital and Inpatient Psychiatric Unit licensed by the Department of Behavioral Health and Developmental Services;
 - d. Psychiatric Residential Treatment Facility licensed by Department of Behavioral Health and Developmental Services;
 - e. Therapeutic Group Home licensed by Department of Behavioral Health and Developmental Services.
- 3) Hospital Emergency Department Services licensed by Virginia Department of Health;
- 4) Peer Services claims should be submitted on a CMS-1500.

Discussion/General Information

Consistent with the Omnibus Budget Reconciliation Act of 1989 § 6403, early and periodic screening, diagnostic, and treatment services means the following services: screening services, vision services, dental services, hearing services, and such other necessary health care, diagnostic services, treatment, and other measures described in Social Security Act § 1905(a) to correct or ameliorate defects and physical and mental illnesses and conditions discovered by the screening services and which are medically necessary, whether or not such services are covered under the State Plan and notwithstanding the limitations, applicable to recipients ages 21 and over, provided for by § 1905(a) of the Social Security Act.

These services in order to be covered:

- 1) Shall meet medical necessity criteria based upon diagnoses made by LMHPs who are practicing within the scope of their licenses; **AND**
- 2) Are reflected in provider records and on providers' claims for services by recognized diagnosis codes that support and are consistent with the requested professional services.

Definitions

Case management: Per Virginia Administrative Code 12VAC30-50-420 are services assisting individual children and adults, in accessing needed medical, psychiatric, social, educational, vocational, and other supports essential to meeting basic needs. Services to be provided include:

- 1) Assessment and planning services, to include developing an Individual Service Plan (does not include performing medical and psychiatric assessment but does include referral for such assessment);
- 2) Linking the individual to services and supports specified in the individualized service plan;
- 3) Assisting the individual directly for the purpose of locating, developing or obtaining needed services and resources;

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- 4) Coordinating services and service planning with other agencies and providers involved with the individual;
- 5) Enhancing community integration by contacting other entities to arrange community access and involvement, including opportunities to learn community living skills, and use vocational, civic, and recreational services;
- 6) Making collateral contacts with the individuals' significant others to promote implementation of the service plan and community adjustment;
- 7) Follow-up and monitoring to assess ongoing progress and to ensure services are delivered; and
- 8) Education and counseling which guides the client and develops a supportive relationship that promotes the service plan.

DBHDS: the Department of Behavioral Health and Developmental Services.

DMAS: the Department of Medical Assistance Services and its contractor or contractors.

EPSDT: early and periodic screening, diagnosis, and treatment.

"Failed services" or "unsuccessful services": as measured by ongoing behavioral, mental, or physical distress, that the service or services did not treat or resolve the individual's mental health or behavioral issues (12VAC30-60-61). Discharge is required when the individual has achieved maximal benefit from this level of care and their level of functioning has not improved despite the length of time in treatment and interventions attempted. [12VAC30-60-61](#)

"Family Support Partners": a peer support service and is a strength-based, individualized, service provided to the caregiver of Medicaid-eligible youth under age 21, with a mental health or substance use disorder or co-occurring mental health and substance use disorder that is the focus of support. The services provided to the caregiver must be directed exclusively toward the benefit of the Medicaid-eligible youth. Services are expected to improve outcomes for youth with complex needs who are involved with multiple systems and increase the youth and family's confidence and capacity to manage their own services and supports while promoting recovery and healthy relationships. These services are rendered by a PRS who is:

- 1) A parent of a minor or adult child with a similar mental health or substance use disorder or co-occurring mental health and substance use disorder;
- 2) An adult with personal experience with a family member with a similar a mental health or substance use disorder or co-occurring mental health and substance use disorder with experience navigating substance use or behavioral health care services.

The PRS shall perform the service within the scope of their knowledge, lived - experience, and education. Peer Services Supplement Peer Support Services and Family Support Partners.

Individual service plan or ISP: the same as the term is defined in [12VAC30-50-226](#).

Licensed mental health professional or LMHP: a licensed physician, licensed clinical psychologist, licensed psychiatric nurse practitioner, licensed professional counselor, licensed clinical social worker, licensed substance abuse treatment practitioner, licensed marriage and family therapist, or certified psychiatric clinical nurse specialist.

LMHP-resident: or LMHP-R means the same as resident: as defined in (i) [18VAC115-20-10](#) for licensed professional counselors; (ii) [18VAC115-50-10](#) for licensed marriage and family therapists; or (iii)

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[18VAC115-60-10](#) for licensed substance abuse treatment practitioners. An LMHP-resident shall be in continuous compliance with the regulatory requirements of the applicable counseling profession for supervised practice and shall not perform the functions of the LMHP-R or be considered a "resident" until the supervision for specific clinical duties at a specific site has been preapproved in writing by the Virginia Board of Counseling. For purposes of Medicaid reimbursement to their supervisors for services provided by such residents, they shall use the title "Resident" in connection with the applicable profession after their signatures to indicate such status.

LMHP-resident in psychology or LMHP-RP: the same as an individual in a residency, as that term is defined in [18VAC125-20-10](#), program for clinical psychologists. An LMHP-resident in psychology shall be in continuous compliance with the regulatory requirements for supervised experience as found in [18VAC125-20-65](#) and shall not perform the functions of the LMHP-RP or be considered a "resident" until the supervision for specific clinical duties at a specific site has been preapproved in writing by the Virginia Board of Psychology. For purposes of Medicaid reimbursement by supervisors for services provided by such residents, they shall use the title "Resident in Psychology" after their signatures to indicate such status.

LMHP-supervisee in social work, LMHP-supervisee, or LMHP-S: the same as "supervisee" as defined in [18VAC140-20-10](#) for licensed clinical social workers. An LMHP-supervisee in social work shall be in continuous compliance with the regulatory requirements for supervised practice as found in [18VAC140-20-50](#) and shall not perform the functions of the LMHP-S or be considered a "supervisee" until the supervision for specific clinical duties at a specific site is preapproved in writing by the Virginia Board of Social Work. For purposes of Medicaid reimbursement to their supervisors for services provided by supervisees, these persons shall use the title.

Psychoeducation:

- 1) A specific form of education aimed at helping individuals who have mental illness and their family members or caregivers to access clear and concise information about mental illness; **AND**
- 2) A way of accessing and learning strategies to deal with mental illness and its effects in order to design effective treatment plans and strategies.

Psychoeducational activities: systematic interventions based on supportive and cognitive behavior therapy that emphasizes an individual's and his family's needs and focuses on increasing the individual's and family's knowledge about mental disorders, adjusting to mental illness, communicating and facilitating problem solving and increasing coping skills.

Qualified mental health professional-child or QMHP-C: the same as the term is defined in [12VAC35-105-20](#).

Qualified mental health professional-eligible or "QMHP-E: the same as the term is defined in [12VAC35-105-20](#) and consistent with the requirements of [12VAC35-105-590](#).

Qualified paraprofessional in mental health or QPPMH: the same as the term is defined in [12VAC35-105-20](#) and consistent with the requirements of [12VAC35-105-1370](#).

"Recovery resiliency and wellness plan" a written set of goals, strategies, and actions to guide the individual and the healthcare team to move the individual toward the maximum achievable independence and autonomy in the community. The comprehensive documented wellness plan shall be developed by the individual, caregiver as applicable, the PRS, and the direct supervisor within 30 days of

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the initiation of services and shall describe how the plan for peer support services and activities will meet the individual's needs. This document shall be updated as the needs and progress of the individual changes and shall document the individual's or family's, as applicable, request for any changes in peer support services. The Recovery, Resiliency and Wellness Plan is a component of the individual's overall plan of care and shall be maintained by the enrolled/credentialed provider in the individual's medical record.

Service-specific provider intake: the face-to-face interaction in which the provider obtains information from the child or adolescent, and parent or other family member or members, as appropriate, about the child's or adolescent's mental health status. It includes documented history of the severity, intensity, and duration of mental health care problems and issues and shall contain all of the following elements: (i) the presenting issue/reason for referral, (ii) mental health history/hospitalizations, (iii) previous interventions by providers and timeframes and response to treatment, (iv) medical profile, (v) developmental history including history of abuse, if appropriate, (vi) educational/vocational status, (vii) current living situation and family history and relationships, (viii) legal status, (ix) drug and alcohol profile, (x) resources and strengths, (xi) mental status exam and profile, (xii) diagnosis, (xiii) professional summary and clinical formulation, (xiv) recommended care and treatment goals, and (xv) the dated signature of the LMHP, LMHP-supervisee, LMHP-resident, or LMHP-RP.

Services provided under arrangement: the same as defined in [12VAC30-130-850](#).

Supervisee in Social Work: after their signatures to indicate such status.

References

Government Agency, Medical Society, and Other Authoritative Publications:

1. Virginia Administrative Code, [12VAC30-50-130](#). Nursing Facility Services, Epsdt, Including School Health Services and Family Planning. Accessed 01/20/2021.

Websites for Additional Information

11. [Code of Virginia](#). Accessed 01/20/2021.

History

Status	Date	Action
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Review	02/05/2018	Medical Operation Committee Approval
Approved	03/26/2020	Approved by Medical Operation Committee
Reviewed	01/20/2021	Minor changes
Approved	01/28/2021	Approved by Medical Operation Committee