Use of State Pool Funds for Community-Based Behavioral Health Services
Guidelines for Implementation of Policy
Approved by the State Executive Council, July 31, 2013

Authority:

COV § 2.2-2648. State Executive Council for Comprehensive Services for At-Risk Youth and Families; membership; meetings; powers and duties.

> D. The Council shall have the following powers and duties:
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> 12. Oversee the development and implementation of uniform guidelines to include initial intake and screening assessment, development and implementation of a plan of care, service monitoring and periodic follow-up, and the formal review of the status of the youth and the family;
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> 20. Deny state funding to a locality, in accordance with subdivision 19, where the CPMT fails to provide services that comply with the Comprehensive Services Act (§ 2.2-5200 et seq.), any other state law or policy, or any federal law pertaining to the provision of any service funded in accordance with § 2.2-5211;

Appropriation Act, Item 283 (D)

> D. Community Policy and Management Teams shall use Medicaid-funded services whenever they are available for the appropriate treatment of children and youth receiving services under the Comprehensive Services Act for At-Risk Children and Youth. Effective July 1, 2009, pool funds shall not be spent for any service that can be funded through Medicaid for Medicaid-eligible children and youth except when Medicaid-funded services are unavailable or inappropriate for meeting the needs of a child.

Purpose:

The purposes of this policy are to:

1) Assure that all youth are matched with clinically appropriate services regardless of the funding source.

2) Assure use of consistent service definitions and standards for service delivery for all youth.

3) Assure maximum utilization of federal resources whenever appropriate to enable the most efficient use of state and local funds.

4) Decrease reliance on high-end, intensive, and costly services for children and youth who can benefit from non-clinical services, natural and community supports, and services to support basic child welfare needs, i.e., to ensure that children and youth receive the right services, in the right setting, and at the most efficient cost.

Implementation:

I. This policy applies to the use of Pool Funds for community-based behavioral health services regulated by the Department of Medical Assistance Services. This policy and these guidelines apply to the following services: Intensive In-Home, Mental Health Support Services, and Therapeutic Day Treatment.

II. Medicaid-eligible children and youth.

The policy states, "State Pool funds shall not be used to purchase community-based behavioral health services for a Medicaid-eligible client." The policy will be implemented in accordance with language of the Appropriation Act which recognizes two circumstances under which the use of Medicaid funds may not be possible or appropriate.

A. Medicaid services are unavailable.

1. The policy defines "unavailable" to mean:

   a) there is not a Medicaid-eligible provider of the needed service within a reasonable geographic distance (e.g., up to 30 miles in urban areas or up to 60 miles in rural areas); or

   b) there is a waiting list that prevents the delivery of services within a reasonable time frame.

2. The policy allows the community policy and management team (CPMT) to request an exception to the policy through the Office of Comprehensive Services when a Medicaid-enrolled provider is not available.

   a) A request for an exception to the policy must be submitted to the Office of Comprehensive Services by the CPMT/authorized representative of the CPMT in writing prior to the initiation of any of the services covered by this policy (i.e., this policy does not restrict the initiation of emergency services), and must include the following:

      i. documentation of consult with DMAS or the DMAS behavioral health service administrator (BHSA) that a Medicaid-eligible provider is not available (DMAS/BHSA shall respond to inquiry within one workday),

      ii. documentation, with supporting evidence, as to why the locality has determined a Medicaid-eligible provider is unavailable,

      iii. the name and contact information for a locality representative who can provide additional information about the request to OCS as needed, and

      iv. the name and contact information for the CPMT representative who is authorized by the CPMT to request the policy exception on behalf of the CPMT.

   b) The Office of Comprehensive Services will:

      i. provide an on-line template for submission of exception requests,

      ii. review the request and all documentation submitted,

      iii. seek additional information from the named contact person (per item 2(a)(iii) above), as needed,

      iv. by the close of business no more than 5 full working days following receipt of the exception request, provided that the named contact person (per item 2(a)(iii) above) is available for consultation if needed, provide written determination regarding approval/denial of the request to the named representative/designee of the CPMT (per item 2(a)(iv) above) including written justification for the approval or denial of the request.

B. Medicaid funded services are inappropriate for meeting the needs of the child.

For purposes of implementing this policy, the term "inappropriate for meeting the needs of a child" means: a community-based behavioral health Medicaid funded service (i.e., Intensive In-Home, Mental Health Support Services, Therapeutic Day Treatment) is not appropriate to meet the presenting needs, e.g., per VICAP assessment and/or BHSA review; or the needs are related to family dysfunction, child or public safety, or special education.

The policy does not prohibit the locality from providing services that are appropriate to meet the presenting needs of the child. Such services would be services other than Intensive In-Home, Mental Health Support Services, or Therapeutic Day Treatment.

III. Children and youth not eligible for Medicaid

The FAPT shall maintain documentation that the child or youth meets the criteria established by DMAS regulations for the specific community-based behavioral health service to be provided.

A. As of June 2013 the governing DMAS regulations for the community-based behavioral health services covered by this policy are located in the following sections of Virginia Administrative Code (Emergency Regulations, adopted 7/18/2010):

1. Intensive In-Home:

12VAC30-50-130(B)(5)(a) http://leg1.state.va.us/cgi-bin/legp504.exe?000+reh+12VAC30-50-130+500625

12VAC30-60-61(B) http://leg1.state.va.us/cgi-bin/legp504.exe?000+reg+12VAC30-60-61

2. Mental Health Support Services:

12VAC30-50-226(B)(6) http://leg1.state.va.us/cgi-bin/legp504.exe?000+reg+12VAC30-50-226

12VAC30-60-143(H) http://leg1.state.va.us/cgi-bin/legp504.exe?000+reg+12VAC30-60-143

3. Therapeutic Day Treatment:

12VAC50-150-130(B)(5) http://leg1.state.va.us/cgi-bin/legp504.exe?000+reg+12VAC30-50-130

12VAC30-60-61(C) http://leg1.state.va.us/cgi-bin/legp504.exe?000+reg+12VAC30-60-61

B. Documentation that a child meets service criteria shall include the signature and written approval of a licensed mental health professional.

1. The policy allows flexibility in how the locality obtains the signature and written approval of the licensed mental health professional. Possible processes include:

a. A licensed mental health professional (LMHP) is a member of the FAPT/MDT developing the Individual Family Services Plan (IFSP) and indicates approval of the recommended services by his/her signature on the IFSP.

b. The LMHP reviews FAPT/MDT deliberations, recommendations, and the IFSP and indicates approval of the recommended services by his/her signature on the IFSP.

c. The FAPT refers the child/youth to the Community Services Board for an assessment in accordance with the Virginia Independent Clinical Assessment Program (VICAP). State Pool Funds may be utilized to purchase the VICAP assessment.

2. The licensed mental health professional shall state his/her credentials on such signed approval.

3. The approving licensed mental health professional shall not be a supervisor of or the provider of the service for which approval is given.

IV. Exceptional circumstances

In the event a CPMT believes there are exceptional circumstances that warrant exception to this policy for a child/youth, the CPMT chair or authorized representative of the CPMT shall consult with the OCS Executive Director/designee. The OCS Executive Director/designee will determine documentation needed to assess the

circumstances and may authorize an exception to the policy. The determination of the Executive Director/designee shall be provided to the CPMT Chair in writing.

V. Change in DMAS regulations

1. Upon receipt of notice that new regulations are proposed OCS shall provide such notice to the State Executive Council and to CSA stakeholders. CSA stakeholders will be provided information to allow them to participate in the public comment process associated with the promulgation of new regulations.

2. When new DMAS regulations regarding the services covered by this policy are promulgated, the new regulations shall be utilized for purposes of determining the use of Pool Funds in accordance with this policy unless and until such time as the State Executive Council amends this policy. The SEC will review newly promulgated DMAS regulations regarding the services covered by this policy.

VI. Monitoring exceptions to the policy

The Office of Comprehensive Services will monitor CPMT requests for exceptions to the policy and provide summary reports to the Executive Committee of the State Executive Council.