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Exempt Action Final Regulation Agency Background Document

Agency name	Dept of Medical Assistance Services (DMAS)	
Virginia Administrative Code (VAC) citation	12 VAC 30-50-140, 50-150, 50-180 and 12 VAC 30-80-30	
Regulation title	Amount, Duration, and Scope of Services; Methods and Standards for Establishing Payment Rates—Other Types of Care	
Action title	Action title Marriage and Family Therapists as Independently Enrolled Medicaid Providers	
Document preparation date	Enter date this form is uploaded on the Town Hall; NEED GOV APPROVAL BY	

When a regulatory action is exempt from executive branch review pursuant to § 2.2-4002 or § 2.2-4006(A) of the of the Administrative Process Act (APA) (townhall.state.va.us/dpbpages/dpb_apa.htm), the agency is encouraged to provide information to the public on the Regulatory Town Hall using this form.

Note: While posting this form on the Town Hall is optional, the agency must comply with requirements of the Virginia Register Act (leg1.state.va.us/cgi-bin/legp504.exe?000+cod+2.2-4100), the Virginia Register Form, Style, and Procedure Manual (legis.state.va.us/codecomm/register/download/styl8_95.rtf), and Executive Orders 21 (02) and 58 (99) (<a href="goognet-goognet

Summary

In a short paragraph, please summarize all substantive changes that are being proposed in this regulatory action.

This regulatory change adds Marriage and Family Therapists as independently enrolled Medicaid providers to an already existing list of providers that includes psychiatrists, psychologists, professional counselors, clinical nurse specialists, and licensed clinical social workers. This action conforms the State Plan for Medical Assistance to the mandate contained in Chapter 0125 (HB 224) from the 2004 General Assembly. Chapter 0125 stated in § 32.1-325 (F): "When the services provided for by such plan are services which a marriage and family therapist, clinical psychologist, clinical social worker, professional counselor, or clinical nurse specialist is licensed to render in Virginia, the Director shall contract with any duly licensed marriage and family therapist, duly licensed clinical psychologist, licensed clinical social worker, or licensed professional counselor or licensed clinical nurse specialist who makes application to be a

provider of such services, and thereafter shall pay for covered services as provided in the state plan..."

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Statement of agency final action

Please provide a statement of the final action taken by the agency including (1) the date the action was taken, (2) the name of the agency taking the action, and (3) the title of the regulation.

I hereby approve the foregoing Regulatory Review Summary with the attached amended State Plan pages Marriage and Family Therapists as Independently Enrolled Medicaid Providers (12 VAC 30-50-140, 150, 180 and 12 VAC 30-80-30) and adopt the action stated therein. I certify that this final regulatory action has completed all the requirements of the Code of Virginia § 2.2-4012, of the Administrative Process Act.

Date Patrick W. Finnerty, Director

Dept. of Medical Assistance Services

Substance

Please detail any changes that are proposed. Please outline new substantive provisions, all substantive changes to existing sections, or both where appropriate.

The sections of the State Plan for Medical Assistance affected by this action are the Amount, Duration, and Scope of Services (Supplement 1 to Attachment 3.1 A&B (12 VAC 30-50-140, 150, and 180)) and Methods and Standards for Establishing Payment Rates—Other Types of Care (Attachment 4.19-B (12 VAC 30-80-30)).

Presently in the State Plan, this particular provider group is not recognized as an independently enrolled provider group. In other words, Family and Marriage Therapists are not permitted to apply to DMAS for provider numbers and directly submit bills for services rendered. At the current time, the State Plan permits the following professional groups to directly enroll, render services (for which they are licensed to provide) and directly submit claims for payment: psychiatrists (physicians), clinical psychologists, professional counselors, clinical nurse specialists, and Licensed Clinical Social Workers (LCSWs).

During the 2004 legislature's consideration of this bill, DMAS advised that it did not expect that permitting the direct enrollment of these providers would increase expenditures or services.

These providers are already rendering services to Medicaid recipients and currently billing for such services under the supervising providers numbers.

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Current section number	Proposed new section number, if applicable	Current requirement	Proposed change and rationale
12 VAC 30-50- 140; 50- 150; 50- 180		This specific provider group (Marriage and Family Therapists) is not currently independently enrolled as Medicaid providers. The majority of marriage and family therapists hold dual licenses, one for marriage and family therapy and the other as a licensed professional counselor. Marriage and family therapists will now be authorized to independently enroll as Medicaid providers.	The change adds Marriage and Family Therapists as independently enrolled Medicaid providers of psychotherapy services.
30-50- 180		Item C (7/2000 through 7/2002) allowed community mental health clinics to be able to continue using their currently employed therapists while they worked towards become qualified (licensed or certified as appropriate). This time period has already elapsed.	Text deleted as time period contained in grandfather clause has passed.
		Since this provider group is not currently directly enrolled, there is no payment methodology for them.	This payment provision establishes the same proportional payment for Marriage and Family Therapists as licensed clinical social workers group. Since the Dept of Health Professions has similar licensing requirements for M&F Therapists as for LCSWs, this proportional reimbursement is consistent with current Medicaid policy. All other practitioners (other than psychologists and psychiatrists) are reimbursed at this rate.

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Family impact

Assess the impact of this regulatory action on the institution of the family and family stability.

These services may improve family stability by providing psychotherapy to individuals who need this service.