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Enhanced Behavioral Health Services / Project BRAVO: Behavioral Health Redesign for Access, Value & Outcomes

As the Commonwealth's largest payer of behavioral health care services, the Department of Medical Assistance Services (DMAS) recognizes that it has an important role in driving the provision of high quality, evidence-based, trauma-informed and person-centered behavioral health services and treatment. Consequently, DMAS has been working for the last two years with our committed partners at the Department of Behavioral Health and Developmental Services (DBHDS) and hundreds of stakeholders to build the long-term vision for enhancing behavioral health services to address our most critical member and system needs. The vision for this process is to keep Virginians well and thriving in their communities, shift our system's current dependency on high acuity services such as psychiatric hospitalization to a focus on prevention and early intervention for behavioral health disorders, and support global alignment of services across the systems that serve our members. Both DMAS and DBHDS recognize that this work will not happen all at once, and that our authority to move forward with this long-term vision will be based on the Commonwealth's resources and priorities over time.

In January 2019, DMAS and DBHDS released a document summarizing the long-term vision for developing an enhanced, robust continuum of behavioral health services. The *Virginia Medicaid Continuum of Behavioral Health Services* document can be found on DMAS' website [here](#).

On November 18, 2020, the amended and reenacted 2020 Virginia Acts of Assembly, Chapter 56, Item 313 YYY (2020 Appropriations Act) authorized the Department of Medical Assistance Services (DMAS) to implement programmatic changes and develop new service definitions, prior authorization and utilization review criteria, provider qualifications, and reimbursement rates for Assertive Community Treatment, Mental Health Partial Hospitalization, Crisis Intervention, Crisis Stabilization, Multisystemic Therapy, Functional Family Therapy, Intensive Outpatient Programs, Mobile Crisis, 23-hour Observation and Residential Crisis Stabilization services.

In accordance with the 2020 Acts of Assembly, DMAS will phase in the enhanced services.



This implementation will henceforth be referred to as Project BRAVO, an acronym that stands for Behavioral Health Redesign for Access, Value and Outcomes and is dedicated to the memory of Dr. Hughes Melton, whose commitment and servant-leadership continues to inspire the efforts of this cross-agency team in this work. The first set of enhanced services will begin on **July 1, 2021** and the second set of services will begin on **December 1, 2021**. The enhanced behavioral health services expand access to individual services that are a part of a more comprehensive continuum of behavioral health services for all enrolled members in Medicaid, FAMIS (Family Access to Medical Insurance Security) and FAMIS MOMS.

Services to begin on July 1, 2021:

- **Assertive Community Treatment (ACT):** ACT is a person-centered approach that has demonstrated strong evidence both in Virginia and on a national scale to significantly reduce the need for psychiatric hospitalization and support recovery for individuals with serious mental illness in the community. ACT is a highly coordinated set of services offered by a team of medical, behavioral health, and rehabilitation professionals in the community who work to meet the complex needs of individuals with severe and persistent mental illness.
 - ACT will replace and serve as an enhancement of the current Intensive Community Treatment (ICT) [H0039] service.
 - Implementation will include support to teams currently operating as ICT to bring them to base fidelity levels of ACT.
 - ACT will be a service for adults living with serious mental illness.
 - ACT will use procedure code H0040 and modifiers U1-U5.

- **Mental Health Partial Hospitalization Program (MH-PHP):** Mental Health Partial Hospitalization Programs (MH-PHPs) are highly structured clinical programs designed to provide an intensive combination of interventions and services which are similar to an inpatient program, but on a less than 24-hour basis.
 - MH-PHP will replace and serve as an enhancement to the current Day Treatment/Partial Hospitalization Program [H0035 HB].
 - This service will be using the billing code currently used for Therapeutic Day Treatment (TDT), which will result in a billing code change for TDT but no other change to TDT policy or service delivery requirements.
 - MH-PHP will be a service for youth and adults.
 - MH-PHP will use procedure code H0035.



- **Mental Health Intensive Outpatient Program (MH-IOP):** Mental Health Intensive Outpatient Programs (MH-IOP) are highly structured clinical programs designed to provide a combination of interventions that are less intensive than Partial Hospitalization Programs, though more intensive than traditional outpatient psychiatric services.
 - MH-IOP is a new service for youth and adults.
 - MH-IOP will use procedure code S9480.

Services to begin on December 1, 2021:

- **Multisystemic Therapy (MST):** Multisystemic therapy (MST) is an evidence-based, intensive home- and community-based treatment for youth with significant clinical impairment in disruptive behavior, mood, and/or substance use. MST has a large evidence base that has demonstrated robust clinical and systems outcomes, including reducing the need for inpatient hospitalization, residential treatment and other out-of-home placements for youth. MST involves significant training, supervision, monitoring and fidelity practices.
 - MST is a new service for youth; it does not replace any existing services.
 - MST will use procedure code H2033. Modifiers are to be determined.
- **Functional Family Therapy (FFT):** Functional Family Therapy (FFT) is a short-term, evidence-based treatment program for at-risk and justice-involved youth, who have been referred for behavioral or emotional problems by the juvenile justice, mental health, and school or child welfare systems. FFT has a large evidence base that has demonstrated robust clinical and systems outcomes, including reducing the need for inpatient hospitalization, residential treatment and other out-of-home placements for youth. FFT involves significant training, supervision, monitoring and fidelity practices.
 - FFT is a new service for youth; it does not replace any existing services.
 - FFT will use the procedure code H0036. Modifiers are to be determined.
- **Mobile Crisis:** Mobile Crisis is brief, focused assessment and treatment that reviews precipitating events leading to the crisis, history of crisis, mental status exam and disposition planning. Service components include: 1) the mobilization of resources to defuse the crisis and restore safety, 2) implementing interventions that minimize the potential for psychological trauma and prevent further deterioration of functioning and 3) facilitating linkage to other supports and



services to avert inpatient hospitalization.

- Mobile Crisis will replace and serve as an enhancement of the current Crisis Intervention [H0036] service for youth and adults.
- Mobile Crisis will serve both youth and adults.
- Mobile Crisis will use procedure code H2011. Modifiers are to be determined.

• **Community Stabilization:** Community Stabilization services are short-term services designed to support continued de-escalation and crisis stabilization following initial crisis intervention/response that are provided to an individual in their natural environment.

- Community Stabilization will replace and serve as an enhancement of the current Crisis Stabilization [H2019] service for youth and adults.
- Community Stabilization will serve both youth and adults.
- Community Stabilization will use the procedure code S9482. Modifiers are to be determined.

• **23-Hour Observation:** 23-Hour Observation provides short-term, walk-in psychiatric/substance related crisis evaluation and brief intervention services to support an individual who is experiencing an abrupt and substantial change in behavior noted by severe impairment of functioning typically associated with a precipitating situation or a marked increase in personal distress. Services are accessible 24/7. Individuals participate in the service for up to 23-hours in a residential crisis stabilization unit.

- 23-Hour Observation is a new service and will use procedure code S9485.
- 23-Hour Observation will serve both youth and adults.
- 23-Hour Observation is a service provided within a Residential Crisis Stabilization Unit.

• **Residential Crisis Stabilization:** Residential Crisis Stabilization Units provide short-term, 24/7, facility-based psychiatric/substance related crisis evaluation and brief intervention services to support an individual who is experiencing an abrupt and substantial change in behavior noted by severe impairment of functioning typically associated with a precipitating situation or a marked increase in personal distress.

- Residential Crisis Stabilization will replace and serve as an enhancement of the current Crisis Stabilization [H2019] service for youth and adults.
- Residential Crisis Stabilization will serve both youth and adults.
- Residential Crisis Stabilization will use procedure code H2018.



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In an effort to come into alignment with the Center for Medicare and Medicaid Services National Correct Coding Initiative, the implementation of some of the enhanced services will cause disruption to current service procedure codes. This effort seeks to pair the correct and appropriate procedure codes with their intended services. For example, Therapeutic Day Treatment (TDT) currently uses the code H0035 that should be paired with MH-PHP, and thus that enhanced service will “reclaim” that correct code and TDT will be assigned a new procedure code H2016.

Crosswalk / Summary of New and Affected Procedure Codes

Service Name	Start Date	End Date	Procedure Code	Modifier	Modifier Meaning
Therapeutic Day Treatment (TDT):		6/30/2021	H0035	HA	Child
The TDT procedure code is changing. Current TDT policy and service delivery will not change.	7/1/2021		H2016	None	School Based TDT
				UG	After School TDT
				U7	Non-school Based TDT
Day Treatment/Partial Hospitalization		6/30/2021	H0035 HB		
Mental Health Partial Hospitalization Program (MH-PHP)	7/1/2021		H0035		
Mental Health Intensive Outpatient Services (MH-IOP)	7/1/2021		S9480		
	7/1/2021		S9480	GO	With Occupational Therapy
Intensive Community Treatment (ICT)		6/30/2021	H0039		
Assertive Community Treatment (ACT)	7/1/2021		H0040	none	Contracted as Base Large Team
				U1	Contracted as Base Medium Team
				U2	Contracted as Base Small Team
				U3	Contracted as High Fidelity Large Team
				U4	Contracted as High Fidelity Medium Team
				U5	Contracted as High Fidelity Small Team
Behavioral Therapy Program		11/30/2021	H2033	New code(s) to be determined	
Multisystemic Therapy (MST)	12/1/2021		H2033	To be Determined	To be Determined
Service Name	Start Date	End Date	Procedure Code	Modifier	Modifier Meaning
Crisis Intervention		11/30/2021	H0036		
Functional Family Therapy (FFT)	12/1/2021		H0036	To be Determined	To be Determined
Mobile Crisis	12/1/2021		H2011	To be Determined	To be Determined
Crisis Stabilization		11/30/2021	H2019		
Community Stabilization	12/1/2021		S9482	To be Determined	To be Determined
23-Hour Observation	12/1/2021		S9485	None	
Residential Crisis Stabilization	12/1/2021		H2018	None	

The DBHDS regulatory actions related to changes necessary to create and implement these services can be found here:

- Amendments to align with enhanced behavioral health service <https://townhall.virginia.gov/L/ViewAction.cfm?actionid=5565>
- Amendments to align with ASAM criteria in children's residential facilities <https://townhall.virginia.gov/L/ViewAction.cfm?actionid=5564>
- Amendments to align with ASAM criteria <https://townhall.virginia.gov/L/ViewAction.cfm?actionid=5563>



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Specific licensing information will be posted on the DBHDS website under Announcements:
<https://dbhds.virginia.gov/quality-management/Office-of-Licensing>

DMAS Provider Manual

Policy and regulatory information will be posted on the Regulatory Town Hall for a 30-day public comment period. Please refer to DMAS Memo dated 06/01/2017, *How to Receive Notice of and Submit Comments on DMAS Manual and Regulatory Changes* for instructions on how to sign up for notifications here:

<https://www.viriniamedicaid.dmas.virginia.gov/ECMPdfWeb/ECMServlet?memospdf=Medicaid+Memo+2017.05.19.pdf>.

After public comment has ended and the policies have received approval, the policies will be posted here:

<https://www.viriniamedicaid.dmas.virginia.gov/wps/portal/ProviderManual>

Training

DMAS is developing training sessions on the enhanced services. These sessions will review the new services including provider requirements, covered services, documentation and billing requirements. Information will be released about these trainings as soon as it is available.

If you have additional questions about this memo, you may also email enhancedbh@dmas.virginia.gov.

Have questions about or want updates on Behavioral Health Enhancement (BHE) please visit our website here: <https://www.dmas.virginia.gov/#/behavioralenhancement>

PROVIDER CONTACT INFORMATION & RESOURCES



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<p>Virginia Medicaid Web Portal Automated Response System (ARS) Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.</p>	<p>www.virginiamedicaid.dmas.virginia.gov</p>
<p>Medicall (Audio Response System) Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.</p>	<p>1-800-884-9730 or 1-800-772-9996</p>
<p>KEPRO Service authorization information for fee-for-service members.</p>	<p>https://dmas.kepro.com/</p>
<p>Managed Care Programs Medallion 4.0, Commonwealth Coordinated Care Plus (CCC Plus), and Program of All-Inclusive Care for the Elderly (PACE). In order to be reimbursed for services provided to a managed care enrolled individual, providers must follow their respective contract with the managed care plan/PACE provider. The managed care plan may utilize different guidelines than those described for Medicaid fee-for-service individuals.</p>	
<p>Medallion 4.0</p>	<p>http://www.dmas.virginia.gov/#/med4</p>
<p>CCC Plus</p>	<p>http://www.dmas.virginia.gov/#/cccplus</p>
<p>PACE</p>	<p>http://www.dmas.virginia.gov/#/longtermprograms</p>



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<p>Magellan Behavioral Health Behavioral Health Services Administrator, check eligibility, claim status, service limits, and service authorizations for fee-for-service members.</p>	<p>www.MagellanHealth.com/Provider For credentialing and behavioral health service information, visit: www.magellanofvirginia.com, email: VAProviderQuestions@MagellanHealth.com, or call: 1-800-424-4046</p>
<p>Provider HELPLINE Monday-Friday 8:00 a.m.-5:00 p.m. For provider use only, have Medicaid Provider ID Number available.</p>	<p>1-804-786-6273 1-800-552-8627</p>
<p>Aetna Better Health of Virginia</p>	<p>aetnabetterhealth.com/virginia 1-800-279-1878</p>
<p>Anthem HealthKeepers Plus</p>	<p>www.anthem.com/vamedicaid 1-800-901-0020</p>
<p>Magellan Complete Care of Virginia</p>	<p>www.MCCofVA.com 1-800-424-4518 (TTY 711) or 1-800-643-2273</p>
<p>Optima Family Care</p>	<p>1-800-881-2166</p>
<p>United Healthcare</p>	<p>Uhccommunityplan.com/VA and myuhc.com/communityplan 1-844-752-9434, TTY 711</p>
<p>Virginia Premier</p>	<p>1-800-727-7536 (TTY: 711),</p>