

Final Regulation Agency Background Document

Agency name	DEPT OF MEDICAL ASSISTANCE SERVICES
Virginia Administrative Code (VAC) citation(s)	12 VAC 30-135-400 et seq.
Regulation title(s)	Demonstration Waivers: Individuals with Serious Mental Illness (SMI)
Action title	GAP Demo Waiver for Individuals with SMI
Date this document prepared	5/4/2017

This information is required for executive branch review and the Virginia Registrar of Regulations, pursuant to the Virginia Administrative Process Act (APA), Executive Orders 17 (2014) and 58 (1999), and the *Virginia Register Form, Style, and Procedure Manual*.

Brief summary

Please provide a brief summary of the proposed new regulation, proposed amendments to the existing regulation, or the regulation proposed to be repealed. Alert the reader to all substantive matters or changes. If applicable, generally describe the existing regulation.

DMAS promulgated emergency regulations for the Governor's Access Plan Demonstration Waiver for Individuals with Serious Mental Illness (SMI) and these final stage regulations will allow the program to continue past the expiration of the emergency regulations.

The program provides specified benefits to qualifying individuals who are uninsured. To qualify, these individuals must meet the GAP serious mental illness criteria as well as the financial and nonfinancial eligibility criteria. The serious mental illness criteria involved specific diagnoses (for example, schizophrenia, bipolar disorders, post-traumatic stress disorder), specific duration of illnesses, specific levels of impairment, and consistent need for help in accessing health care services.

Other criteria are that eligible individuals are: (i) adults between the ages of 21 and 64 years; (ii) U.S. citizens or lawfully residing aliens; (iii) residents of the Commonwealth; (iv) uninsured; (v) ineligible for any state or federal health insurance programs; (vi) not current residents of a nursing facility, mental health facility or penal institution.

In addition, these individuals must have household incomes, as determined via agency's current policies on Modified Adjusted Gross Income, of less than or equal to 80 percent of the Federal Poverty Level (FPL). The 2016 General Assembly, in the *2017 Acts of the Assembly*, Chapter 836, Item 306 XXX(1)(b), directed DMAS to modify this program's household income level,

from 60 percent to 80% of the FPL. The 2017 General Assembly directed DMAS to modify the program's household income level to 100% of the FPL, effective October 1, 2017.

A wide range of benefits, including outpatient physician and clinic services, specialists, diagnostic procedures, laboratory procedures, and pharmacy services are provided through this demonstration program. The following benefits are to be provided: (i) primary care office visits including diagnostic and treatment services performed in the physician's office, (ii) outpatient specialty care, consultation, and treatment, (iii) outpatient hospital including observation and ambulatory diagnostic procedures, (iv) outpatient laboratory, (v) outpatient pharmacy, (vi) outpatient telemedicine, (vii) medical equipment and supplies for diabetic treatment, (viii) outpatient psychiatric treatment, (ix) GAP case management, (x) psychosocial rehabilitation assessment and psychosocial rehabilitation services, (xi) mental health crisis intervention, (xii) mental health crisis stabilization, (xiii) therapeutic or diagnostic injection, (xiv) telemedicine, (xv) outpatient substance use treatment services, (xvi) intensive outpatient substance use treatment services, and (xvii) opioid treatment. Care coordination, Recovery Navigation (peer supports), crisis line and prior authorization for services shall be provided through the agency's Behavioral Health Services Administrator.

The 2017 Acts of Assembly, Chapter 836, Items MMMM.1 and MMMM.3 direct DMAS to provide peer support services, and as a result, peer support services will be added to the GAP program beginning on July 1, 2017.

The 2017 Acts of Assembly, Chapter 836, Item 306.XXX(1)(b) directed DMAS to amend the GAP income eligibility level "from 80 to 100 percent of the federal poverty level effective October 1, 2017. Effective October 1, 2017, the department shall amend the Medicaid demonstration project to include the provision of addiction recovery and treatment services, including partial day hospitalization and residential treatment services."

Acronyms and Definitions

Please define all acronyms used in the Agency Background Document. Also, please define any technical terms that are used in the document that are not also defined in the "Definition" section of the regulations.

DMAS = Department of Medical Assistance Services

FPL = Federal Poverty Level

GAP = Governor's Access Program

MAGI = Modified Adjusted Gross Income

PTSD = Post-Traumatic Stress Disorder

SMI = Serious Mental Illness

Statement of final agency 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 regulations (Demonstration Waivers: Individuals with Serious Mental Illness (SMI), 12 VAC 30-135-400 et seq.) 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.

May 4, 2017

Date

/signature/

Cynthia B. Jones, Director

Dept. of Medical Assistance Services

Legal basis

Please identify the (1) the agency (includes any type of promulgating entity) and (2) the state and/or federal legal authority for the proposed regulatory action, including the most relevant citations to the Code of Virginia or General Assembly chapter number(s), if applicable. Your citation should include a specific provision, if any, authorizing the promulgating entity to regulate this specific subject or program, as well as a reference to the agency's overall regulatory authority.

The *Code of Virginia* (1950) as amended, § 32.1-325, grants to the Board of Medical Assistance Services the authority to administer and amend the Plan for Medical Assistance. The *Code of Virginia* (1950) as amended, § 32.1-324, authorizes the Director of DMAS to administer and amend the Plan for Medical Assistance according to the Board's requirements. The Medicaid authority as established by § 1902 (a) of the *Social Security Act* [42 U.S.C. 1396a] provides governing authority for payments for services.

The Medicaid authority as established by § 1902 (a) of the *Social Security Act* [42 U.S.C. 1396a] provides governing authority for payments for services. Section 1115 [42 U.S.C. 1315] of the *Social Security Act* provides authority for DMAS to create a demonstration program of limited services that waives certain designated federal Medicaid requirements, as set out below.

Via its demonstration waiver application, DMAS has secured federal approval, with the concomitant federal funding, to waive the following standard Title XIX requirements to implement this program:

- 1) Amount, Duration, and Scope of Services – Section 1902(a)(10)(B) allowing Virginia to offer program individuals a benefit package that differs from the State Plan for Medical Assistance.
- 2) Freedom of Choice – Section 1902(a)(23)(A) (42 CFR §431.51) allowing Virginia the flexibility to assign program individuals to the most appropriate program provider partner for peer supports GAP case management. This will include Different Delivery Systems allowing Virginia to provide different delivery systems for the population under this demonstration for peer supports.
- 3) Reasonable Promptness – Section 1902(a)(8) Allowing Virginia to limit enrollment via modification to eligibility thresholds. 1902(a)(8) provide that all individuals wishing to

make application for medical assistance under the plan shall have opportunity to do so, and that such assistance shall be furnished with reasonable promptness to all eligible individuals;

- 4) Methods of Administration – Transportation – Section 1902(a)(4) insofar as it incorporates 42 CFR §431.53 allowing Virginia, to the extent necessary, to not provide non-emergency transportation to and from providers for individuals.
- 5) Retroactive Eligibility – DMAS is waiving the requirements of Section 1902(a)(34) (42 CFR §435.914) regarding retroactive eligibility for demonstration participation.

This action complies with the legislative mandates set out in the *2016 Acts of the Assembly*, Chapter 780, Item 306 XXX(1)(a) effective July 1, 2016, as well as the Governor's original directive to DMAS.

This action also complies with the legislative mandates of the 2017 Acts of the Assembly, Items 306.MMMM(1) and MMMM(3), which direct DMAS to cover peer supports, and 306.XXX(1)(b), which directed DMAS to 1) modify the program's household income level from 80% of FPL to 100% of FPL, and 2) to include addiction and recovery treatment services including partial day hospitalization and residential treatment services in the GAP-SMI program.

Purpose

Please explain the need for the new or amended regulation. Describe the rationale or justification of the proposed regulatory action. Describe the specific reasons the regulation is essential to protect the health, safety or welfare of citizens. Discuss the goals of the proposal and the problems the proposal is intended to solve.

This program proposes to provide individuals who have diagnoses of serious mental illness access to some basic medical and behavioral health services. The three main goals of this initiative are:

- 1. Improve access to health care for a segment of the uninsured population in Virginia who have significant behavioral health and medical needs;
- 2. Improve health and behavioral health outcomes of demonstration participants; and,
- 3. Serve as a bridge to closing the insurance coverage gap for uninsured Virginians.

This program was originally proposed to provide uninsured individuals who have diagnoses of serious mental illness access to medical and behavioral health care in order to improve their health and lives in their families and communities.

Substance

Please briefly identify and explain the new substantive provisions, the substantive changes to existing sections, or both.

The regulations that are affected by this action are the Governor's Access Plan Demonstration Waiver for Individuals with Serious Mental Illness (12 VAC 30-135-400 et seq.).

DMAS submitted a request to the Governor stating in writing the nature of this emergency and specifically requesting his authority pursuant to Virginia Code § 2.2-4011(A) to promulgate emergency regulations to address the emergency. In the letter, DMAS Director Cynthia B. Jones stated the following:

It has come to our attention that the lack of health insurance coverage for approximately one half of the population of the Commonwealth has created an urgent situation that necessitates the implementation of emergency regulations to speedily address the significant medical needs of Virginia's uninsured population.

....

The primary concern is the need for accessible mental health care for Virginians who suffer with serious mental illness. It is estimated that about 308,000 Virginia adults have experienced a serious mental illness (SMI) during the past year. Of that number, approximately 54,000 are uninsured. While these individuals face profound difficulties in accessing treatment, almost half of them also have a co-occurring substance use disorders and have increased risk for medical conditions such as diabetes, heart disease and obesity. The average lifespan of an individual with SMI is 25 years shorter than those without.

More importantly, Virginia's recent history with the shootings at Virginia Tech, and the tragedy experienced by State Senator Creigh Deeds, point to the dire consequences that may arise from the lack of effective treatment of SMI. Providing persons with SMI access to behavioral health and needed medical services would help prevent the reoccurrence of such tragedies, and it would provide a means for such individuals to recover and participate fully in the community.

In light of this situation, the Governor charged the Secretary of Health and Human Resources to create a plan to provide Virginians with greater access to health care for uninsured citizens.

CURRENT POLICY

Prior to the adoption of DMAS' original emergency regulations, this program did not exist.

Under the authority of an original emergency regulation and two subsequent revising emergency regulations, this demonstration waiver program used an income limit of 80 percent of the Federal Poverty Level on the household incomes of persons applying for this assistance. DMAS determines financial eligibility via its current MAGI financial and household composition rules. This program also covers a wide range of medical and behavioral health services, including outpatient physician and clinic services, specialists, diagnostic procedures, laboratory procedures, and pharmacy services.

ISSUES

This program originally proposed to provide uninsured individuals who have diagnoses of serious mental illness access to medical and behavioral health care in order to improve their health and lives in their families and communities. Uninsured individuals, who have diagnoses of serious mental illness, can have profound difficulties accessing basic medical and behavioral health services, including prescription medications, and often have co-morbidities of substance use and chronic health conditions. Such individuals often have reduced life spans as well as limited parenting capabilities and community (jobs, schooling) participation.

RECOMMENDATIONS

DMAS recommends the approval of the permanent regulations for this new program.

Issues

Please identify the issues associated with the proposed regulatory action, including: 1) the primary advantages and disadvantages to the public, such as individual private citizens or businesses, of implementing the new or amended provisions; 2) the primary advantages and disadvantages to the agency or the Commonwealth; and 3) other pertinent matters of interest to the regulated community, government officials, and the public. If there are no disadvantages to the public or the Commonwealth, please indicate.

There are no advantages or disadvantages to private citizens in this program. The advantage to uninsured citizens, who have diagnoses of serious mental illness, will be the accessing of basic health care and behavioral health, including prescriptions, care services. Helping such affected individuals with these services will stabilize their lives, enabling them to parent and maintain employment and/or schooling.

Requirements more restrictive than federal

Please identify and describe any requirement of the proposal which is more restrictive than applicable federal requirements. Include a rationale for the need for the more restrictive requirements. If there are no applicable federal requirements or no requirements that exceed applicable federal requirements, include a statement to that effect.

There are no requirements more restrictive than federal requirements contained in these recommendations.

Localities particularly affected

Please identify any locality particularly affected by the proposed regulation. Locality particularly affected means any locality which bears any identified disproportionate material impact which would not be experienced by other localities.

No locality is particularly affected by this regulation, as it applies statewide.

Family Impact

Please assess the impact of the proposed regulatory action on the institution of the family and family stability including to what extent the regulatory action will: 1) strengthen or erode the authority and rights of parents in the education, nurturing, and supervision of their children; 2) encourage or discourage economic self-sufficiency, self-pride, and the assumption of responsibility for oneself, one's spouse, and one's children and/or elderly parents; 3) strengthen or erode the marital commitment; and 4) increase or decrease disposable family income.

These changes do not strengthen or erode the authority or rights of parents in the education, nurturing, and supervision of their children; nor encourage or discourage economic self-sufficiency, self-pride, and the assumption of responsibility for oneself, one's spouse, and one's children and/or elderly parents. It does not strengthen or erode the marital commitment, and does not increase or decrease disposable family income.

Changes made since the proposed stage

*Please list all changes that made to the text of the proposed regulation and the rationale for the changes; explain the new requirements and what they mean rather than merely quoting the proposed text of the regulation. *Please put an asterisk next to any substantive changes.*

Section number	Requirement at proposed stage	What has changed	Rationale for change
12VAC30-130-5030		This section was added to final stage.	This section was added and revised to clarify which ARTS services will be provided to individuals in the GAP-SMI program.
12 VAC 30-135-400		<p>The term "peer support service" has been removed from the definition section.</p> <p>The phrase "employed by the BHSA" has been added to the definition of "PSN" to clarify that this is a service provided under the umbrella of the BHSA.</p> <p>A definition has been added for the term "substance use disorder."</p>	<p>This term does not need to be defined in these regulations.</p> <p>This clarifies that PSN is a service provided under the umbrella of the BHSA.</p> <p>This change will help clarify the difference between the term "substance use disorder" which is</p>

		<p>The term "virtual engagement" has been removed from the definitions section.</p> <p>The phrase "operated by the BHSA" has been added to the definition of "warm line."</p>	<p>referenced in the term "behavioral health disorder" but is distinct from the term "mental health disorder."</p> <p>This term is not referenced in the regulatory text.</p> <p>This clarifies that the warm line is provided under the umbrella of the BHSA.</p>
12 VAC 30-135-410 (A) and (E)	Provides for incomes up to 80% of the Federal Poverty Level (FPL)	Change to 100% of FPL, effective October 1, 2017.	2017 General Assembly mandate.
12 VAC 30-135-410(C)	Waives freedom of choice and notes that services shall be provided by a different delivery system for peer supports.	Removes the reference to peer supports.	Peer supports are a state plan service, and these items no longer apply to peer support services.
12 VAC 30-135-420(C)		Citations to Virginia Code §54.1-3600 and 54.1-3601 have been added.	These references clarify what requirements apply to screeners in jails.
12 VAC 30-135-420 (G)	Provides for incomes up to 80% of the Federal Poverty Level (FPL)	Change to 100% of FPL, effective October 1, 2017.	2017 General Assembly mandate.
12VAC30-135-430(B)		Citations to Virginia Code §54.1-3600 and 54.1-3601 have been added.	These references clarify what requirements apply to screeners in jails.
12 VAC 30-135-440(D)(2)(a)	Refers to GAP "care management"	Changed to GAP "case management."	Fixing a typographical error.
12 VAC 30-135-440(D)(6)		Adds peer support services as a covered service.	Aligns the GAP regulations with coverage for peer support services.
12VAC30-135-440(F)	Certain community substance use disorder treatment services are provided.	The old text is stricken and is replaced with a reference to 12 VAC 30-130-5030. In addition, peer support services are referenced as a covered service.	The General Assembly mandated that a wider range of services be provided.
12 VAC 30-135-440(G)	Refers to peer supports.	<p>Changed to peer support navigation services in (G) and (G)(4).</p> <p>Paragraph (G)(3) and (G)(4)(f) are added.</p>	Clarifies that the service provided under the umbrella of the BHSA (peer support navigation services) is distinct from peer support services.
12VAC 30-135-450(A)	Residential substance use disorder treatment services were not covered.	Residential substance use disorder treatment services are removed from the list of non-covered services.	The General Assembly mandated that these services be covered.
12VAC30-135-450(B)	Certain behavioral health services were not	Behavioral health is stricken and replaced with mental health.	Mental health and substance use disorder

and (C)	covered.		treatment are discussed in different sections.
12 VAC 30-135-450(C)	The Virginia Independent Clinical Assessment (VICAP) is listed as a noncovered service.	The VICAP reference is removed. In addition, Mental Health Family Support Partners is added as a noncovered service.	VICAP no longer exists and the reference is not needed. This service is not covered in GAP.
12VAC30-135-450(D)		Noncovered substance use disorder services are described in 12 VAC 30-130-5030, and ARTS Family Support Partners is listed as a noncovered service.	The noncovered substance use disorder services are clarified.
12VAC30-130-475(B)		Reference to 12VAC30-60-181 replaces reference to 12VAC30-60-180 C.	Correction of reference.

Public comment

Please summarize all comments received during the public comment period following the publication of the proposed stage, and provide the agency response. If no comment was received, please so indicate. Please distinguish between comments received on Town Hall versus those made in a public hearing or submitted directly to the agency or board.

Commenter	Comment	Agency response
Keith Richardson	"https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/va/va-gov-access-plan-gap-ca.pdf section 1902a 34 section 1902a 23a concern me State Not making changes to Title XIX And minium essential coverage"	The letter referenced in the comment is the federal approval to amend one of Virginia’s Section 1115 Waivers. This specific amendment allows DMAS to operate two programs ((1) Virginia Governor’s Access Plan (GAP), and (2) Addiction and Recovery Treatment Services (ARTS)) under one 1115 Waiver. While GAP is a limited benefit program ARTS is not.

All changes made in this regulatory action

Please list all changes that are being proposed and the consequences of the proposed changes. Describe new provisions and/or all changes to existing sections. Explain the new requirements and what they mean rather than merely quoting the proposed text of the regulation

DMAS' original emergency regulations (TH 4252/7084) provided for:

Section number	Proposed requirements	Other regulations and law that apply	Intent and likely impact of proposed requirements
135-400	Establishes the name of this new waiver program.	Title XI of the Social Security Act, § 1115.	Intent is to establish this new program and the associated regulation section numbers.
135-401	Establishes this new waiver program.	Title XI of the Social Security Act, § 1115.	Intent is to establish this new program and the associated

			regulation section numbers.
135-410	Definitions.	Title XI of the Social Security Act, § 1115.	Defines terms in the new program.
135-420	Administration; authority.	Title XI of the Social Security Act, § 1115.	Establishes the administration of the new program and the statutory authority for it.
135-430	Individual eligibility requirements; limitations	Title XI of the Social Security Act, § 1115.	Establishes requirements that individuals must meet in order to be approved to receive the covered services.
135-440	Individual screening requirements.	Title XI of the Social Security Act, § 1115.	Establishes the individual screening requirements.
135-450	Covered services; limitations; restrictions.	Title XI of the Social Security Act, § 1115.	Establishes the new program's covered services and the limits on those services.
135-469	Non-covered medical and behavioral health services.	Title XI of the Social Security Act, § 1115.	Lists services not covered in the new program.
135-470	Provider qualifications; requirements.	Title XI of the Social Security Act, § 1115.	Establishes provider qualification requirements.
135-480	Quality assurance.	Title XI of the Social Security Act, § 1115.	Establishes quality assurance requirements in the new program.
135-490	Reimbursement.	Title XI of the Social Security Act, § 1115.	Establishes the reimbursement methodologies to be used.
135-487 through -495	Client and provider appeal rights and processes.	Title XI of the Social Security Act, § 1115.	Establishes the participating individuals' rights and the appeal process to be used.
135-498	Individual rights	Title XI of the Social Security Act, § 1115..	Establishes individuals' rights to being treated with dignity and provides for no cost sharing.

The first revising emergency regulations (TH 4252/7190) provided for:

Current section number	Proposed new section number, if applicable	Current requirement	Proposed change and rationale
	12 VAC 30-135-400(A)	Provides for incomes up to 100% of the Federal Poverty Level (FPL) with a 5% household income disregard.	Provides for incomes up to 60% of the FPL (plus a 5% household income disregard)
	12 VAC 30-135-420 (A) and (E)	Provides for incomes up to 95% of the FPL with 5% household income disregard	Provides for incomes up to 60% of the FPL (plus a 5% household income disregard)
	12 VAC 30-135-430 (G)	Provides for incomes up to 95% of the FPL with 5% household income disregard	Provides for incomes up to 60% of the FPL (plus a 5% household income disregard)
	12 VAC 30-135-450 (C)	Provides for specified services.	Provides for services as specified in the legislative mandate.

The second revising emergency regulations (TH 4252/7600) provided for:

Current section number	Proposed new section number, if applicable	Current requirement	Proposed change and rationale
	12 VAC 30-135-400(A)	Provides for incomes up to 100% of the Federal Poverty Level (FPL) with a 5% household income disregard.	Provides for incomes up to 80% of the FPL using the MAGI eligibility methodology (which includes a 5% household income disregard)
	12 VAC 30-135-420 (A) and (E)	Provides for incomes up to 95% of the FPL with 5% household income disregard	Provides for incomes up to 60% of the FPL using the MAGI eligibility methodology (which includes a 5% household income disregard)
	12 VAC 30-135-430 (G)	Provides for incomes up to 95% of the FPL with 5% household income disregard	Provides for incomes up to 60% of the FPL using the MAGI eligibility methodology (which includes a 5% household income disregard)

The changes between the second revising emergency regulations and the proposed stage are:

Current section number	Proposed new section number, if applicable	Current requirement	Proposed change and rationale
Through-Out		The term substance abuse is used.	The term is updated to "substance use disorder."
135-400		Text uses future tense.	Changed from future tense to current tense.
135-410		Definitions include text from other regulatory sections.	Definitions changed to cross-reference (rather than repeat) regulatory text in other sections for terms: BHSA, intensive outpatient services, ISP, LMHP, progress notes, service authorization, service specific provider intake.
135-410			The definitions for the following terms have been revised: action, agency, CSB, client appeal, Cover Virginia, department, direct services, duration of illness, expedited appeal, final decision, GAP screening entity, good cause, grievance, hearing, individual, remand, reverse, serious mental illness, state fair hearing, sustain, virtual engagement, warm line. Note: the definition for "GAP screening entity" now includes local or regional jails and the Department of Corrections to allow those agencies to screen individuals to determine eligibility for GAP-SMI services upon discharge.
135-410		No definitions for the terms used in the regulations.	New definitions inserted for the terms "client," "ex parte renewal," "high intensity case management," "MAGI," and "regular case management."

135-410		Definitions for terms no longer used in the regulations.	Definitions were removed for terms that no longer appear in the regulations: QPPMH, QSAP, psychoeducational activities and services
135-430		The term "individual" is used.	The term individual is changed to "applicant" or "enrollee."
135-430		The term eligibility is used.	References to eligibility are clarified to indicate financial or nonfinancial eligibility.
135-430			A new paragraph H is added.
135-440		The term "individual" is used.	The term individual is changed to "applicant" or "enrollee."
135-440			New paragraphs G1 and G2 were added.
135-440			The text in paragraph I was clarified to indicate the steps taken by Cover Virginia.
135-450			Cross-references to other regulations were updated and additional cross-references were inserted.
135-450			Re-lettered and re-organized text sections. Community mental health is now paragraph D; outpatient psychotherapy is now paragraph E; community substance use disorder is now paragraph F, and care coordination is now paragraph G.
135-450			A new paragraph D2 includes information about GAP case management that was previously found elsewhere.
135-470		Provider requirements from other regulations are included in the text of this regulation.	Provider requirements are removed and cross-references are inserted instead.
135-475		ISP requirements from other regulations are included in the text of this regulation.	ISP requirements are removed and cross-references are inserted instead.
135-480		Utilization review requirements from other regulations are included in the text of this regulation.	Utilization review requirements are removed and cross-references are inserted instead.
135-485			Paragraph B was removed – this was a provider requirement, and was not related to reimbursement.
135-487			References to "division" are changed to "DMAS Appeals Division." Other clarifying edits were also made to this section.
135-489			Clarifying edits were made to this section.
135-491			Clarifying edits were made to this section.
135-494			Clarifying edits were made to this section.
135-495			Clarifying edits were made to this section.
135-496			Clarifying edits were made to this section.
135-498			Clarifying edits were made to this section.

The changes between the proposed and final stages are:

Section number	Requirement at proposed stage	What has changed	Rationale for change
12VAC30-130-5030		This section was added to final stage.	This section was added to clarify which ARTS services will be provided to individuals in the GAP-SMI program.
12 VAC 30-135-400		A definition has been added for the term "Substance Use Disorder."	This change will help clarify the difference between the term "substance use disorder" which is referenced in the term "behavioral health disorder" but is distinct from the term "mental health disorder."
12 VAC 30-135-410 (A) and (E)	Provides for incomes up to 80% of the Federal Poverty Level (FPL)	Change to 100% of FPL, effective October 1, 2017.	2017 General Assembly mandate.
12 VAC 30-135-420(C)		Citations to Virginia Code §54.1-3600 and 54.1-3601 have been added.	These references clarify what requirements apply to screeners in jails.
12 VAC 30-135-420 (G)	Provides for incomes up to 80% of the Federal Poverty Level (FPL)	Change to 100% of FPL, effective October 1, 2017.	2017 General Assembly mandate.
12VAC30-135-430(B)		Citations to Virginia Code §54.1-3600 and 54.1-3601 have been added.	These references clarify what requirements apply to screeners in jails.
12VAC30-135-440(F)	Certain community substance use disorder treatment services are provided.	The old text is stricken and is replaced with a reference to 12 VAC 30-130-5030.	The General Assembly mandated that a wider range of services be provided.
12VAC 30-135-450(A)	Residential substance use disorder treatment services were not covered.	Residential substance use disorder treatment services are removed from the list of non-covered services.	The General Assembly mandated that these services be covered.
12VAC30-135-450(B) and (C)	Certain behavioral health services were not covered.	Behavioral health is stricken and replaced with mental health.	Mental health and substance use disorder treatment are discussed in different sections.
12VAC30-135-450(D)		Noncovered substance use disorder services are described in 12 VAC 30-130-5030.	The General Assembly mandated that a wider range of services be provided.
12VAC30-130-475(B)		Reference to <u>12VAC30-60-181</u> replaces reference to <u>12VAC30-60-180 C.</u>	Correction of reference.