

### Appendix B: Medicaid Covered Services

**MA D-SNP is not responsible for the provision or reimbursement of any Medicaid benefits. Medicaid benefits will be provided and reimbursed by the Department or through a separate contract. MA D-SNP is required to maintain knowledge and familiarity with current Medicaid covered services as described here, through ongoing review of State laws, rules, policies, health plan contracts, guidance as well as through information posted on its website. MA D-SNP shall coordinate Medicare and Medicaid benefits as described in section 2.7 of this contract and as required by CMS through federal laws, rules, policies, health plan contracts and other guidance. This attachment is not intended to be a comprehensive list of covered benefits.**

<b>SUMMARY OF COVERED SERVICES - PART 1 – MEDICAL BENEFITS</b>			
<b>Service</b>	<b>State Plan Reference or Other Relevant Reference</b>	<b>Medicaid Covered</b>	<b>MLTSS Contract Covered</b>
Abortions, induced	12 VAC 30-50-100 and 12 VAC 30-50-40	Yes, limited to those cases where there would be substantial danger to life of mother	Yes, limited to those cases where there would be substantial danger to life of mother
Behavioral Health	See Part 2 of this Attachment		
Chiropractic Services	12 VAC 30-50-140	No	No
Christian Science Sanatoria	12 VAC 30-50-300	Yes	No
Clinic Services	12 VAC 30-50-180	Yes	Yes
Colorectal Cancer Screening	12 VAC 30-50-220	Yes	Yes
Court Ordered Services	Code of Virginia Section 37.1-67.4	Yes	Yes
Dental	12 VAC 30-50-190	Yes	Only in limited circumstances
Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services	See Part 3 of this Attachment		

<b>SUMMARY OF COVERED SERVICES - PART 1 – MEDICAL BENEFITS</b>			
<b>Service</b>	<b>State Plan Reference or Other Relevant Reference</b>	<b>Medicaid Covered</b>	<b>MLTSS Contract Covered</b>
Early Intervention Services	20U.S.C. § 1471 34 C.F.R. § 303.12 Code of Virginia § 2.2-5300 12 VAC 30-50-131 12 VAC 30-50-415	Yes	Yes
Emergency Services	42 CFR §438.114 12 VAC 30-50-110 12 VAC 30-50-300	Yes	Yes
Post Stabilization Care following Emergency Services	42 C.F.R. § 422.100(b)(1)(iv)	Yes	Yes
Experimental and Investigational Procedures	12 VAC 30-50-140	No	No
Family Planning Services	12 VAC 30-50-130	Yes	Yes
HIV Testing and Treatment Counseling	Code of Virginia Section 54.1-2403.01	Yes	Yes
Home Health Services	12 VAC 30-50-160; and 12 VAC 30-10-220;  Additional information can be found in the Home Health provider manual available on the DMAS web portal at: <a href="http://www.virginiamedicaid.dmas.virginia.gov">www.virginiamedicaid.dmas.virginia.gov</a>	Yes	Yes
Hospice Services	See Part 4 (LTSS) of this Attachment.		
Immunizations	12 VAC 30-50-130	Yes	Yes

<b>SUMMARY OF COVERED SERVICES - PART 1 – MEDICAL BENEFITS</b>			
<b>Service</b>	<b>State Plan Reference or Other Relevant Reference</b>	<b>Medicaid Covered</b>	<b>MLTSS Contract Covered</b>
Inpatient Hospital Services	12 VAC 30-50-100 12 VAC 30-50-105 12 VAC 30-80-115 12 VAC 30-50-220 12 VAC 30-50-225 12 VAC 30-60-20 12 VAC 30-60-120 Chapter 709 of the 1998 Virginia Acts of Assembly § 32.1-325(A)	Yes	Yes
Laboratory and X-ray Services	12 VAC 30-50-120	Yes	Yes
Lead Investigations	12 VAC 30-50-227 EPSDT Supplement	Yes	Yes
Mammograms	12 VAC 30-50-220	Yes	Yes
Medical Supplies and Equipment	12 VAC 30-50-165; 12 VAC 30-60-75; and 12 VAC 30-80-30  Additional information can be found in the DME and Supplies provider manual available on the DMAS web portal at: <a href="http://www.virginiamedicaid.dmas.virginia.gov">www.virginiamedicaid.dmas.virginia.gov</a>	Yes	Yes
Mental Health Services	See Part 2 of this Attachment		
Certified Nurse-Midwife Services	12 VAC 30-50-260	Yes	Yes
Organ Transplantation	12 VAC 30-50-540 through 12 VAC 30-50-580, and 12 VAC 30-10-280 12 VAC 30-50-100G 12 VAC 30-50-105K	Yes	Yes
Outpatient Hospital Services	12 VAC 30-50-110 -	Yes	Yes
Pap Smears	12 VAC 30-50-220	Yes	Yes

SUMMARY OF COVERED SERVICES - PART 1 – MEDICAL BENEFITS			
Service	State Plan Reference or Other Relevant Reference	Medicaid Covered	MLTSS Contract Covered
Physical Therapy, Occupational Therapy, Speech Pathology and Audiology Services	12 VAC 30-50-200 and 12 VAC 30-50-225 12 VAC 30-60-150	Yes	Yes
Physician Services	12 VAC 30-50-140 12 VAC 30-50-130	Yes	Yes
Podiatry	12 VAC 30-50-150	Yes	Yes
Pregnancy-Related Services	12 VAC 30-50-510 12 VAC 30-50-410 12 VAC 30-50-280 12 VAC 30-50-290	Yes	Yes
Prescription Drugs	12 VAC 30-50-210	Yes	Yes
Private Duty Nursing (PDN)	<a href="https://www.virginiamedicaid.dmas.virginia.gov/wps/portal">https://www.virginiamedicaid.dmas.virginia.gov/wps/portal</a> 42 C.F.R. § 441.50 1905(a) of Social Security Act	Not a State Plan covered benefit for Adults. Coverage is available for children under age 21 under EPSDT. Coverage is also available for PDN under the Technology Assisted Waiver.	Not a State Plan covered benefit for Adults. Coverage is available for children under age 21 under EPSDT. Coverage is also available for PDN under the Technology Assisted Waiver.
Prostate Specific Antigen (PSA) and digital rectal exams	12 VAC 30-50-220	Yes	Yes
Prosthetics/Orthotics	12 VAC 30-50-210 12 VAC 30-60-120	Yes	Yes
Prostheses, Breast	12 VAC 30-50-210	Yes	Yes

<b>SUMMARY OF COVERED SERVICES - PART 1 – MEDICAL BENEFITS</b>			
Service	State Plan Reference or Other Relevant Reference	Medicaid Covered	MLTSS Contract Covered
Reconstructive Breast Surgery	12 VAC 30-50-140	Yes	Yes
School-Health Services	12 VAC 30-50-130	Yes	No
Skilled Nursing Facility Care	See Part 4 (LTSS) of this Attachment		
Substance Use Disorder Treatment	See Part 2B of this Attachment		
Transportation	12 VAC 30-50-530 12 VAC 30-50-300	Yes	Yes
Vision Services	12 VAC 30-50-210	Yes	Yes
Waiver Services (Home and Community Based)	See Part 4 (LTSS) of this Attachment		

DRAFT

**SUMMARY OF COVERED SERVICES - PART 2A – MENTAL HEALTH TREATMENT SERVICES**

Coverage must comply with Federal Mental Health Parity law. ([See the CMS State Official Letter, dated January 16, 2013; SHO # 13-001](#))

Service	State Plan Reference or Other Relevant Reference	Medicaid Covered	MLTSS Contract Covered
---------	--	------------------	------------------------

**INPATIENT MENTAL HEALTH TREATMENT SERVICES**

Inpatient Mental Health Services Rendered in a Freestanding Psychiatric Hospital (state or private)	12 VAC 30-50-230 12 VAC 30-50-250	Yes	Yes
Inpatient Mental Health Services Rendered in a Psychiatric Unit of a General Acute Care Hospital	12 VAC 30-50-100	Yes	Yes
Temporary Detention Orders (TDOs) and Emergency Custody Orders (ECO)	42 C.F.R. § 441.150 and Code of Virginia § 16.1-340 and 340.1 and §§ 37.2-808 through 810.	Yes	Yes

**PSYCHIATRIC RESIDENTIAL TREATMENT SERVICES FOR CHILDREN – LEVEL C**

Residential Treatment Facility Services (RTF) for children under age 21 years – Level C ( <i>Levels A and B are described in the community based mental health services section below</i> ).	12 VAC 30-130-850 to 890 12 VAC 30-60-61 and 12 VAC 30-50-130 And emergency regulations for IMD cases (Level C and freestanding psych) are defined at <a href="http://townhall.virginia.gov/L/ViewStage.cfm?stageid=6572">http://townhall.virginia.gov/L/ViewStage.cfm?stageid=6572</a>	Yes	No
--	---	-----	----

**OUTPATIENT MENTAL HEALTH SERVICES**

**SUMMARY OF COVERED SERVICES - PART 2A – MENTAL HEALTH TREATMENT SERVICES**

Coverage must comply with Federal Mental Health Parity law. ([See the CMS State Official Letter, dated January 16, 2013; SHO # 13-001](#))

Service	State Plan Reference or Other Relevant Reference	Medicaid Covered	MLTSS Contract Covered
Electroconvulsive Therapy	12 VAC 30-50-140, 12 VAC 30-50-150 and 12 VAC 30-50-180	Yes	Yes
Pharmacological Management	12 VAC 30-50-140, 12 VAC 30-50-150 and 12 VAC 30-50-180	Yes	Yes
Psychiatric Diagnostic Exam	12 VAC 30-50-180 12 VAC 30-50-140	Yes	Yes
Psychological/ Neuropsychological Testing	12 VAC 30-50-140, 12 VAC 30-50-150 and 12 VAC 30-50-180	Yes	Yes
Psychotherapy (Individual, Family, and Group)	12 VAC 30-50-140, 12 VAC 30-50-150 and 12 VAC 30-50-180	Yes	Yes
<b>COMMUNITY BASED MENTAL HEALTH SERVICES</b>			
<i>The Contractor shall contract with the Department's BHSA for the provision of non-traditional or community mental health treatment services within the Department's established coverage criteria and guidelines until such time that the DMAS BHSA contract expires (anticipated to be no later than November 30, 2018). Once the DMAS contract with the BHSA expires, the Contractor shall continue to be responsible for the full scope of community mental health and substance use disorder treatment services, whereby the Contractor may manage these services in-house or through the Contractor's contracted behavioral health services administrator. Additional information on behavioral health services is available on the Department's <a href="#">BHSA website</a>.</i>			
Behavioral Therapy Services under EPSDT	12 VAC 30-50-130; 12 VAC 30-50-150; 12 VAC 30-60-61; 12 VAC 30-80-97; 12 VAC 30-130-2000	Yes	Yes
Community Intellectual Disability Case Management	12 VAC 30-50-440	Yes	No
Crisis Intervention Services	12 VAC 30-50-130 12 VAC 30-50-226 12 VAC 30-50-420 through 12 VAC 30-50-430	Yes	Yes

**SUMMARY OF COVERED SERVICES - PART 2A – MENTAL HEALTH TREATMENT SERVICES**

Coverage must comply with Federal Mental Health Parity law. ([See the CMS State Official Letter, dated January 16, 2013; SHO # 13-001](#))

Service	State Plan Reference or Other Relevant Reference	Medicaid Covered	MLTSS Contract Covered
	12VAC 30-60-61 12VAC 30-60-143		
Crisis Stabilization Services	12 VAC 30-50-130 12 VAC 30-50-226 12 VAC 30-50-420 through 12 VAC 30-50-430 12VAC 30-60-61 12VAC 30-60-143	Yes	Yes
Day Treatment/Partial Hospitalization	12 VAC 30-50-130 12 VAC 30-50-226 12 VAC 30-50-420 through 12 VAC 30-50-430 12VAC 30-60-61 12VAC 30-60-143	Yes	Yes
Day Treatment/Partial Hospitalization Assessment	12 VAC 30-50-130 12 VAC 30-50-226 12 VAC 30-50-420 through 12 VAC 30-50-430 12VAC 30-60-61 12VAC 30-60-143	Yes	Yes
Intensive Community Treatment Assessment	12 VAC 30-50-130 12 VAC 30-50-226 12 VAC 30-50-420 through 12 VAC 30-50-430 12 VAC 30-60-61 12 VAC 30-60-143	Yes	Yes
Intensive Community Treatment Services	12 VAC 30-50-130 12 VAC 30-50-226 12 VAC 30-50-420 through 12 VAC 30-50-430 12 VAC 30-60-61 12 VAC 30-60-143	Yes	Yes
Intensive In-Home Assessment	12 VAC 30-50-130 12 VAC 30-50-226	Yes	Yes

**SUMMARY OF COVERED SERVICES - PART 2A – MENTAL HEALTH TREATMENT SERVICES**

Coverage must comply with Federal Mental Health Parity law. ([See the CMS State Official Letter, dated January 16, 2013; SHO # 13-001](#))

Service	State Plan Reference or Other Relevant Reference	Medicaid Covered	MLTSS Contract Covered
	12 VAC 30-50-420 through 12 VAC 30-50-430 12 VAC 30-60-61 12 VAC 30-60-143		
Intensive In-Home Services (IIH) for Children/Adolescents	12 VAC 30-50-130 12 VAC 30-50-226 12 VAC 30-50-420 through 12 VAC 30-50-430 12 VAC 30-60-61 12 VAC 30-60-143	Yes	Yes
Mental Health Case Management	12 VAC 30-50-420 through 12 VAC 30-50-430 12 VAC 30-60-143	Yes	Yes
Mental Health Skill-building Assessment	12 VAC 30-50-226 ER 12 VAC 30-60-143ER	Yes	Yes
Mental Health Skill-building Services	12 VAC 30-50-226 ER 12 VAC 30-60-143ER	Yes	Yes
Psychosocial Rehabilitation Assessment	12 VAC 30-50-130 12 VAC 30-50-226 12 VAC 30-50-420 through 12 VAC 30-50-430 12 VAC 30-60-61 12 VAC 30-60-143	Yes	Yes
Psychosocial Rehabilitation Services	12 VAC 30-50-130 12 VAC 30-50-226 12 VAC 30-50-420 through 12 VAC 30-50-430 12 VAC 30-60-61 12 VAC 30-60-143	Yes	Yes
Residential Services (Community-Based) for Children and Adolescents under 21	12 VAC 30-50-130 12 VAC 30-50-226 12 VAC 30-50-420 through 12 VAC 30-50-430	Yes	Yes

**SUMMARY OF COVERED SERVICES - PART 2A – MENTAL HEALTH TREATMENT SERVICES**

Coverage must comply with Federal Mental Health Parity law. ([See the CMS State Official Letter, dated January 16, 2013; SHO # 13-001](#))

Service	State Plan Reference or Other Relevant Reference	Medicaid Covered	MLTSS Contract Covered
(Level A)	12 VAC 30-60-61 12 VAC 30-60-143 12 VAC 130-850-890 12 VAC 30-50-130		
Therapeutic Behavioral Services (Level B)	12 VAC 30-50-130 12 VAC 30-50-226 12 VAC 30-50-420 through 12 VAC 30-50-430 12 VAC 30-60-61 12 VAC 30-60-143 12 VAC 130-850-890 12 VAC 30-50-130	Yes	Yes
Therapeutic Day Treatment Assessment	12 VAC 30-50-130 12 VAC 30-50-226 12 VAC 30-50-420 through 12 VAC 30-50-430 12 VAC 30-60-61 12 VAC 30-60-143	Yes	Yes
Therapeutic Day Treatment (TDT) for Children and Adolescents	12 VAC 30-50-130 12 VAC 30-50-226 12 VAC 30-50-420 through 12 VAC 30-50-430 12 VAC 30-60-61 12 VAC 30-60-143	Yes	Yes
Treatment Foster Care (TFC) Case Management (CM) for children under age 21 years.	12 VAC 30-60-170 12 VAC 30-50-480 12 VAC 30-130-900 to 950 12 VAC 30-80-111	Yes	Yes
Peer Support Services	To Be Determined; New Service	Yes	Yes

<b>SUMMARY OF COVERED SERVICES - PART 2B – SUBSTANCE USE DISORDER (SUD) TREATMENT SERVICES</b>			
Coverage must comply with Federal Mental Health Parity law. (See the CMS State Official Letter, dated January 16, 2013; SHO # 13-001) (Service criteria defined by the American Society of Addiction Medicine - ASAM).			
DMAS is in the process of transforming the SUD benefit. Details are available at: <a href="http://www.dmas.virginia.gov/Content_Pgs/bh-sud.aspx">http://www.dmas.virginia.gov/Content_Pgs/bh-sud.aspx</a>			
Service	State Plan Reference or Other Relevant Reference	Medicaid Covered	MLTSS Contract Covered
<b>INPATIENT AND RESIDENTIAL SUD TREATMENT SERVICES</b>			
Medically Managed Intensive Inpatient	ASAM	New Service	Yes
Medically Managed Intensive Inpatient Withdrawal Management	ASAM	New Service	Yes
Medically Monitored Intensive Inpatient Services	ASAM	New Service	Yes
Medically Monitored Inpatient Withdrawal Management	ASAM	New Service	Yes
Clinically Managed High Intensity Residential Services	ASAM	New Service	Yes
Clinically Managed Residential Withdrawal Management	ASAM	New Service	Yes
Clinically Managed Population-Specific High Intensity Residential Services	ASAM	New Service	Yes
Clinically Managed Low Intensity Residential Services	ASAM	New Service	Yes
<b>OUTPATIENT WITHDRAWAL MANAGEMENT</b>			
SUD Partial Hospitalization	ASAM	Yes	Yes
SUD Intensive Outpatient	ASAM	Yes	Yes
Ambulatory Withdrawal Management With Extended On- Site Monitoring	ASAM	New Service	Yes
Ambulatory Withdrawal Management Without Extended On- Site Monitoring	ASAM	New Service	Yes
<b>Medication Assisted Treatment (MAT)</b>			
Methadone in Opioid Treatment Program (DBHDS-Licensed CSBs and Private Methadone Clinics)	ASAM	Yes	Yes

<b>SUMMARY OF COVERED SERVICES - PART 2B – SUBSTANCE USE DISORDER (SUD) TREATMENT SERVICES</b> Coverage must comply with Federal Mental Health Parity law. (See the CMS State Official Letter, dated January 16, 2013; SHO # 13-001) (Service criteria defined by the American Society of Addiction Medicine - ASAM). <b>DMAS is in the process of transforming the SUD benefit. Details are available at: <a href="http://www.dmas.virginia.gov/Content_Pgs/bh-sud.aspx">http://www.dmas.virginia.gov/Content_Pgs/bh-sud.aspx</a></b>			
Service	State Plan Reference or Other Relevant Reference	Medicaid Covered	MLTSS Contract Covered
Suboxone in Opioid Treatment Program (DBHDS-Licensed CSB and Private Methadone Clinics)	ASAM	Yes	Yes
Suboxone in Office-Based Opioid Treatment (Primary Care and other Physician Offices, FQHCs, etc.)	ASAM	Yes	Yes
<p><b>The following are required components of Opioid Treatment Services - OTS (H0020 Code):</b>            Components of Psychosocial Treatment for Opioid Use Disorder include at a minimum: (1) Assessment of psychosocial needs, (2) Supportive individual and/or group counseling, (3) Linkages to existing family support systems, and (4) Referrals to community-based services            Must be provided by LCSWs, LPCs, or licensed psychologists (who receive supervision appropriate to their level of training and experience) knowledgeable in the assessment, interpretation, and treatment of the biopsychosocial dimensions of alcohol or other substance use disorders. .</p> <p><b>Substance Use Disorder Case Management (H0006 Code):</b>            Includes medical monitoring and coordination of on-site and off-site treatment services, provided as needed. Case managers will also assure the provision of, or referral to, educational and vocational counseling, treatment of psychiatric illness, child care, parenting skills development, primary health care, and other adjunct services, as needed. Provided by LCSWs, LPCs, or CSACs. Can be only billed by DBHDS licensed providers.</p> <p><b>Substance Use Disorder Care Coordination (G9012 Code):</b>            Definition: Other specified case management services not elsewhere classified.            Description: Integrates behavioral health into primary care and specialty care medical settings through co-location. Links patients with opioid addiction with community resources (including Alcoholics Anonymous, Narcotics Anonymous, peer recovery supports, etc.) to facilitate referrals and respond to social service needs. Tracks and supports patients when they obtain medical, behavioral health, or social services outside the practice. Follow up with patients within a few days of an emergency room</p>			

**SUMMARY OF COVERED SERVICES - PART 2B – SUBSTANCE USE DISORDER (SUD) TREATMENT SERVICES**

Coverage must comply with Federal Mental Health Parity law. (See the CMS State Official Letter, dated January 16, 2013; SHO # 13-001)

(Service criteria defined by the American Society of Addiction Medicine - ASAM).

DMAS is in the process of transforming the SUD benefit. Details are available at: [http://www.dmas.virginia.gov/Content\\_Pgs/bh-sud.aspx](http://www.dmas.virginia.gov/Content_Pgs/bh-sud.aspx)

Service	State Plan Reference or Other Relevant Reference	Medicaid Covered	MLTSS Contract Covered
visit or hospital discharge for opioid overdose or any other reason. Communicates test results and care plans to patients and families. Diagnosis Code: This code must be billed with Opioid Use Disorder as the primary diagnosis. Provider Type: Can only be provided by LCSW, LPC, Psychiatric NP, Mental Health RN, or CSAC who is providing integrated care coordination in the office of the treating physician who is prescribing suboxone or buprenorphine. Reimbursement: Must be billed by buprenorphine-waivered physician who is prescribing suboxone or buprenorphine and providing the integrated care coordination on-site at his or her practice.			
<b>SUD CASE MANAGEMENT, OUTPATIENT, AND PEER RECOVERY SUPPORT SERVICES</b>			
SUD Case Management	12 VAC 30-60-185 12 VAC 30-50-431	Yes	Yes
Outpatient SUD Individual, Family, and Group Counseling Services	ASAM	Yes	Yes
Peer Recovery Supports	To Be Determined; New Service	Yes	Yes
SUD Crisis Intervention	12 VAC 30-60-180 12 VAC 30-50-228	Yes	Yes

<b>SUMMARY OF COVERED SERVICES - PART 3 – EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT (EPSDT) SERVICES</b>			
<b>Service</b>	<b>State Plan Reference or Other Relevant Reference</b>	<b>Medicaid Covered</b>	<b>MLTSS Contract Covered</b>
EPSDT Program	12 VAC 30-50-130 42 CFR § 441 Subpart B (Sections 50-62) Omnibus Budget Reconciliation Act of 1989 (OBRA89) Section 1905(r)(5) of the Social Security Act <a href="https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Early-and-Periodic-Screening-Diagnostic-and-Treatment.html">https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Early-and-Periodic-Screening-Diagnostic-and-Treatment.html</a> <a href="https://www.medicaid.gov/medicaid-chip-program-information/by-topics/benefits/downloads/epsdt_coverage_guide.pdf">https://www.medicaid.gov/medicaid-chip-program-information/by-topics/benefits/downloads/epsdt_coverage_guide.pdf</a>	Yes	Yes
Behavioral Therapy Services	2 VAC 30-50-130 42 CFR § 441 Subpart B (Sections 50-62) Omnibus Budget Reconciliation Act of 1989 (OBRA89) Section 1905(r)(5) of the Social Security Act <a href="https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Early-and-Periodic-Screening-Diagnostic-and-Treatment.html">https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Early-and-Periodic-Screening-Diagnostic-and-Treatment.html</a> <a href="https://www.medicaid.gov/medicaid-chip-program-information/by-topics/benefits/downloads/epsdt_coverage_guide.pdf">https://www.medicaid.gov/medicaid-chip-program-information/by-topics/benefits/downloads/epsdt_coverage_guide.pdf</a>	Yes	Yes
Clinical Trials	2 VAC 30-50-130 42 CFR § 441 Subpart B (Sections 50-62) Omnibus Budget Reconciliation Act of 1989 (OBRA89) Section 1905(r)(5) of the Social Security Act <a href="https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Early-and-Periodic-Screening-Diagnostic-and-Treatment.html">https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Early-and-Periodic-Screening-Diagnostic-and-Treatment.html</a> <a href="https://www.medicaid.gov/medicaid-chip-program-information/by-topics/benefits/downloads/epsdt_coverage_guide.pdf">https://www.medicaid.gov/medicaid-chip-program-information/by-topics/benefits/downloads/epsdt_coverage_guide.pdf</a>	Yes	Yes
Dental Screenings	2 VAC 30-50-130 42 CFR § 441 Subpart B (Sections 50-62) Omnibus Budget Reconciliation Act of 1989 (OBRA89) Section 1905(r)(5) of the Social Security Act <a href="https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Early-and-Periodic-Screening-Diagnostic-and-Treatment.html">https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Early-and-Periodic-Screening-Diagnostic-and-Treatment.html</a> <a href="https://www.medicaid.gov/medicaid-chip-program-information/by-topics/benefits/downloads/epsdt_coverage_guide.pdf">https://www.medicaid.gov/medicaid-chip-program-information/by-topics/benefits/downloads/epsdt_coverage_guide.pdf</a>	Yes	Yes
Dental Varnish	2 VAC 30-50-130 42 CFR § 441 Subpart B (Sections 50-62)	Yes	Yes

<b>SUMMARY OF COVERED SERVICES - PART 3 – EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT (EPSDT) SERVICES</b>			
Service	State Plan Reference or Other Relevant Reference	Medicaid Covered	MLTSS Contract Covered
	Omnibus Budget Reconciliation Act of 1989 (OBRA89) Section 1905(r)(5) of the Social Security Act <a href="https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Early-and-Periodic-Screening-Diagnostic-and-Treatment.html">https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Early-and-Periodic-Screening-Diagnostic-and-Treatment.html</a> <a href="https://www.medicaid.gov/medicaid-chip-program-information/by-topics/benefits/downloads/epsdt_coverage_guide.pdf">https://www.medicaid.gov/medicaid-chip-program-information/by-topics/benefits/downloads/epsdt_coverage_guide.pdf</a> .		
Hearing Services	2 VAC 30-50-130 42 CFR § 441 Subpart B (Sections 50-62) Omnibus Budget Reconciliation Act of 1989 (OBRA89) Section 1905(r)(5) of the Social Security Act <a href="https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Early-and-Periodic-Screening-Diagnostic-and-Treatment.html">https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Early-and-Periodic-Screening-Diagnostic-and-Treatment.html</a> <a href="https://www.medicaid.gov/medicaid-chip-program-information/by-topics/benefits/downloads/epsdt_coverage_guide.pdf">https://www.medicaid.gov/medicaid-chip-program-information/by-topics/benefits/downloads/epsdt_coverage_guide.pdf</a>	Yes	Yes
Immunizations	2 VAC 30-50-130 42 CFR § 441 Subpart B (Sections 50-62) Omnibus Budget Reconciliation Act of 1989 (OBRA89) Section 1905(r)(5) of the Social Security Act <a href="https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Early-and-Periodic-Screening-Diagnostic-and-Treatment.html">https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Early-and-Periodic-Screening-Diagnostic-and-Treatment.html</a> <a href="https://www.medicaid.gov/medicaid-chip-program-information/by-topics/benefits/downloads/epsdt_coverage_guide.pdf">https://www.medicaid.gov/medicaid-chip-program-information/by-topics/benefits/downloads/epsdt_coverage_guide.pdf</a> .	Yes	Yes
Laboratory Tests	2 VAC 30-50-130 42 CFR § 441 Subpart B (Sections 50-62) Omnibus Budget Reconciliation Act of 1989 (OBRA89) Section 1905(r)(5) of the Social Security Act <a href="https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Early-and-Periodic-Screening-Diagnostic-and-Treatment.html">https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Early-and-Periodic-Screening-Diagnostic-and-Treatment.html</a> <a href="https://www.medicaid.gov/medicaid-chip-program-information/by-topics/benefits/downloads/epsdt_coverage_guide.pdf">https://www.medicaid.gov/medicaid-chip-program-information/by-topics/benefits/downloads/epsdt_coverage_guide.pdf</a>	Yes	Yes
Private Duty Nursing	See above.  42 CFR §§ 441.50, 440.80,  Social Security Act §§1905(a) and 1905(r) I.	Yes	Yes

<b>SUMMARY OF COVERED SERVICES - PART 3 – EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT (EPSDT) SERVICES</b>			
<b>Service</b>	<b>State Plan Reference or Other Relevant Reference</b>	<b>Medicaid Covered</b>	<b>MLTSS Contract Covered</b>
Screenings	2 VAC 30-50-130 42 CFR § 441 Subpart B (Sections 50-62) Omnibus Budget Reconciliation Act of 1989 (OBRA89) Section 1905(r)(5) of the Social Security Act <a href="https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Early-and-Periodic-Screening-Diagnostic-and-Treatment.html">https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Early-and-Periodic-Screening-Diagnostic-and-Treatment.html</a> <a href="https://www.medicaid.gov/medicaid-chip-program-information/by-topics/benefits/downloads/epsdt_coverage_guide.pdf">https://www.medicaid.gov/medicaid-chip-program-information/by-topics/benefits/downloads/epsdt_coverage_guide.pdf</a>	Yes	Yes
Tobacco Cessation	See above.  State Medicaid Director Letter, June 24, 2011 – page 4	Yes	Yes
Vision Services	2 VAC 30-50-130 42 CFR § 441 Subpart B (Sections 50-62) Omnibus Budget Reconciliation Act of 1989 (OBRA89) Section 1905(r)(5) of the Social Security Act <a href="https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Early-and-Periodic-Screening-Diagnostic-and-Treatment.html">https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Early-and-Periodic-Screening-Diagnostic-and-Treatment.html</a> <a href="https://www.medicaid.gov/medicaid-chip-program-information/by-topics/benefits/downloads/epsdt_coverage_guide.pdf">https://www.medicaid.gov/medicaid-chip-program-information/by-topics/benefits/downloads/epsdt_coverage_guide.pdf</a>	Yes	Yes
Other Medically Necessary Services	2 VAC 30-50-130 42 CFR § 441 Subpart B (Sections 50-62) Omnibus Budget Reconciliation Act of 1989 (OBRA89) Section 1905(r)(5) of the Social Security Act <a href="https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Early-and-Periodic-Screening-Diagnostic-and-Treatment.html">https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Early-and-Periodic-Screening-Diagnostic-and-Treatment.html</a> <a href="https://www.medicaid.gov/medicaid-chip-program-information/by-topics/benefits/downloads/epsdt_coverage_guide.pdf">https://www.medicaid.gov/medicaid-chip-program-information/by-topics/benefits/downloads/epsdt_coverage_guide.pdf</a>	Yes	Yes

<b>SUMMARY OF COVERED SERVICES - PART 4 – LONG TERM SERVICES AND SUPPORTS (ALSO SEE LINK FOR ADDITIONAL INFORMATION REGARDING DMAS’ WAIVERS)</b>			
<b>Service</b>	<b>State Plan Reference or Other Relevant Reference</b>	<b>Medicaid Covered</b>	<b>MLTSS Contract Covered</b>
Alzheimer’s Assisted Living Waiver (AAL)	12 VAC 30-120-1600 through 12 VAC 30-120-1680  Additional information can be found in the AAL Waiver provider manual available on the DMAS web portal at: <a href="http://www.virginiamedicaid.dmas.virginia.gov">www.virginiamedicaid.dmas.virginia.gov</a>	Yes	No
Day Support (DS) Waiver	12 VAC 30-120-1500 through 12 VAC 30-12-01550  Additional information can be found in the DS Waiver provider manual available on the DMAS web portal at: <a href="http://www.virginiamedicaid.dmas.virginia.gov">www.virginiamedicaid.dmas.virginia.gov</a>	Yes	No
Developmental Disabilities (DD) Waiver	12 VAC 30-120-700 through 12 VAC 30-120-790  Additional information can be found in the DD Waiver provider manual available on the DMAS web portal at: <a href="http://www.virginiamedicaid.dmas.virginia.gov">www.virginiamedicaid.dmas.virginia.gov</a>	Yes	No
Elderly or Disabled with Consumer Directed Services (EDCD) Waiver	12 VAC 30-120-900 through 12 VAC 30-120-995  Additional Information can be found in the EDCD Waiver provider manual available on the DMAS web portal at: <a href="http://www.virginiamedicaid.dmas.virginia.gov">www.virginiamedicaid.dmas.virginia.gov</a>	Yes	Yes
EDCD Waiver - Personal Care	12 VAC 30-120-900 through 12 VAC 30-120-995  Additional Information can be found in the EDCD Waiver provider manual available on the DMAS web portal at: <a href="http://www.virginiamedicaid.dmas.virginia.gov">www.virginiamedicaid.dmas.virginia.gov</a>	Yes	Yes
EDCD Waiver - Respite Care	12 VAC 30-120-900 through 12 VAC 30-120-995  Additional Information can be found in the EDCD Waiver provider manual available on the DMAS web portal at: <a href="http://www.virginiamedicaid.dmas.virginia.gov">www.virginiamedicaid.dmas.virginia.gov</a>	Yes	Yes
EDCD Waiver - Adult Day Health Care	12 VAC 30-120-900 through 12 VAC 30-120-995  Additional Information can be found in the EDCD Waiver provider manual available on the DMAS web portal at: <a href="http://www.virginiamedicaid.dmas.virginia.gov">www.virginiamedicaid.dmas.virginia.gov</a>	Yes	Yes

**SUMMARY OF COVERED SERVICES - PART 4 – LONG TERM SERVICES AND SUPPORTS (ALSO SEE LINK FOR ADDITIONAL INFORMATION REGARDING DMAS’ WAIVERS)**

Service	State Plan Reference or Other Relevant Reference	Medicaid Covered	MLTSS Contract Covered
EDCD Waiver - Personal Emergency Response System (PERS)	12 VAC 30-120-900 through 12 VAC 30-120-995  Additional Information can be found in the EDCD Waiver provider manual available on the DMAS web portal at: <a href="http://www.virginiamedicaid.dmas.virginia.gov">www.virginiamedicaid.dmas.virginia.gov</a>	Yes	Yes
EDCD Waiver - Services Facilitation	12 VAC 30-120-900 through 12 VAC 30-120-995  Additional Information can be found in the EDCD Waiver provider manual available on the DMAS web portal at: <a href="http://www.virginiamedicaid.dmas.virginia.gov">www.virginiamedicaid.dmas.virginia.gov</a>	Yes	Yes
EDCD Waiver - Transition Services	12 VAC 30-120-900 through 12 VAC 30-120-995  Additional Information can be found in the EDCD Waiver provider manual available on the DMAS web portal at: <a href="http://www.virginiamedicaid.dmas.virginia.gov">www.virginiamedicaid.dmas.virginia.gov</a>	Yes	Yes
EDCD Waiver - Transition Coordination	12 VAC 30-120-900 through 12 VAC 30-120-995  Additional Information can be found in the EDCD Waiver provider manual available on the DMAS web portal at: <a href="http://www.virginiamedicaid.dmas.virginia.gov">www.virginiamedicaid.dmas.virginia.gov</a>	Yes	Yes
Hospice Services	12 VAC 30-50-270 and 12 VAC 30-60-130  Additional information can be found in the Hospice provider manual available on the DMAS web portal at: <a href="http://www.virginiamedicaid.dmas.virginia.gov">www.virginiamedicaid.dmas.virginia.gov</a>	Yes	Yes
Intellectual Disabilities (ID) Waiver	12 VAC 30-120-1000 through 12 VAC 30-120-1090  Additional information can be found in the ID Waiver provider manual available on the DMAS web portal at: <a href="http://www.virginiamedicaid.dmas.virginia.gov">www.virginiamedicaid.dmas.virginia.gov</a>	Yes	No
Long Stay Hospital – State Plan Only Service	12 VAC 30-60-30; 12 VAC 30-130-100 through 12 VAC 30-130-130  Additional information can be found in the Nursing Facility provider manual available on the DMAS web portal at: <a href="http://www.virginiamedicaid.dmas.virginia.gov">www.virginiamedicaid.dmas.virginia.gov</a>	Yes	Yes
Nursing Facility	12 VAC 30-90-305 through 12 VAC 30-90-320 for RUGS reimbursement	Yes	Yes

SUMMARY OF COVERED SERVICES - PART 4 – LONG TERM SERVICES AND SUPPORTS (ALSO SEE LINK FOR ADDITIONAL INFORMATION REGARDING DMAS’ WAIVERS)			
Service	State Plan Reference or Other Relevant Reference	Medicaid Covered	MLTSS Contract Covered
	Additional information can be found in the Nursing Facility provider manual available on the DMAS web portal at: <a href="http://www.virginiamedicaid.dmas.virginia.gov">www.virginiamedicaid.dmas.virginia.gov</a>		
Money Follows the Person	12 VAC 30-120-2000; 12 VAC 30-120-935; 12 VAC 30-120-935; and 12 VAC 30-120-2010  Additional information can be found in the Waiver provider manuals (as Appendix E) available on the DMAS web portal at: <a href="http://www.virginiamedicaid.dmas.virginia.gov">www.virginiamedicaid.dmas.virginia.gov</a>	Yes	No
Program of All-Inclusive Care for the Elderly (PACE)	12VAC30-50-320  <a href="http://www.dmas.virginia.gov/Content_pgs/ltc-pace.aspx">http://www.dmas.virginia.gov/Content_pgs/ltc-pace.aspx</a>  <a href="http://www.dmas.virginia.gov/Content_atchs/ltc/(11)%20Fact%20Sheet%20PACE%2011%2015.pdf">http://www.dmas.virginia.gov/Content_atchs/ltc/(11)%20Fact%20Sheet%20PACE%2011%2015.pdf</a>	Yes	No
Specialized Care – State Plan Only Service	12 VAC 30-60-40; 12 VAC 30-60-320 (ADULTS) 12 VAC 30-60-340 (CHILDREN)  Additional information can be found in the Nursing Facility provider manual available on the DMAS web portal at: <a href="http://www.virginiamedicaid.dmas.virginia.gov">www.virginiamedicaid.dmas.virginia.gov</a>	Yes	Yes
Technology Assisted (Tech) Waiver	12 VAC 30-120-1700 through 12 VAC 30-120-1770  Additional information can be found in the Tech Waiver provider manual available on the DMAS web portal at: <a href="http://www.virginiamedicaid.dmas.virginia.gov">www.virginiamedicaid.dmas.virginia.gov</a>	Yes	Yes
Tech Waiver - Skilled Private Duty Nursing	12 VAC 30-120-1700 through 12 VAC 30-120-1770  Additional information can be found in the Tech Waiver provider manual available on the DMAS web portal at: <a href="http://www.virginiamedicaid.dmas.virginia.gov">www.virginiamedicaid.dmas.virginia.gov</a>	Yes	Yes
Tech Waiver- Skilled Private Duty Nursing Respite Care	12 VAC 30-120-1700 through 12 VAC 30-120-1770  Additional information can be found in the Tech Waiver provider manual available on the DMAS web portal at: <a href="http://www.virginiamedicaid.dmas.virginia.gov">www.virginiamedicaid.dmas.virginia.gov</a>	Yes	Yes

**SUMMARY OF COVERED SERVICES - PART 4 – LONG TERM SERVICES AND SUPPORTS (ALSO SEE LINK FOR ADDITIONAL INFORMATION REGARDING DMAS’ WAIVERS)**

Service	State Plan Reference or Other Relevant Reference	Medicaid Covered	MLTSS Contract Covered
Tech Waiver - Personal Care	12 VAC 30-120-1700 through 12 VAC 30-120-1770  Additional information can be found in the Tech Waiver provider manual available on the DMAS web portal at: <a href="http://www.virginiamedicaid.dmas.virginia.gov">www.virginiamedicaid.dmas.virginia.gov</a>	Yes	Yes
Tech Waiver - Environmental Modifications (EMs)	12 VAC 30-120-1700 through 12 VAC 30-120-1770  Additional information can be found in the Tech Waiver provider manual available on the DMAS web portal at: <a href="http://www.virginiamedicaid.dmas.virginia.gov">www.virginiamedicaid.dmas.virginia.gov</a>	Yes	Yes
Tech Waiver- Assistive Technology (AT)	12 VAC 30-120-1700 through 12 VAC 30-120-1770  Additional information can be found in the Tech Waiver provider manual available on the DMAS web portal at: <a href="http://www.virginiamedicaid.dmas.virginia.gov">www.virginiamedicaid.dmas.virginia.gov</a>	Yes	Yes
Tech Waiver- Transition Services	12 VAC 30-120-1700 through 12 VAC 30-120-1770  Additional information can be found in the Tech Waiver provider manual available on the DMAS web portal at: <a href="http://www.virginiamedicaid.dmas.virginia.gov">www.virginiamedicaid.dmas.virginia.gov</a>	Yes	Yes