

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): ALL

The following ambulatory services are provided.

- Physicians Services
- Outpatient Hospital Services
- Clinic Services
- Laboratory and X-Ray Services
- EPSDT Services
- Family Planning Services
- Optometrist Services
- Home Health Services
- Dental Services for those under age 21
- Physical Therapy and Related Services
- Prescribed Drugs
- Eyeglass Services
- Nurse Midwives
- Outpatient Rehabilitation
- Extended Services to Pregnant Women

* Description provided on attached sheet.

TN No. <u>87-01</u>	Approval Date <u>03/31/87</u>	Effective Date <u>01/01/87</u>
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TN No. _____		HCFA ID: 0140P/0102A

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): ALL

1. Inpatient hospital services other than those provided in an institution for mental diseases.

Provided: No limitations With limitations*

2. a. Outpatient hospital services.

Provided: No limitations With limitations*

1.

b. Rural health clinic services and other ambulatory services furnished by a rural health clinic.

Provided: No limitations With limitations*

c. Federally qualified health center (FQHC) services and other ambulatory services that are covered under the plan and furnished by an FQHC in accordance with §4231 of the State Medicaid Manual (HCFA Pub.45-4).

Provided: No limitations With limitations*

3. Other laboratory and x-ray services.

Provided: No limitations With limitations*

4. a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older).

Provided: No limitations With limitations*

b. Early and periodic screening and diagnosis of individuals under 21 years of age, and treatment of conditions found.

Provided: No limitations With limitations*

c. Family planning services and supplies for individuals of childbearing age.

Provided: No limitations With limitations*

* Description provided on attached sheet.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): ALL

4. d 1) Face-to-Face Tobacco Cessation Counseling Services provided (by):

[X] (i) By or under supervision of a physician;

[X] (ii) By any other health care professional who is legally authorized to furnish such services under State law and who is authorized to provide Medicaid coverable services *other* than tobacco cessation services; * or

(iii) Any other health care professional legally authorized to provide tobacco cessation services under State law *and* who is specifically *designated* by the Secretary in regulations. (None are designated at this time; this item is reserved for future use.)

2) Face-to-Face Tobacco Cessation Counseling Services Benefit Package for Pregnant Women

Provided: [X] No limitations With limitations

5. a. Physicians' services whether furnished in the office, the patient's home, a hospital, a skilled nursing facility, or elsewhere.

Provided: No limitations With limitations*

b. Medical and surgical services furnished by a dentist (in accordance with §1905(a)(5)(B) of the Act).

Provided: No limitations With limitations*

* Description provided on attached sheet.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): ALL

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.

a. Podiatrists' Services

Provided: No Limitations With Limitations*

b. Optometrists' Services

Provided: No Limitations With Limitations*

c. Chiropractors' Services

Provided: No Limitations With Limitations*

d. Other Practitioners' Services

Provided: No Limitations With Limitations*

7. Home Health Services

a. Intermittent or part-time nursing service provided by home health agency or by a registered nurse when no home health agency exists in the area.

Provided: No Limitations With Limitations*

b. Home health aide services provided by a home health agency.

Provided: No Limitations With Limitations*

c. Medical supplies, equipment, and appliances suitable for use in the home.

Provided: No Limitations With Limitations*

d. Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility.

Provided: No Limitations With Limitations*

* Description provided on attachment. See Supplement 1 to Attachments 3.1-A and 3.1-B.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): ALL

8. Private duty nursing services.

Provided: No Limitations With Limitations*

9. Clinic services.

Provided: No Limitations With Limitations*

10. Dental services.

Provided: No Limitations With Limitations*

11. Physical therapy and related services.

a. Physical therapy.

Provided: No Limitations With Limitations*

b. Occupational therapy.

Provided: No Limitations With Limitations*

c. Services for individuals with speech, hearing, and language disorders provided by or under supervision of a speech pathologist or audiologist.

Provided: No Limitations With Limitations*

12. Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.

a. Prescribed drugs.

Provided: No Limitations With Limitations*

b. Dentures.

Provided: No Limitations With Limitations*

* Description provided on attachment.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): ALL

- c. Prosthetic devices.**
 Provided: No Limitations With Limitations*
- d. Eyeglasses.**
 Provided: No Limitations With Limitations*
- 13. Other diagnostic, screening, preventive, and rehabilitative services. i.e., other than those provided elsewhere in this plan.**
- a. Diagnostic services.**
 Provided: No Limitations With Limitations*
- b. Screening services.**
 Provided: No Limitations With Limitations*
- c. Preventive services.**
 Provided: No Limitations With Limitations*
- d. Rehabilitative services.**
 Provided: No Limitations With Limitations*
- 14. Services for individuals age 65 or older in institutions for mental diseases.**
- a. Inpatient hospital services.**
 Provided: No Limitations With Limitations*
- b. Skilled nursing facility services.**
 Provided: No Limitations With Limitations*

* Description provided on attached sheet.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): ALL

- c. Intermediate care facility services.**
- Provided: No Limitations With Limitations*
- 15. a. Intermediate care facility services (other than such services in an institution for mental diseases) for persons determined in accordance with §§1905(a)(4)(A) of the Act, to be in need of such care.**
- Provided: No Limitations With Limitations*
- b. Including such services in a public institution (or distinct part thereof) for the mentally retarded or persons with related conditions.**
- Provided: No Limitations With Limitations*
- 16. Inpatient psychiatric facility services for individuals under 22 years or age.**
- Provided: No Limitations With Limitations*
- 17. Nurse-midwife services.**
- Provided: No Limitations With Limitations*
- 18. Hospice care (in accordance with §1905(o) of the Act).**
- Provided: Provided in accordance with the Affordable Care Act
(§2302 of P.L. 111-148)
- No Limitations With Limitations*

* Description provided on attachment.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

19. Case management and Tuberculosis-related services.

a. Case management services as defined in, and to the group specified in, Supplement 1 to ATTACHMENT 3.1-A (in accordance with §1905(a)(19) or §1915(g) of the Act).

Provided: With limitations Not provided

b. Special tuberculosis (TB) related services under § 1902(z)(2)(F) of the Act.

Provided: With limitations Not provided

20. Extended services for pregnant women.

a. Pregnancy-related and postpartum services for 60 days after the pregnancy ends.

Provided⁺: Additional coverage⁺⁺ See Supplement 3.

b. Services for any other medical conditions that may complicate pregnancy.

Provided⁺: Additional coverage⁺⁺ Not provided.

21. Certified pediatric or family nurse practitioners' services.

Provided: With limitations

Not provided

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

22. Repiratory care services (in accordance with §1902(e)(9)(A) through (C) of the Act).

- Provided: With limitations
 Not provided No limitations

23. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.

a.1. Transportation

- No Limitations With Limitations

a 2. Brokered Transportation

- Provided under section 1902(a)(70)

The State assures it has established a non-emergency medical transportation program in order to more cost-effectively provide transportation, and can document, upon request from CMS, that the transportation broker was procured in compliance with the requirements of 45 CFR 92.36 (b)-(f).

A brief description of Virginia's transportation brokerage is included at the end of this section.

(1) The State will operate the broker program without the requirements of the following paragraphs of section 1902(a);

- statewideness (indicate areas of State that are covered)
 (10)(B) comparability (indicate participating beneficiary groups)

(23) freedom of choice (indicate mandatory population groups) (2) Transportation services provided will include:

- wheelchair van
 taxi
 stretcher car
 bus passes
 tickets
 secured transportation
 other transportation (please describe)- - Inter-City Bus

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State of VIRGINIA

As part of non-emergency transportation coverage, the state includes costs for lodging and meals where necessary for the recipient to have access to a covered medical service. Where necessary, the costs for an attendant which may include transportation, lodging and meals are also included. DMAS has the final decision as to coverage for lodging, meals and attendants and the reimbursement for these.

(3) The State assures that transportation services will be provided under a contract with a broker who:

- (i) is selected through a competitive bidding process based on the State's evaluation of the broker's experience, performance, references, resources, qualifications, and costs;
- (ii) has oversight procedures to monitor beneficiary access and complaints and ensures that transport personnel are licensed, qualified, competent, and courteous;
- (iii) is subject to regular auditing and oversight by the State in order to ensure the quality of the transportation services provided and the adequacy of beneficiary access to medical care and services;
- (iv) complies with such requirements related to prohibitions on referrals and conflict of interest as the Secretary shall establish (based on prohibitions on physician referrals under section 1877 and such other prohibitions and requirements as the Secretary determines to be appropriate);

The transportation broker does not provide transportation and is not a governmental entity.

(4) The broker contract will provide transportation to the following categorically needy mandatory populations:

- Low-income families with children (section 1931)
- Low-income pregnant women
- Low-income infants
- Low-income children 1 through 5
- Low-income children 6 - 19
- Qualified pregnant women
- Qualified children
- IV-E Federal foster care and adoption assistance children
- TMA recipients (due to employment)
- TMA recipients (due to child support)
- SSI recipients

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

(5) The broker contract will provide transportation to the following categorically needy optional populations:

- Optional low-income pregnant women
- Optional low-income infants
- Optional targeted low-income children
- Individuals under 21 who are under State adoption assistance agreements
- Individuals under age 21 who were in foster care on their 18th birthday
- Individuals who meet income and resource requirements of AFDC or SSI
- Individuals who would meet the income & resource requirements of AFDC if child care costs were paid from earnings rather than by a State agency
- Individuals who would be eligible for AFDC if State plan had been as broad as allowed under Federal law
- Individuals who would be eligible for AFDC or SSI if they were not in a medical institution
- Individuals infected with TB
- Individuals screened for breast or cervical cancer by CDC program
- Individuals receiving COBRA continuation benefits
- Individuals in special income level group, in a medical institution for at least 30 consecutive days, with gross income not exceeding 300% of SSI income standard
- Individuals receiving home and community based waiver services who would only be eligible under State plan if in a medical institution
- Individuals terminally ill if in a medical institution and will receive hospice care
- Individuals aged or disabled with income not above 100% FPL
- Individuals receiving only an optional State supplement in a 209(b) State
- Individuals working disabled who buy into Medicaid (BBA working disabled group)
- Individuals working disabled who buy into Medicaid (TWWIIA working disabled group)
- Employed medically improved individuals who buy into Medicaid under TWWIIA Medical Improvement Group

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State of VIRGINIA

- Individuals disabled age 18 or younger who would require an institutional level of care (TEFRA 134 kids)

(6) The State will pay the contracted broker by the following method:

- risk capitation
- non-risk capitation
- other (e.g., brokerage fee and direct payment to providers)

DMAS makes monthly capitation payments to the broker. Payment is on a per-member-per-month basis. Actuarial analysis is conducted on transportation data to establish the rates paid to the broker. The broker makes payments to the transportation provider.

Description- Virginia's Transportation Brokerage:

The Department of Medical Assistance Services initiated non-emergency transportation brokerage in 2001. The brokerage is for Medicaid and S-CHIP enrollees not in managed care plans. Brokers are paid on a per-member-per-month basis.

Recipients contact the broker when in need of transportation to a DMAS covered service. The broker verifies enrollment and that the trip is to a covered service, arranges for the transportation, and reimburses the transportation provider. The broker has contracts with numerous transportation providers and assures that transportation is available throughout the region.

The current transportation broker was selected through a request-for-proposals issued in 2004, with DMAS and the broker signing the contract in 2005. The broker serves all regions.

The current DMAS contract with the broker expires September 30, 2008 with the option of three one-year extensions. Future year increases will be based on the transportation portion of the Washington-Baltimore Consumer Price Index.

b. Services provided in Religious Nonmedical Health Care Institutions.

- Provided: No Limitations With Limitations

c. Reserved.

d. Skilled nursing facility services for patient under 21 years of age.

- Provided: No Limitations With Limitations

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): ALL

MEDICAID PROGRAM: REQUIREMENTS RELATING TO COVERED OUTPATIENT DRUGS FOR THE
MEDICALLY NEEDY

e. Emergency hospital services.

Provided: No Limitations With Limitations

f. Personal care services in a recipient's home, prescribed in accordance with a plan of treatment and provided by a qualified person under supervision of a registered nurse.

Provided: No Limitations With Limitations

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Medically Needy.

28. Program of All-inclusive Care for the Elderly (PACE) services, as described and limited in Supplement 6 to Attachment 3.1-A.

XXX Election of PACE: By virtue of this submittal, the State elects PACE as an optional State Plan service.

 No election of PACE: By virtue of this submittal, the State elects to not add PACE as an optional State Plan service.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

**MEDICAID PROGRAM: REQUIREMENTS RELATING TO COVERED OUTPATIENT DRUGS FOR THE
MEDICALLY NEEDY**

Citation(s)	Provision(s)
1927(d)(2) and 1935(d)(2)	1. The Medicaid agency provides coverage for the following excluded or otherwise restricted drugs or classes of drugs, or their medical uses to all Medicaid recipients, including full benefit dual eligible beneficiaries under the Medicare Prescription Drug Benefit-Part D. _____ The following excluded drugs are covered: <input checked="" type="checkbox"/> (a) agents when used for anorexia, weight loss, weight gain (see specific drug categories below) <input type="checkbox"/> (b) agents when used to promote fertility (see specific drug categories below) <input type="checkbox"/> (c) agents when used for cosmetic purpose or hair growth (see specific drug categories below) <input checked="" type="checkbox"/> (d) agents when used for the supmtomatic relief of cough and colds (see specific drug categories below) <input checked="" type="checkbox"/> (e) prescription vitamins and mineral products, except prenatal vitamins and fluoride (see specific drug categories below) <input checked="" type="checkbox"/> (f) nonprescription drugs (see specific drug categories below)

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State of VIRGINIA

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): ALL

MEDICAID PROGRAM: REQUIREMENTS RELATING TO COVERED OUTPATIENT DRUGS FOR THE
MEDICALLY NEEDY

Citation(s)	Provision(s)

1927(d)(2) and 1935(d)(2)

- (g) covered outpatient drugs which the manufacturer seeks to require as a condition of sale that associated tests or monitoring services be purchased exclusively from the manufacturer or its designee (see specific drug categories below)

(The Medicaid agency lists specific category of drugs below)

Coverage of specific categories of excluded
drugs will be in accordance with existing
Medicaid policy as described in Supplements
1 and 5 to Attachment 3.1 A&B

- No excluded drugs are covered.**

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