June 16, 2021

Karen Kimsey, Director
The Commonwealth of Virginia
Department of Medical Assistance Services
600 Eat Broad Street, #1300
Richmond, VA 23219

Attn: Regulatory Coordinator

RE: Virginia State Plan Amendment (SPA) Transmittal Number 21-0003

Dear Ms. Kimsey:

We have reviewed the proposed State Plan Amendment (SPA) to Attachment 4.19-B of Virginia's state plan, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on April 13, 2021. This plan amendment updates the methods and standards for setting personal care rates for both agency and consumer directed services.

Based upon the information provided by the State, we have approved the amendment with an effective date of May 1, 2021. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Gary Knight at 304.347.5723 or Gary.Knight@cms.hhs.gov.

Sincerely,

Todd McMillion

Todd McMillion
Director
Division of Reimbursement Review

Enclosures
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER 2-1-0-0-3
2. STATE Virginia
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE 4/1/2021 May 1, 2021

5. TYPE OF PLAN MATERIAL (Check One)
   [ ] NEW STATE PLAN  [ ] AMENDMENT TO BE CONSIDERED AS NEW PLAN  [X] AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION 42 CFR Part 447

7. FEDERAL BUDGET IMPACT
   a. FFY 2021 $ 24,834,668
   b. FFY 2022 $ 85,752,983

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
   Attachment 4.19-B, page 6.2.1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
   Same as box #8.

10. SUBJECT OF AMENDMENT
    Personal Care Rate Increase and Consumer-Directed Overtime

11. GOVERNOR’S REVIEW (Check One)
    [ ] GOVERNOR’S OFFICE REPORTED NO COMMENT
    [ ] COMMENTS OF GOVERNOR’S OFFICE ENCLOSED
    [ ] NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
    [X] OTHER, AS SPECIFIED

12. SIGNATURE OF STATE AGENCY OFFICIAL
    Karen Kimsey

13. TYPED NAME Karen Kimsey
14. TITLE Director
15. DATE SUBMITTED 4/13/21

FOR REGIONAL OFFICE USE ONLY

16. RETURN TO
    Dept. of Medical Assistance Services
    600 East Broad Street, #1300
    Richmond VA 23219
    Attn: Regulatory Coordinator

17. DATE RECEIVED April 13, 2021
18. DATE APPROVED June 16, 2021

19. EFFECTIVE DATE OF APPROVED MATERIAL May 1, 2021
20. SIGNATURE OF REGIONAL OFFICIAL
    Todd McMillion

21. TYPED NAME Todd McMillion
22. TITLE Director, Division of Reimbursement Review

23. REMARKS
    Pen and ink to block 4 effective date agreed to by Virginia and in line with the state’s public notice and transmittal summary.
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATE-
OTHER TYPES OF CARE

16.1 Reimbursement for personal care services for individuals enrolled in the Medicaid Buy-In program described in Attachment 2.6A, Supplement 8a, p 1-3 or for personal care and respite services covered under EPSDT. All governmental and private providers are reimbursed according to the same published fee schedule, located on the Agency's website at the following address: https://www.dmas.virginia.gov/#/searchcptcodes The Agency's rates, based upon one-hour increments, were set as of May 1, 2021, and shall be effective for services on and after that date.

16.2. Private duty nursing services covered under EPSDT as defined per Supplement 1 to Attachment 3.1A&B, page 6.4.8, with provider qualifications on page 6.4.8, are reimbursed based on a 15-minute unit of service in accordance with the State Agency fee schedule. The fee schedule is the same for both governmental and private providers and was set as of July 1, 2016 and shall be effective for services provided on and after that date. The state agency fee schedule is published on the DMAS website at https://www.dmas.virginia.gov/#/searchcptcodes

16.3 Medical Supplies, Equipment and Appliances (assistive technology) covered under EPSDT, as defined per Supplement 1 to Attachment 3.1 A&B, page 6.4.9, with provider qualifications on page 6.4.10. The service shall be reimbursed based upon the total cost of all AT incurred by the provider.

16.4 Reserved.

16.5 Hospice services, as defined per Attachment 3.1 A&B, Supplement 1, pages 33-37. Hospice services payments are effective October 1 annually and are equivalent to the annual Medicaid hospice rates published by CMS. As of July 1, 2019, room and board will be reimbursed at a rate equal to 100 percent of the skilled nursing facility rate for Medicaid members receiving hospice services who reside in a nursing facility. Hospice services shall be paid according to the location of the service delivery and not the location of the Agency’s home office. Payments to a hospice for inpatient care are limited according to the number of days of inpatient care furnished to Medicaid members. During the twelve (12) month period beginning October 1 of each year and ending September 30 of the next year, the aggregate number of inpatient days (both general inpatient days and inpatient respite care days) for any given hospice provider may not exceed twenty percent (20%) of the total number of days of hospice care provided to all Medicaid members during the same period.

Services that are included in the hospice reimbursement are: (a) Routine Home Care where most hospice care is provided - Days 1-60; (b) Routine Home Care where most hospice care is provided-Days 61 and over; (c) Continuous Home Care; (d) Hospice Inpatient Respite Care; (e) Hospice General Inpatient Care; (f) Service Intensity Add-On (SIA) will be made for a visit by a social worker or a registered nurse (RN), when provided during routine home care provided in the last 7 days of a Medicaid member's life. The SIA payment is in addition to the routine home care rate. The SIA Medicaid reimbursement will be equal to the Continuous Home Care hourly payment rate (as calculated annually by CMS), multiplied by the amount of direct patient care hours provided by an RN or social worker for up to four (4) hours total that occurred on the day of service, and adjusted by the appropriate hospice wage index published by CMS.

16.3.1 Effective July 1, 2019, the telehealth originating site facility fee shall be set at 100 percent of the Medicare rate and shall reflect changes annually based on any changes in the Medicare rate.