December 8, 2021

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

Attn: Regulatory Coordinator

RE: Virginia State Plan Amendment (SPA) Transmittal Number 21-0028

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 September 15th, 2021. This plan amendment increases rates for skilled and private duty nursing, and allows for overtime and sick leave for providers of consumer-directed care under certain circumstances.

Based upon the information provided by the State, we have approved the amendment with an effective date of August 8th, 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 Jerica Bennett at 1-410-786-1167 or jerica.bennett@cms.hhs.gov.

Sincerely,

Todd McMillion  
Director  
Division of Reimbursement Review

Enclosures
# Transmittal and Notice of Approval of State Plan Material

## For: Centers for Medicare & Medicaid Services

<table>
<thead>
<tr>
<th>1. TRANSMITTAL NUMBER</th>
<th>2. STATE</th>
</tr>
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<tbody>
<tr>
<td>21028</td>
<td>Virginia</td>
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## To: Regional Administrator

Centers for Medicare & Medicaid Services  
Department of Health and Human Services

<table>
<thead>
<tr>
<th>4. PROPOSED EFFECTIVE DATE</th>
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<tbody>
<tr>
<td>8/8/2021</td>
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## 5. Type of Plan Material

- NEW STATE PLAN
- AMENDMENT TO BE CONSIDERED AS NEW PLAN
- AMENDMENT

Complete blocks 6 thru 10 if this is an amendment (separate transmittal for each amendment)

<table>
<thead>
<tr>
<th>6. FEDERAL STATUTE/REGULATION CITATION</th>
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<tbody>
<tr>
<td>42 CFR 447</td>
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<table>
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<tr>
<th>7. FEDERAL BUDGET IMPACT</th>
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<tbody>
<tr>
<td>a. FFY 2021: $8,592,863</td>
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<tr>
<td>b. FFY 2022: $20,820,178</td>
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</tbody>
</table>

## 8. Page Number of the Plan Section or Attachment

Attachment 4.19-B, revised page 6.2.1

## 9. Page Number of the Superseded Plan Section or Attachment (If Applicable)

Same as box #8.

## 10. Subject of Amendment

Sick Leave, Overtime, and Private Duty Nursing Rate Increase

## 11. Governor’s Review

- Governor’s Office reported no comment
- Comments of Governor’s Office enclosed
- No reply received within 45 days of submittal

Other, as specified  
Secretary of Health and Human Resources

## 12. Signature of State Agency Official

Karen Kimsey  
Director

## 13. Typed Name

Karen Kimsey

## 14. Title

Director

## 15. Date Submitted

9/15/2021

## 16. Return To

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

FOR REGIONAL OFFICE USE ONLY

## 17. Date Received

September 15, 2021

## 18. Date Approved

December 8, 2021

## Plan Approved - One Copy Attached

## 19. Effective Date of Approved Material

August 8, 2021

## 20. Signature of Regional Official

Todd McMillion  
Director, Division of Reimbursement Review

## 21. Typed Name

Todd McMillion

## 22. Title

Director, Division of Reimbursement Review

## 23. Remarks

Instructions on Back
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 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/for-providers/general-information/procedure-fee-files-cpt-codes/ 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. Qualifying overtime for consumer-directed personal care provided under EPSDT will be paid 150% of the fee schedule, and qualifying sick leave for consumer-directed personal care provided under EPSDT will be at 100% of the fee schedule.

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 August 8, 2021 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/for-providers/general-information/procedure-fee-files-cpt-codes/

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 total 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 office home. 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.

TN No. 21-028 Approval Date 12/08/2021 Effective Date 8-8-21
Supersedes TN No. 21-003