

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

State of VIRGINIA

**AMOUNT, DURATION, AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY**

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**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\*

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

Provided:  No limitations  With limitations\*

Not Provided.

**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\*

\* Description provided on attachment.

TN No. 03-04

Approval Date 11/25/03

Effective Date 08/01/03

Supersedes

TN No. 93-04

HCFA ID: 7986E

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

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**4. a. Skilled 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\*

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

**4. c. Family planning services and supplies for individuals of child-bearing age.**

Provided:  No limitations  With limitations\*

1905(a)(4)(C) **4.c.(i) Family planning services and supplies for individuals of child-bearing age and for individuals eligible pursuant to Attachment 2.2-A, B, if the eligibility option is elected by the State.**

**Provided:**  No limitations  With limitations

(A) Services provided under this family planning service shall include, but not be limited to:

1. Family planning office visits including annual gynecological exams (one per 12 months), sexually transmitted diseases (STD) testing, cervical cancer screening tests (one per 12 months);
2. Laboratory services for family planning and STD testing;
3. Family planning education and counseling;
4. Contraceptives approved by the Food and Drug Administration, including, but not limited to, diaphragms, contraceptive injectables, and contraceptive implants;
5. FDA approved over-the-counter contraceptives; and
6. Sterilizations, not to include hysterectomies.

(B) Services not covered under this family planning service include, but are not limited to:

1. Performance of, counseling for, or recommendations of abortions;
2. Infertility treatments;
3. Any medically necessary treatments which are not considered family planning services that may be provided pursuant to a covered family planning service rendered in family planning settings; and
4. Performance of a hysterectomy.

\* Description provided on attachment.

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**AMOUNT, DURATION, AND SCOPE OF MEDICAL  
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An annual physical examination for men (one per 12 months) is provided as a family planning-related service.

**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. Physician's services whether furnished in the office, the patient's home, a hospital, a skilled nursing facility or elsewhere.****b. Medical and surgical services furnished by a dentist (in accordance with §1905(a)(5)(B) of the Act).**

Provided:  No limitations  With limitations\*

**6. Medical care on 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:  With limitations\*

Not provided  No limitations

\* Description provided on attachment.

TN No. 11-14 Approval Date 12/7/11 Effective Date 7/01/11

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**b. Optometrists' services.** Provided:  With limitations\* Not provided  No limitations**c. Chiropractors' services.** Provided:  With limitations\* Not provided  No limitations**d. Other Practitioners' services.** Provided:  Not provided  
(Identified on attached sheet with description of limitations\*)**7. Home health services.****a. Intermittent or part-time nursing service provided by a 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\*

\* Description provided on attachment.

TN No. 93-04Approval Date 01/03/94Effective Date 07/16/93

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

Provided:  With limitations\*

Not provided  No limitations

**8. Private duty nursing services.**

Provided:  With limitations\*

Not provided  No limitations

\* Description provided on attachment.

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TN No. 93-04 Approval Date 01/03/94 Effective Date 06/16/93

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**9. Clinic services.**

- Provided:                       With Limitations\*  
 Not provided                       No Limitations

**10. Dental services.**

- Provided:                       With Limitations\*  
 Not provided                       No Limitations

**11. Physical therapy and related services.**

**a. Physical Therapy**

- Provided:                       With Limitations\*  
 Not provided                       No Limitations

**b. Occupational Therapy.**

- Provided:                       With Limitations\*  
 Not provided                       No Limitations

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

- Provided:                       With Limitations\*  
 Not provided                       No Limitations

\* Description provided on attached sheet.

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TN No. 95-16                      Approval Date 01/31/96                      Effective Date 11/01/95  
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TN No. 87-17

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**12. Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist. (See Page 13 for Prescribed Drugs and Eyeglasses).**

**a. Prescribed drugs.**

- |                                     |              |                                     |                   |
|-------------------------------------|--------------|-------------------------------------|-------------------|
| <input checked="" type="checkbox"/> | Provided:    | <input checked="" type="checkbox"/> | With Limitations* |
| <input type="checkbox"/>            | Not provided | <input type="checkbox"/>            | No Limitations    |

**b. Dentures.**

- |                                     |              |                          |                   |
|-------------------------------------|--------------|--------------------------|-------------------|
| <input type="checkbox"/>            | Provided:    | <input type="checkbox"/> | With Limitations* |
| <input checked="" type="checkbox"/> | Not provided | <input type="checkbox"/> | No Limitations    |

**c. Prosthetic devices.**

- |                                     |              |                                     |                   |
|-------------------------------------|--------------|-------------------------------------|-------------------|
| <input checked="" type="checkbox"/> | Provided:    | <input checked="" type="checkbox"/> | With Limitations* |
| <input type="checkbox"/>            | Not provided | <input type="checkbox"/>            | No Limitations    |

**d. Eyeglasses.**

- |                                     |              |                                     |                   |
|-------------------------------------|--------------|-------------------------------------|-------------------|
| <input checked="" type="checkbox"/> | Provided:    | <input checked="" type="checkbox"/> | With Limitations* |
| <input type="checkbox"/>            | Not provided | <input type="checkbox"/>            | No Limitations    |

**13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in this plan. (See Page 14 for diagnostic and other services.)**

**a. Diagnostic services.**

- |                                     |              |                                     |                   |
|-------------------------------------|--------------|-------------------------------------|-------------------|
| <input checked="" type="checkbox"/> | Provided:    | <input checked="" type="checkbox"/> | With Limitations* |
| <input type="checkbox"/>            | Not provided | <input type="checkbox"/>            | No Limitations    |

**b. Screening services.**

- |                                     |              |                                     |                   |
|-------------------------------------|--------------|-------------------------------------|-------------------|
| <input checked="" type="checkbox"/> | Provided:    | <input checked="" type="checkbox"/> | With Limitations* |
| <input type="checkbox"/>            | Not provided | <input type="checkbox"/>            | No Limitations    |

\* Description provided on attached sheet. See Supplement 1 to Attachments 3.1-A and 3.1-B.

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TN No. 89-08

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**13. Other diagnostic, screening, preventive, rehabilitative services (Continued)**

**c. Preventive services.**

- |                                     |              |                                     |                   |
|-------------------------------------|--------------|-------------------------------------|-------------------|
| <input checked="" type="checkbox"/> | Provided:    | <input checked="" type="checkbox"/> | With Limitations* |
| <input type="checkbox"/>            | Not provided | <input type="checkbox"/>            | No Limitations    |

**d. Rehabilitative services. (See Page 9, Home Health Services)**

- |                                     |              |                                     |                   |
|-------------------------------------|--------------|-------------------------------------|-------------------|
| <input checked="" type="checkbox"/> | Provided:    | <input checked="" type="checkbox"/> | With Limitations* |
| <input type="checkbox"/>            | Not provided | <input type="checkbox"/>            | No Limitations    |

**14. Services for individuals age 65 or over in institutions for mental diseases. (See Page 15 for IMD services for persons over 65.)**

**a. Inpatient hospital services.**

- |                                     |              |                                     |                   |
|-------------------------------------|--------------|-------------------------------------|-------------------|
| <input checked="" type="checkbox"/> | Provided:    | <input type="checkbox"/>            | With Limitations* |
| <input type="checkbox"/>            | Not provided | <input checked="" type="checkbox"/> | No Limitations    |

**b. Skilled nursing facility services.**

- |                                     |              |                                     |                   |
|-------------------------------------|--------------|-------------------------------------|-------------------|
| <input checked="" type="checkbox"/> | Provided:    | <input type="checkbox"/>            | With Limitations* |
| <input type="checkbox"/>            | Not provided | <input checked="" type="checkbox"/> | No Limitations    |

**c. Intermediate care facility.**

- |                                     |              |                                     |                   |
|-------------------------------------|--------------|-------------------------------------|-------------------|
| <input checked="" type="checkbox"/> | Provided:    | <input type="checkbox"/>            | With Limitations* |
| <input type="checkbox"/>            | Not provided | <input checked="" type="checkbox"/> | No Limitations    |

\* Description provided on attached sheet. See Supplement 1 to Attachments 3.1-A and 3.1-B.

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**15. a. Intermediate care facility services (other than such services in an institution for mental diseases) for persons determined, in accordance with §1902(a)(31)(A) of the Act, to be in need of such care.**

- Provided:  With Limitations\*  
 Not provided  No Limitations

**b. Including such services in a public institution (or distinct part thereof) for the mentally retarded or persons with related conditions.**

- Provided:  With Limitations\*  
 Not provided  No Limitations

**16. Inpatient psychiatric facility services for individuals under 22 years of age.**

- Provided:  With Limitations\*  
 Not provided  No Limitations

**17. Nurse-midwife services**

- Provided:  With Limitations\*  
 Not provided  No Limitations

**18. Hospice care (in accordance with §1905(o) of the Act).**

- Provided:  With Limitations\*  
 Provided in accordance with the Affordable Care Act (§2302 of P.L. 111-148)  
 Not provided  No Limitations

\* Description provided on attachment.

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**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

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**AMOUNT, DURATION, AND SCOPE OF MEDICAL  
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**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:  Not Provided  With limitations\*

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

Provided:  Not Provided  With limitations\*

**20. Extended services to pregnant women:**

**a. Pregnancy-related and postpartum services for a 60-day period after the pregnancy ends and any remaining days in the month in which the 60th day falls.**

Provided<sup>+</sup>:  Additional Coverage<sup>++</sup> See Supplement 3.

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

Provided<sup>+</sup>:  Additional Coverage<sup>++</sup>

Not provided

**c. Services related to pregnancy (including prenatal, delivery, postpartum, and family planning services) and to other conditions that may complicate pregnancy to individuals covered under §1902(a)(10)(10)(ii)(IX) of the Act.**

Provided<sup>+</sup>:  Additional Coverage<sup>++</sup>

Not provided

+ Attached is a list of major categories of services (e.g., inpatient hospital, physician, etc.) and limitations on them, if any, that are available as pregnancy-related services or services for any other medical condition that may complicate pregnancy.

++ Attached is a description of increases in covered services beyond limitations for all groups described in the this attachment and/or any additional services provided to pregnant women only.

\* Description provided on attachment.

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**21. Ambulatory prenatal care for pregnant women furnished during a presumptive eligibility period by a qualified provider (in accordance with §1920 of the Act).**

- Provided:                       With limitations\*  
 Not provided                       No limitations

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

- Provided:                       With limitations\*  
 Not provided                       No limitations

**23. Pediatric or family nurse practitioners' services.**

- Provided:                       Not Provided                       With limitations\*

\* Description provided on attachment.

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

**a.1. Transportation.**

Provided:       No limitations       With limitations\*  
 Not Provided:

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

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*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 § 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 (§ 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

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(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 18<sup>th</sup> 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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- 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 Institutions.**

- Provided:  No limitations  With limitations\*
- Not Provided:

**c. Reserved.**

**d. Nursing facility services for patients under 21 years of age.**

- Provided:  No limitations  With limitations\*

\* 06-05 Approval Date 08/03/07 Effective Date 04/01/07

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Not Provided:

**e. Emergency hospital services.**

Provided:       No limitations       With limitations\*

Not Provided:

**f. Personal care services in 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\*

Not Provided:

**25. Private health insurance premiums, coinsurance and deductibles when cost-effective (pursuant to P.L. 101-508 §4402).**

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AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICE PROVIDED TO  
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25. Home and Community Care for functionally disabled Elderly Individuals, as defined, described and Limited in Supplement 2 to Attachment 3.1-A, and Appendices A-G to Supplement 2 to Attachment 3.1-A.

- Provided
- Not provided

26. Personal care services furnished to an individual who is not an inpatient or resident of a hospital, nursing Facility, intermediate care facility for the mentally retarded, or institution for mental disease that are (A) Authorized for the individual by a physicain in accordance with a plan of treatment, (B) provided by an Individual who is qualified to provide such services and who is not a member of the individual's family, and (C) furnished in a home.

- Provided
- State approved (not physician) service plan allowed
- Services outside the home also allowed
- Limitations described on Attachment
- Not provided

27. Private health insurance premiums, coinsurance and deductibles when cost-effective (pursuant to P.L. 101-508 §4402).

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

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

XX 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.

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28. (i) Licensed or Otherwise State-Approved Freestanding Birthing Centers

Provided:       No limitations       With limitations       None licensed or approved

Please describe any limitations:

28. (ii) Licensed or Otherwise State-Recognized covered professionals providing services in the Freestanding Birth Center

Provided:       No limitations       With limitations (please describe below)

Not Applicable (there are no licensed or State approved Freestanding Birth Centers)

Please describe any limitations:

Please check all that apply:

(a) Practitioners furnishing mandatory services described in another benefit category and otherwise covered under the State Plan (i.e., physicians and certified nurse midwives).

(b) Other licensed practitioners furnishing prenatal, labor and delivery, or postpartum care in a freestanding birth center within the scope of practice under State law whose services are otherwise covered under 42 CFR 440.60 (e.g., lay midwives, certified professional midwives (CPMs), and any other type of licensed midwife).\*

(c) Other health care professionals licensed or otherwise recognized by the State to provide these birth attendant services (e.g., doulas, lactation consultant, etc.).\*

\*For (b) and (c) above, please list and identify below each type of professional who will be providing birth center services:

State/Territory: Virginia**AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED****CATEGORICALLY NEEDY GROUP(S)**

## 30. Coverage of Routine Patient Cost in Qualifying Clinical Trials

\*The state needs to check each assurance below.

Provided: \_\_\_\_\_

## I. General Assurances:

**Routine Patient Cost – Section 1905(gg)(1)**

X Coverage of routine patient cost for items and services as defined in section 1905(gg)(1) that are furnished in connection with participation in a qualified clinical trial.

**Qualifying Clinical Trial – Section 1905(gg)(2)**

X A qualified clinical trial is a clinical trial that meets the definition at section 1905(gg)(2).

**Coverage Determination – Section 1905(gg)(3)**

X A determination with respect to coverage for an individual participating in a qualified clinical trial will be made in accordance with section 1905(gg)(3).

PRA Disclosure Statement - This information is being collected to assist the Centers for Medicare & Medicaid Services in implementing Section 210 of the Consolidated Appropriations Act of 2021 amending section 1905(a) of the Social Security Act (the Act), by adding a new mandatory benefit at section 1905(a)(30). Section 210 mandates coverage of routine patient services and costs furnished in connection with participation by Medicaid beneficiaries in qualifying clinical trials effective January 1, 2022. Section 210 also amended sections 1902(a)(10)(A) and 1937(b)(5) of the Act to make coverage of this new benefit mandatory under the state plan and any benchmark or benchmark equivalent coverage (also referred to as alternative benefit plans, or ABPs). Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #74). Public burden for all of the collection of information requirements under this control number is estimated to take about 56 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

State of VIRGINIA

**AMOUNT, DURATION, AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY**

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

Citation(s)	Provision(s)

1935(d)(1)

Effective January 1, 2006, the Medicaid agency will not cover any Part D drug for full-benefit dual eligible individuals who are entitled to receive Medicare benefits under Part A or Part B.

\* Description provided on attachment.

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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:

- (a) agents when used for anorexia, weight loss, weight gain (see specific drug categories below)
- (b) agents when used to promote fertility (see specific drug categories below)
- (c) agents when used for cosmetic purposes or hair growth (see specific drug categories below)
- (d) agents when used for the symptomatic relief of cough and colds (see specific drug categories below)
- (e) prescription vitamins and mineral products, except prenatal vitamins and fluoride (see specific drug categories below)
- (f) nonprescription drugs (see specific drug categories below)

\* Description provided on attachment.

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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.**

\* Description provided on attachment.

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