

## **Table of Contents**

**State/Territory Name:** **VIRGINIA**

**State Plan Amendment (SPA) #:** **20-0002**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
601 E. 12<sup>th</sup> Street, Room 355  
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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October 6, 2020

Karen Kimsey, Director  
Department of Medical Assistance Services  
600 East Broad Street, Suite 1300  
Richmond, VA 23219

RE: Virginia State Plan Amendment 20-0002

Dear Ms. Kimsey:

The Centers for Medicare & Medicaid Services (CMS) has reviewed Virginia's State Plan Amendment (SPA) 20-0002, Electronic Visit Verification.

The purpose of this State Plan Amendment is to comply with the federal 21<sup>st</sup> Century CURES Act which requires states to implement electronic visit verification for personal care services by January 1, 2021.

This SPA is acceptable. Therefore, we are approving SPA 20-0002 with an effective date of September 1, 2020. Enclosed is the approved SPA page and signed CMS-179 form.

If you have any questions concerning this information, please contact me at (816) 426-6417, or your staff may contact Margaret Kosherzenko at [Margaret.Kosherzenko@cms.hhs.gov](mailto:Margaret.Kosherzenko@cms.hhs.gov) or (215) 861-4288.

Sincerely,



James G. Scott, Director  
Division of Program Operations

Enclosures

cc: Emily McClellan

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> <b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>2</span><span>0</span> — <span>0</span><span>0</span><span>2</span> </div>	2. STATE <div style="border: 1px solid black; padding: 2px; text-align: center;">Virginia</div>
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 <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span>9/1/2020</span> </div>
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5. TYPE OF PLAN MATERIAL (Check One)

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)

6. FEDERAL STATUTE/REGULATION CITATION <div style="border: 1px solid black; padding: 2px;">42 CFR 440</div>	7. FEDERAL BUDGET IMPACT a. FFY <sup>2020</sup> <span style="border: 1px solid black; padding: 0 10px;">0</span> b. FFY <sup>2021</sup> <span style="border: 1px solid black; padding: 0 10px;">0</span>
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <div style="border: 1px solid black; padding: 5px; min-height: 80px;">           Revised Pages: Attachment 3.1-A&amp;B,            Supplement 1, page 6.4.3         </div>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <div style="border: 1px solid black; padding: 10px; text-align: center; min-height: 80px;">           Same as Box 8         </div>
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10. SUBJECT OF AMENDMENT

Electronic Visit Verification (EVV)

GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT <sup>2020</sup>  
 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 <div style="background-color: black; width: 100%; height: 20px;"></div>	16. RETURN TO <div style="border: 1px solid black; padding: 5px; min-height: 100px;">           Dept. of Medical Assistance Services            600 East Broad Street, #1300            Richmond VA 23219             Attn: Regulatory Coordinator         </div>
13. TYPED NAME <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span>Karen Kimsey</span> </div>	
14. TITLE <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span>Director</span> </div>	
15. DATE SUBMITTED 9/1/2020 JHW <span style="border: 1px solid black; padding: 0 10px;"><del>2 24 2020</del></span>	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED September 1, 2020	18. DATE APPROVED September 30, 2020
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**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL September 1, 2020	20. SIGNATURE OF REGIONAL OFFICIAL <div style="background-color: black; width: 100%; height: 20px;"></div>
21. TYPED NAME James G. Scott	22. TITLE Director, Division of Program Operations

23. REMARKS

**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  
and MEDICALLY NEEDY**

K. Personal care services under EPSDT.

1. Service definition. EPSDT Personal Care Services are designed to assist eligible children under the age of 21 with activities of daily living (ADLs) and instrumental activities of daily living (IADLs). These services may be provided either through an agency-directed or consumer-directed (CD) model. Services are provided in accordance with 42 CFR 440.167.

2. Service components may include: (i) Assistance with ADLs: bathing, dressing, toileting, transferring, eating/feeding, ambulation and bowel and bladder incontinence. Assistance can include hands on care, prompting, verbal cueing, multiple reminders and/or supervision of these tasks.

The individual's need for medically necessary personal care services shall be documented by a physician, physician's assistant or nurse practitioner in the Plan of Care, and updated as the individual's need for assistance changes or at a minimum of once every 12 months.

The state assures compliance with the Electronic Visit Verification System (EVV) requirements for personal care services (PCS) by January 1, 2021 in accordance with section 12006 of the 21<sup>st</sup> Century CURES Act.

Individuals choosing to receive services through the consumer-directed model shall choose a Consumer Directed Services Facilitator (SF) to provide training and guidance to the individual or their designee so that they can serve as an Employer of Record (EOR). An EOR is responsible for hiring, training, supervising, and firing personal care assistants. If the individual is under 18 years of age, the parent or responsible adult shall serve as the EOR. An EOR cannot be the paid caregiver, personal care assistant, or SF. An EOR can only serve on behalf of one individual. The only exception to this is that an EOR can serve on behalf of multiple individuals if the individuals reside at the same address, but only if these individuals do not receive services from the EOR at the same time.