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State Name: Virginia

State Plan Amendment (SPA) #: 10-05

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 Page

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
150 S. Independence Mall West
Suite 216, The Public Ledger Building
Philadelphia, Pennsylvania 19106-3499



Region III/Division of Medicaid and Children's Health Operations

FEB 08 2011

Gregg A. Pane, MD, MPA
Director
Department of Medical Assistance Services
600 East Broad Street, Suite 1300
Richmond, Virginia 23219

Dear Dr. Pane:

We have reviewed State Plan Amendment (SPA) 10-05, in which you propose to update the State Agency Fee Schedule for Intensive In-Home Services. This SPA is acceptable. Therefore, we are approving SPA 10-05 with an effective date of February 1, 2010. Enclosed are the approved SPA pages and signed CMS-179 form.

If you have further questions about this SPA, please contact William G. Cahill at (215) 861-4173.

Sincerely,

/S/

Ted Gallagher
Associate Regional Administrator

Enclosures

cc: Roy Trudel, CMCS

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 1 0 0 5	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 February 1, 2010	

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 42 CFR Part 430 to end	7. FEDERAL BUDGET IMPACT a. FFY 2010 \$ [\$8,966,168] b. FFY 2011 \$ [\$11,128,511]
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attach. 4.19-B, Page 6 of 15	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Same page

10. SUBJECT OF AMENDMENT
Update of Fee Schedule Rate for Intensive In-Home Services

11. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT²⁰¹⁰ OTHER, AS SPECIFIED
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

Secretary of Health and Human Resources

12. SIGNATURE OF STATE AGENCY OFFICIAL /S/	16. RETURN TO Dept. of Medical Assistance Services 600 East Broad Street, #1300 Richmond VA 23219 Attn: Regulatory Coordinator
13. TYPED NAME Patrick W. Finnerty	
14. TITLE Acting Director	
15. DATE SUBMITTED 3/18/10	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED March 8, 2010	18. DATE APPROVED FEB 08 2010
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL February 1, 2010	20. SIGNATURE OF REGIONAL OFFICIAL /S/
21. TYPED NAME M. G. ...	22. TITLE ...
23. REMARKS	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -- OTHER TYPES
OF CARE**

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- (b) Treatment related to an injury sustained more than 72 hours prior to the visit with the deterioration of the symptoms to the point of requiring medical treatment for stabilization.
 - (c) The initial treatment for medical emergencies including indications of severe chest pain, dyspnea, gastrointestinal hemorrhage, spontaneous abortion, loss of consciousness, status epilepticus, or other conditions considered life threatening.
 - (d) A visit in which the recipient's condition requires immediate hospital admission or the transfer to another facility for further treatment or a visit in which the recipient dies.
 - (e) Services provided for acute vital sign changes as specified in the provider manual.
 - (f) Services provided for severe pain when combined with one or more of the other guidelines.
- (4) Payment shall be determined based on ICD-9-CM diagnosis codes and necessary supporting documentation.
2. Dentists' services: the agency's rate shall be set as of July 1, 2010, October 1, 2010, and July 1, 2011, and is effective for services on or after these dates, respectively. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private individual practitioners. All rates are published on the agency's website at the following address: http://www.dmas.virginia.gov/pr-fee_files.htm
3. Mental health services including: Community mental health services; Services of a licensed clinical psychologist; mental health services provided by a physician
- a. Services provided by licensed clinical psychologists shall be reimbursed at 90% of the reimbursement rate for psychiatrists.
 - b. Services provided by independently enrolled licensed clinical social workers, licensed professional counselors, licensed clinical nurse specialists-psychiatric, or licensed marriage and family therapists shall be reimbursed at 75% of the reimbursement rate for licensed clinical psychologists. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private individual practitioners. Fee schedule and any annual/periodic adjustments to the fee schedule are published on the DMAS website at the following web address: http://www.dmas.virginia.gov/pr-fee_files.htm
- 3.1 Intensive In-Home Services: The agency's hourly rates were set as of February 1, 2010 and are effective for services on or after that date. Fee schedule and any annual/periodic adjustments to the fee schedule are published on the DMAS website at the following web address: http://www.dmas.virginia.gov/pr-fee_files.htm

These services are provided by Qualified Mental Health Professionals or other licensed professional. The Medicaid hourly fee is paid directly to an individual practitioner or billed on behalf of the practitioner through an employment arrangement. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private individual practitioners.

TN No. 10-05 Approval Date
Supersedes
TN No. 08-14

FEB 08 2011

Effective Date

02-01-10