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State Name: Virginia

State Plan Amendment (SPA) #: 11-03

This file contains the following documents in the order listed:

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

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

SWIFT# 071120114060

SEP 22 2011

Cynthia B. Jones, Director
Department of Medical Assistance Services
600 East Broad Street, Suite 1300
Richmond, Virginia 23219

Dear Ms. Jones:


We have reviewed State Plan Amendment (SPA) 11-03, in which the Commonwealth is adding coverage of the optional family planning group with limited covered services.

This SPA is acceptable. Therefore, we are approving SPA 11-03 with an effective date of October 1, 2011. 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/


Francis McCullough
Acting Associate Regional Administrator

Enclosures

cc: Annese Higgs – CMCS
Rebecca Bruno - CMCS

Do you know someone who has been denied medical insurance because of a pre-existing condition? If so, they may be eligible for the new Pre-Existing Condition Insurance Plan. Call toll free 1-866-717-5826 (TTY 1-866-561-1604) or visit www.pcip.gov and click on "Find Your State" to learn more.

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

1. TRANSMITTAL NUMBER
1 1 - 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
October 1, 2011

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 440

7. FEDERAL BUDGET IMPACT
a. FFY 2012 \$ 333,017
b. FFY 2013 \$ 362,811

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 2.2-A, Page 23d and Attachment 3.1-A, pp. 2 and 2.1 of 9

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Same pages

10. SUBJECT OF AMENDMENT
Optional Family Planning Services

11. GOVERNOR'S REVIEW (Check One)
 GOVERNOR'S OFFICE REPORTED NO COMMENT²⁰¹²
 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
/S/
13. TYPED NAME
Gregg A. Pane
14. TITLE
Director
15. DATE SUBMITTED
6/24/11

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
June 24, 2011

18. DATE APPROVED
SEP 22 2011

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL
October 1, 2011

20. SIGNATURE OF REGIONAL ADMINISTRATOR
/S/

21. TYPED NAME
Francis McCullough

22. TITLE
Acting Associate Regional Administrator

23. REMARKS



STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

Citation	Groups Covered
	B. Optional Groups Other than the Medically Needy
§ 1902(a)(10)(A)(ii)(XXI)	29. a. <input checked="" type="checkbox"/> Individuals who are <i>not</i> pregnant and whose income does not
§ 1902 (ii)	exceed the State established income standard of <u>200%</u> of the Federal
	Poverty Level. This amount does not exceed the <u>highest</u> income limit
	for pregnant women in this State Plan and related waivers, which is
	<u>200%</u> of the Federal Poverty Level.
	<input type="checkbox"/> In determining eligibility for this group, the State considers only
	the income of the applicant or recipient.
	NOTE: Services are limited to family planning services and family
	planning-related services as described in section 4.c(i) and (ii) of Attachment 3.1-A.
	b. Presumptive Eligibility for Family Planning
§ 1902 C	<input type="checkbox"/> The State provides a period of presumptive eligibility for family
	planning services to individuals determined by a qualified entity, based on
	preliminary information from the individual, described in the group the
	State has elected to make eligible under the above option. The period of
	presumptive eligibility ends on the earlier of the date a formal
	determination of Medicaid eligibility is made under
	§ 1902(a)(10)(A)(ii)(XXI), or, when no application has been filed, the last
	day of the month following the month during which the qualified entity
	determines the individual presumptively eligible.

TN No. 11-03
Supersedes
TN No. NEW PAGE

Approval Date SEP 22 2011

Effective Date 10/1/11

HCFA ID:

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**

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.

SEP 22 2011

TN No. 11-03

Approval Date _____

Effective Date 10/01/11

Supersedes

N No. 95-16

HCFA ID: 7986E

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

1905(a)(4)(C) **4.c.(ii) Family planning-related services provided under the above
State Eligibility Option**

An annual physical examination for men (one per 12 months) is provided as a family planning-related service.

5. a. **Physician's services whether furnished in the office, the patient's home, a hospital, a skilled nursing facility or elsewhere.**

Provided: No limitations With limitations

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. 11-03

Approval Date SEP 22 2011

Effective Date 10/01/11

Supersedes

N No. 95-16

HCFA ID: 7986E