

Table of Contents

State Name: Virginia

State Plan Amendment (SPA) #: 13-0012-MM4

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Superseding Pages Notice
- 4) 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 #102220134036

DEC 20 2013

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

Dear Ms. Jones:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of Virginia's State Plan Amendment (SPA) 13-0012-MM4. This SPA clarifies the authority and responsibilities of the Single State Agency and its relationship to other Federal and State agencies, the fair hearings process, and the process for determining eligibility. We are pleased to inform you that this SPA is approved effective January 1, 2014.

Enclosed is a copy of the CMS Summary Page (CMS-179 form), the approved State Plan pages for A-1 through A-3, and the Superseding Pages of State Plan Material, which should also be incorporated into a separate section in the front of the State Plan.

We appreciate the cooperation and effort provided by your staff throughout this process. If you have further questions about this SPA, please contact Margaret Kosherzenko of my staff at 215-861-4288 or by email at Margaret.Kosherzenko@cms.hhs.gov.

Sincerely,

~~Francis McCullough~~
Associate Regional Administrator

Enclosures

Medicaid State Plan Eligibility: Summary Page (CMS 179)

State/Territory name: Virginia

Transmittal Number:

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

VA-13-0012

Proposed Effective Date

01/01/2014 (mm/dd/yyyy)

Federal Statute/Regulation Citation

Section 1902(e)(14) of the Social Security Act

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2014	\$ 0.00
Second Year	2015	\$ 0.00

Subject of Amendment

A1 through A3 – Medicaid Administration - Single State Agency

Governor's Office Review

Governor's office reported no comment

Comments of Governor's office received

Describe:

No reply received within 45 days of submittal

Other, as specified

Describe:

Secretary of Health and Human Services

Signature of State Agency Official

Submitted By: Brian McCormick

Last Revision Date: Dec 13, 2013

Submit Date: Oct 4, 2013

**SUPERSEDING PAGES OF
STATE PLAN MATERIAL**

TRANSMITTAL NUMBER:

VA-13-0012-MM4

STATE:

Virginia

**PAGE NUMBER OF THE PLAN SECTION OR
ATTACHMENT:**

A1 – A3

COMPLETE PAGES SUPERSEDED:

Page 1

Section 1.1 (pages 2-6)

Section 1.2 (page 7)

Section 1.3 (page 8)

Section 1.4 (page 9)(State Medical Care Advisory Committee.
The state does not have tribal consultation information on this
page of the state plan)

Attachment 1.1-A (Attorney General certification)

Attachment 1.2-A
(Organizational chart)

Attachment 1.2-B (Description of the functions of the single
state agency)

Attachment 1.2-C (Description of professional medical and
supporting staff)

Attachment 1.2-D

A1-A2

Notwithstanding any other provisions of the Medicaid State Plan,
the agencies designated in A1 and A2 will determine eligibility for
coverage to the extent specified in A1 and A2.



Medicaid Administration

OMB Control Number 0938-1148
OMB Expiration date: 10/31/2014

State Plan Administration Designation and Authority AI

42 CFR 431.10

Designation and Authority

State Name:

As a condition for receipt of Federal funds under title XIX of the Social Security Act, the single state agency named below submits the following state plan for the medical assistance program, and hereby agrees to administer the program in accordance with the provisions of this state plan, the requirements of titles XI and XIX of the Act, and all applicable Federal regulations and other official issuances of the Department.

Name of single state agency:

Type of Agency:

- Title IV-A Agency
- Health
- Human Resources
- Other

Type of Agency

The above named agency is the single state agency designated to administer or supervise the administration of the Medicaid program under title XIX of the Social Security Act. (All references in this plan to "the Medicaid agency" mean the agency named as the single state agency.)

The state statutory citation for the legal authority under which the single state agency administers the state plan is:

The single state agency supervises the administration of the state plan by local political subdivisions.

Yes No

The certification signed by the state Attorney General identifying the single state agency and citing the legal authority under which it administers or supervises administration of the program has been provided.

An attachment is submitted.

The state plan may be administered solely by the single state agency, or some portions may be administered by other agencies.

The single state agency administers the entire state plan under title XIX (i.e., no other agency or organization administers any portion of it).

Yes No



Medicaid Administration

The entity or entities that have responsibility for determinations of eligibility for families, adults, and for individuals under 21 are:

- The Medicaid agency
- Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act

The entity that has responsibility for determinations of eligibility for the aged, blind, and disabled are:

- The Medicaid agency
- Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- The Federal agency administering the SSI program

The entity or entities that have responsibility for conducting fair hearings with respect to denials of eligibility based on the applicable modified adjusted gross income standard are:

- Medicaid agency
- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- An Exchange appeals entity, including an entity established under section 1411(f) of the Affordable Care Act

The agency has established a review process whereby the agency reviews appeals decisions made by the Exchange or Exchange appeals entity or other state agency, but only with respect to conclusions of law, including interpretations of state or federal policies.

Yes No

State Plan Administration

Organization and Administration

A2

42 CFR 431.10
42 CFR 431.11

Organization and Administration

Provide a description of the organization and functions of the Medicaid agency.

Department of Medical Assistance Services is operated under the direct supervision of the Director of Medical Assistance Services, who is appointed by the Governor. The Director is assisted by four Deputy Directors who cover, respectively, Administration, Complex Care Services, Finance, and Programs. Separate divisions carry out different functions. The Appeals Division is the separate, neutral division that performs the Fair Hearing function. The Policy & Research Division oversees the implementation of Medicaid and CHIP policy and the development of new programs. It also is responsible for the oversight of eligibility issues and the development and submission of State Plan Amendments. The Long Term Care Division runs the home and community based care waiver programs, including Virginia's PACE program. The Behavioral Health Division oversees community mental health and behavioral health programs. Program Integrity is responsible for the Agency's internal and provider auditing programs. The Information Management Division addresses DMAS' technology needs, including the MMIS. The Program Operations Division addresses provider relations, including provider enrollment and termination. The Health Care Services Division oversees all aspects of managed care. Provider Reimbursement sets rates for providers and maintains the Agency Fee Schedule. Fiscal and Purchases oversees the Department's finances, while the Budget and Contract Division oversees the Medicaid and CHIP budgetary process, including the receipt of FFP, and oversees all Agency procurements and contracts. The Maternal and Child Health division runs the



Medicaid Administration

State's CHIP program, as well as the Family Planning program. This Division also houses the Central Processing Unit. The duties of the CPU include maintaining the files for children who are enrolled in the State Children's Health Insurance Program, and recertification on basis of periodic reviews of eligibility.

Upload an organizational chart of the Medicaid agency.

An attachment is submitted.

Provide a description of the structure of the state's executive branch which includes how the Medicaid agency fits in with other health, human service and public assistance agencies.

The Commonwealth's Single State Agency (Department of Medical Assistance Services) is part of the Governor's Secretariat for Health and Human Services, comprised of the Department of Health (VDH), the Department of Social Services (DSS), the Department of Behavioral Health and Developmental Services (DBHDS), the Department for Aging and Rehabilitative Services (DARS), Department for the Blind and Vision Impaired, the Department for the Deaf and Hard of Hearing, the Department of Health Professions (DHP), and the Office of the Comprehensive Services Act (CSA). Through a Memorandum of Understanding (MOU) DMAS has delegated the eligibility function for all categories, both MAGI and Non-MAGI, to DSS. DMAS has delegated only the eligibility function, and not policy-making or final decision authority. Through an MOU DMAS has authorized VDH to act as a Medicaid/CHIP provider for services available through VDH clinics in localities throughout Virginia. DMAS has an MOU with DBHDS that delegates the day to day running of the Intellectual Disability and Developmental Delay waiver programs to DBHDS. This is the delegation of a function and not a delegation of policy-making or decision-making authority. DMAS also has an MOU with DARS for the performance of disability determinations for the purposes of establishing Medicaid eligibility.

Entities that determine eligibility other than the Medicaid Agency (if entities are described under Designation and Authority)

Remove

Type of entity that determines eligibility:

- Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- The Federal agency administering the SSI program

Provide a description of the staff designated by the entity and the functions they perform in carrying out their responsibility.

The Title IV-A agency (State Department of Social Services or DSS) determines eligibility for Title XIX services, including eligibility under MAGI. Eligibility determinations are performed by staff supervised by the State DSS and administered by county and city departments of social services. The duties of the State DSS are as follows: certification by local social services agency superintendents/directors of current public assistance recipients and foster care children of the local social services department, acceptance of applications for medical assistance under Title XIX by the local department of social services of the city or county in which the applicant resides, or by State employees located in designated institutions. This includes determination of initial eligibility, certification of applicants found eligible, recertification on basis of periodic reviews of eligibility, and notification to the Department of Medical Assistance Services and to the applicant/recipient of the initial eligibility decision and any subsequent change in eligibility status. The State DSS is responsible for supervising the local departments of social services in the performance of the eligibility determination function. DMAS oversees the performance of these functions and retains all policy-making and decision-making authority as set forth in 42 CFR 431.10(e).

Add

Entities that conduct fair hearings other than the Medicaid Agency (if are described under Designation and Authority)

Remove

Type of entity that conducts fair hearings:



Medicaid Administration

An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act

An Exchange appeals entity, including an entity established under section 1411(f) of the Affordable Care Act

Provide a description of the staff designated by the entity and the functions they perform in carrying out their responsibility.

Add

Supervision of state plan administration by local political subdivisions (if described under Designation and Authority)

Is the supervision of the administration done through a state-wide agency which uses local political subdivisions?

Yes No

The types of the local subdivisions that administer the state plan under the supervision of the Medicaid agency are:

Counties

Parishes

Other

Are all of the local subdivisions indicated above used to administer the state plan?

Yes No

State Plan Administration

A3

Assurances

42 CFR 431.10

42 CFR 431.12

42 CFR 431.50

Assurances

The state plan is in operation on a statewide basis, in accordance with all the requirements of 42 CFR 431.50.

All requirements of 42 CFR 431.10 are met.

There is a Medical Care Advisory Committee to the agency director on health and medical services established in accordance with meeting all the requirements of 42 CFR 431.12.

The Medicaid agency does not delegate, to other than its own officials, the authority to supervise the plan or to develop or issue policies, rules, and regulations on program matters.

Assurance for states that have delegated authority to determine eligibility:

There is a written agreement between the Medicaid agency and the Exchange or any other state or local agency that has been delegated authority to determine eligibility for Medicaid eligibility in compliance with 42 CFR 431.10(d).

Assurances for states that have delegated authority to conduct fair hearings:

There is a written agreement between the Medicaid agency and the Exchange or Exchange appeals entity that has been delegated authority to conduct Medicaid fair hearings in compliance with 42 CFR 431.10(d).



Medicaid Administration

- When authority is delegated to the Exchange or an Exchange appeals entity, individuals who have requested a fair hearing are given the option to have their fair hearing conducted instead by the Medicaid agency.

Assurance for states that have delegated authority to determine eligibility and/or to conduct fair hearings:

- The Medicaid agency does not delegate authority to make eligibility determinations or to conduct fair hearings to entities other than government agencies which maintain personnel standards on a merit basis.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.