

Table of Contents

State Name: Virginia

State Plan Amendment (SPA) #: 13-04

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS-179
- 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 #112620134011

NOV 19 2013

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

Dear Ms. Jones:

We have reviewed State Plan Amendment (SPA) 13-04 to allow for both onsite and desk reviews of Community Mental Health Rehab Services providers' documentation and to change the administration agency from the Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS) to Department of Medical Assistance Services (DMAS).

This SPA is acceptable. Therefore, we are approving SPA 13-04 with an effective date of September 12, 2013. Enclosed are the approved SPA pages and signed CMS-179 form.

If you have further questions about this SPA, please contact Michael Cleary of my staff at 215-861-4282.

Sincerely,


Francis McCullough
Associate Regional Administrator

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 1 3 - 0 4	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 September 12, 2013	
5. TYPE OF PLAN MATERIAL (Check One) <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT		

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION 42 CFR Part 440.260	7. FEDERAL BUDGET IMPACT a. FFY 2014 \$ 0.00 b. FFY 2015 \$ 0.00
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-C, Page 29 of 43	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Same page

10. SUBJECT OF AMENDMENT
Technical Correction for Utilization Review of Community Mental Health Rehab. Services

GOVERNOR'S REVIEW (Check One)
 GOVERNOR'S OFFICE REPORTED NO COMMENT²⁰¹⁴ 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	16. RETURN TO
13. TYPED NAME Cynthia B. Jones	Dept. of Medical Assistance Services 600 East Broad Street, #1300 Richmond VA 23219 Attn: Regulatory Coordinator
14. TITLE Director	
15. DATE SUBMITTED 8/29/13	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED September 9, 2013	18. DATE APPROVED November 19, 2013
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL September 12, 2013	20. SIGNATURE OF REGIONAL OFFICIAL
21. TYPED NAME FRANCES McCullough	22. TITLE Associate Regional Administrator Dmedc
23. REMARKS	



STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

STANDARDS ESTABLISHED AND METHODS USED TO ASSURE HIGH QUALITY OF CARE

§10.0 Community mental health services. (12 VAC 30-60-140)

- A. Utilization review general requirements.
1. Utilization reviews shall be conducted, at a minimum annually for each enrolled provider, by the state Department of Medical Assistance Services (DMAS) or its contractors. During each review, an appropriate sample of the provider's total Medicaid population will be selected for review. An expanded review shall be conducted if an appropriate number of exceptions or problems are identified.
- B. The DMAS' or its contractor review shall include the following items:
1. medical or clinical necessity of the delivered service;
 2. the admission to service and level of care was appropriate;
 3. the services were provided by appropriately qualified individuals as defined in the Amount, Duration, and Scope of Services found in Attachment 3.1 A and B, Supplement 1 §13d Rehabilitative services;
 4. delivered services as documented are consistent with recipients' Individual Service Plans, invoices submitted, and specified service limitations.
- C. Mental health services utilization criteria. (12 VAC 30-60-143) Utilization reviews shall include determinations that providers meet the following requirements.
- a. The provider shall meet the federal and state requirements for administrative and financial management capacity.
 - b. The provider shall document and maintain individual case records in accordance with state and federal requirements.
 - c. The provider shall ensure eligible recipients have free choice of providers of mental health services and other medical care under the Individual Service Plan.
 - d. The providers shall comply with DMAS marketing requirements. Providers that violate the DMAS marketing requirements will be assessed financial penalties for the first two violations. A provider that violates the marketing requirements for a third time shall have his provider's participation agreement for this service terminated. The DMAS marketing requirements and sanctions are published in the provider appropriate guidance documents, including but not limited to, the Community Mental Health Rehabilitation manual.

TN No. 13-04
Supersedes
TN No. 10-14

Approval Date NOV 19 2013

Effective Date 09-12-13