

## **Table of Contents**

**State Name:** Virginia

**State Plan Amendment (SPA) #:** 13-06

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  
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**

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SWIFT #121720134005

**'DEC 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) 13-06, Targeted Case Management for Baby Care, Mental Health, Individuals with Intellectual Disability, and Individuals with Developmental Disability. This SPA proposes to implement reimbursement methodologies for targeted case management for high risk pregnant women, and infants up to age 2; seriously mentally ill adults; emotionally disturbed children, or for youth at risk of serious emotional disturbance; individuals with intellectual disability; and individuals with developmental disability.

This SPA is acceptable. Therefore, we are approving SPA 13-06 with an effective date of September 10, 2013. Enclosed are the approved SPA pages and the signed CMS-179 form.

If you have further questions about this SPA, please contact Margaret Kosherzenko of my staff at 215-861-4288.

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   -     
2. STATE

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  
~~July 1, 2013~~

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

7. FEDERAL BUDGET IMPACT  
a. FFY 2013 \$   
b. FFY 2014 \$

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

10. SUBJECT OF AMENDMENT

11. GOVERNOR'S REVIEW (Check One)  
 GOVERNOR'S OFFICE REPORTED NO COMMENT<sup>2013</sup>  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL  
 OTHER, AS SPECIFIED

12. SIGNATURE OF STATE AGENCY OFFICIAL  
13. TYPED NAME   
14. TITLE   
15. DATE SUBMITTED

16. RETURN TO

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED

18. DATE APPROVED

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

20. SIGNATURE OF REGIONAL OFFICER

21. TYPED NAME

22. TITLE

23. REMARKS

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATE-  
OTHER TYPES OF CARE12 VAC 30-80-110

Reimbursement for Targeted Case Management for High Risk Pregnant Women and Infants and Children.

1. Targeted case management for high risk pregnant women and infants and infants up to age two defined in Attachment 3.1 A & B, Supplement 2, § 1, shall be reimbursed at the lower of the State Agency Fee Schedule or the actual charge (charge to the general public). The unit of service is daily. All private and governmental fee-for-service providers are reimbursed according to the same methodology. The agency's rates were set as of September 10, 2013, and are effective for services on or after that date. Rates are published on the agency's website at [www.dmas.virginia.gov](http://www.dmas.virginia.gov).
2. Case management may not be billed when it is an integral part of another Medicaid service.
3. Case management defined for another target group shall not be billed concurrently with this case management service except for case management for early intervention provided under Attachment 3.1 A & B, Supp 2, § 11. Providers of case management for high risk pregnant women and infants and children shall coordinate services with providers of early intervention case management to ensure that services are not duplicated.
4. Each provider receiving payment for this service will be required to furnish the following to the Medicaid agency, upon request:
  - a. Data on the hourly utilization of this service furnished Medicaid members; and,
  - b. Cost information by practitioners furnishing this service.
5. Rate updates will be based on utilization and cost information obtained from the providers.

TN No. 13-06Approval Date DEC 19 2013Effective Date 09-10-13

Supersedes

TN No. NEW  
PAGE

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

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METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATE-  
OTHER TYPES OF CARE

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**12 VAC 30-80-110**

Reimbursement for Targeted Case Management for Seriously Mentally Ill Adults and Emotionally Disturbed Children and for Youth At Risk of Serious Emotional Disturbance.

1. Targeted case management services for seriously mentally ill adults and emotionally disturbed children defined in § 2 of Supplement 2 to Attachment 3.1-A or for youth at risk of serious emotional disturbance defined in § 3 of Supplement 2 to Attachment 3.1-A, shall be reimbursed at the lower of the State Agency Fee Schedule or the actual charge (charge to the general public). The unit of service is monthly. All private and governmental fee-for-service providers are reimbursed according to the same methodology. The agency's rates were set as of September 10, 2013, and are effective for services on or after that date. Rates are published on the agency's website at [www.dmas.virginia.gov](http://www.dmas.virginia.gov).
2. Case management for seriously mentally ill adults and emotionally disturbed children and for youth at risk of serious emotional disturbance may not be billed when it is an integral part of another Medicaid service including, but not limited to, intensive community treatment services, and intensive in-home services for children and adolescents.
3. Case management defined for another target group shall not be billed concurrently with these case management services.
4. Each provider receiving payment for these services will be required to furnish the following to the Medicaid agency, upon request:
  - a. Data on the hourly utilization of these services furnished Medicaid members; and,
  - b. Cost information by practitioner furnishing these services.
5. Rate updates will be based on utilization and cost information obtained from the providers.

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TN No. 13-06

Approval Date DEC 19 2013

Effective Date 09-10-13

Supersedes

TN No. NEW  
PAGE

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---

 METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATE-  
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**12 VAC 30-80-110**

Reimbursement Targeted Case Management for Individuals with Intellectual Disability.

1. Targeted case management for individuals with intellectual disability defined in § 4 of Supplement 2 to Attachment 3.1-A, shall be reimbursed at the lower of the State Agency Fee Schedule or the actual charge (charge to the general public). The unit of service is monthly. All private and governmental fee-for-service providers are reimbursed according to the same methodology. The agency's rates were set as of September 10, 2013, and are effective for services on or after that date. Rates are published on the agency's website at [www.dmas.virginia.gov](http://www.dmas.virginia.gov).
2. Case management for individuals with intellectual disability may not be billed when it is an integral part of another Medicaid service.
3. Case management defined for another target group shall not be billed concurrently with this case management service
4. Each provider receiving payment for this service will be required to furnish the following to the Medicaid agency, upon request:
  - a. Data on the hourly utilization of this service furnished Medicaid members; and,
  - b. Cost information by practitioner furnishing this service.
5. Rate updates will be based on utilization and cost information obtained from the providers

TN No. 13-06Approval Date **DEC 19** 2013Effective Date 09-10-13

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TN No. NEW  
PAGE

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---

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATE-  
OTHER TYPES OF CARE

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**12 VAC 30-80-110**

Reimbursement for Targeted Case Management for Individuals with Developmental Disability

1. Targeted case management for individuals with developmental disability defined in § 5 of Supplement 2 to Attachment 3.1-A, shall be reimbursed at the lower of the State Agency Fee Schedule or the actual charge (charge to the general public). The unit of service is monthly. All private and governmental fee-for-service providers are reimbursed according to the same methodology. The agency's rates were set as of September 10, 2013, and are effective for services on or after that date. Rates are published on the agency's website at [www.dmas.virginia.gov](http://www.dmas.virginia.gov).
2. Case management for individuals with developmental disability may not be billed when it is an integral part of another Medicaid service.
3. Case management defined for another target group shall not be billed concurrently with this case management service.
4. Each entity receiving payment for this service will be required to furnish the following to the Medicaid agency, upon request:
  - a. Data on the hourly utilization of this service furnished Medicaid members; and,
  - b. Cost information by practitioner furnishing this service.
5. Rate updates will be based on information obtained from the providers.

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TN No. 13-06

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TN No. NEW  
PAGE