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State Name: Virginia

State Plan Amendment (SPA) #: 15-001

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

CENTERS FOR MEDICARE & MEDICAID SERVICES

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

SWIFT #022620154015

MAY 1 8 2015

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

Dear Ms. Jones:

We have reviewed Virginia's State Plan Amendment (SPA) 15-001, Dental Services for Pregnant Women, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on February 24, 2015. Virginia SPA 15-001 proposes to provide dental care for about 45,000 pregnant Medicaid and FMAS MOMS women who already receive publically funded Medicaid or FAMIS MOMS health care services. Services for pregnant women will include the following: x-rays, exams; preventive cleanings, restorative fillings; endodontics (root canals); periodontics (gum related treatment); prosthodontics both removal and fixed (crowns, bridges, partials and dentures); oral surgery (extractions and other oral surgeries); and adjunctive general services.

This SPA is acceptable. Therefore, we are approving SPA 15-001 with an effective date of March 1, 2015. Enclosed are the approved SPA pages and a copy of the signed Form CMS-179.

If you have any questions or require any assistance, please contact Margaret Kosherzenko at 215-861-4288 or by email at Margaret.Kosherzenko@cms.hhs.gov.

Sincerely,

/S/

Francis McCullough
Associate Regional Administrator

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

CM 4/2/15

FORM APPROVED
OMB No. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

)R: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER: 15-0101

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: March 1, 2015

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 2015 $ 300,000
b. FFY 2016 $ 1,600,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1 A & B, Supplement 1, pp. ~~17.1 and 17.1.1~~ 16, 16.1, ~~17~~ 16.1.1, 17

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*: Replace p. ~~17.1; Add p. 17.1.1~~ 16 & 17, add p. 16.1 and p 16.1.1

CM 4/2/15

10. SUBJECT OF AMENDMENT: Dental Services for Pregnant Women

11. GOVERNOR'S REVIEW *(Check One)*

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT 2016
☐ 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: Cynthia B. Jones

14. TITLE: Director

15. DATE SUBMITTED: 2/16/2015

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: February 24, 2015

18. DATE APPROVED: MAY 18 2015

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: March 1 2015

20. SIGNATURE OF REGIONAL OFFICIAL: /S/

21. TYPED NAME: FRANCIS McCullough

22. TITLE: Associate Regional Administrator DMCHO

23. REMARKS

FORM CMS-179 (07/92)

Instructions on Back

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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
and MEDICALLY NEEDY

2. are provided by a facility that is not part of a hospital but is organized and operated to provide medical care to outpatients; and

3. except in the case of nurse-midwife services, as specified in 42 CFR §440.165, are furnished by or under the direction of a physician or dentist.

B. Reimbursement to community mental health clinics for medical psychotherapy services is provided only when performed by a qualified therapist. Community mental health clinics which have a valid Medicaid provider agreement on July 5, 2000, and which do not employ qualified therapists shall continue to be eligible for Medicaid reimbursement for medical psychotherapy services for no later than 24 months or on July 5, 2000. No payment shall be made after that date unless rendered by a therapist meeting these qualifications. For purposes of this section, a qualified therapist is:

1. A licensed physician who has completed three years of post-graduate residency training in psychiatry;
2. An individual licensed by one of the boards administered by the Department of Health Professions to provide medical psychotherapy services including: licensed clinical psychologists, licensed clinical social workers, licensed professional counselors, clinical nurse specialists-psychiatric, or licensed marriage and family therapists; or
3. An individual who holds a masters or doctorate degree, who has completed all coursework necessary for licensure by one of the appropriate boards as specified in subdivision 2 of this subsection, and who has applied for a license but has not yet received such license, and who is currently supervised in furtherance of the application for such license, in accordance with requirements or regulations promulgated by DMAS, by one of the licensed practitioners listed in subdivisions 1 and 2 of this subsection.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
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10. Dental services. (12 VAC 30-50-190)

A. Dental services shall be covered for individuals younger than 21 years of age in fulfillment of the treatment requirements under the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program and defined as routine diagnostic, preventive, or restorative procedures necessary for oral health provided by or under the direct supervision of a dentist in accordance with the State Dental Practice Act.

1. The state agency will provide any medically necessary dental service to individuals younger than 21 years of age.

2. Certain dental services for individuals under the age of 21 shall require preauthorization or prepayment review by the state agency or its designee.

3. Dental services for individuals under the age of 21 that do not require preauthorization or prepayment review are: initial, periodic, and emergency examinations; required radiography necessary to develop a treatment plan; patient education; dental prophylaxis; fluoride treatments; routine amalgam and composite restorations; stainless steel crowns, prefabricated steel post, temporary (polycarbonate crowns) and stainless steel bands; crown recementation; pulpotomies; emergency endodontics for temporary relief of pain; pulp capping; sedative fillings; therapeutic apical closure; topical palliative treatment for dental pain; removal of foreign body; simple extractions; root recovery; incision and drainage of abscess; surgical exposure of the tooth to aid eruption; sequestrectomy for osteomyelitis; and oral antral fistula closure.

B. Dental services, determined by the dental provider to be appropriate for a woman during the term of her pregnancy, shall be provided to Medicaid-enrolled pregnant woman age 21 and older. The dental services that shall be covered are: (i) diagnostic x-rays and exams; (ii) preventive cleanings; (iii) restorative fillings; (iv) endodontics (root canals); (v) periodontics (gum related treatments); (vi) prosthodontics, both removable and fixed (crowns, bridges, partial plates, and dentures); (vii) oral surgery (tooth extractions and other oral surgeries); and (viii) adjunctive general services (all covered services that do not fall into specific professional categories). These services require prepayment review by the state agency or its designee.

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C. For the dental services covered for Medicaid-enrolled pregnant women, the state agency may place appropriate limits on a service based on medical necessity, for utilization control or both. Examples of service limitations are: examinations, prophylaxis, fluoride treatment (once/six months); space maintenance appliances; bitewing x-ray -- two films (once/12 months); routine amalgam and composite restorations (once/three years); dentures (once/five years); extractions, orthodontics, tooth guidance appliances, permanent crowns and bridges, endodontics, patient education and sealants (once).

D. Limited oral surgery procedures, as defined and covered under Title XVIII (Medicare), and described in Agency guidance documents, are covered for all recipients, and require preauthorization or prepayment review by the state agency or its designee as described in Agency guidance documents.

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12 VAC 30-50-200. Physical therapy and related services.

11. Physical therapy and related services shall be defined as physical therapy, occupational therapy, and speech-language pathology services. These services shall be prescribed by a physician and be part of a written physician's order/plan of care. Any one of these services may be offered as the sole service and shall not be contingent on the provision of another service. All practitioners and providers of services shall be required to meet State and Federal licensing and/or certification requirements. Services shall be provided according to guidelines found in the Virginia Medicaid Rehabilitation Manual.

11a. Physical Therapy provided in accordance with 42 CFR 440.110.

A. Services for individuals requiring physical therapy are provided only as an element of hospital inpatient or outpatient service, nursing facility service, home health service, or when otherwise included as an authorized service by a cost provider who provides rehabilitation services.

B. Effective with dates of service on and after October 24, 1995, DMAS will provide for the direct reimbursement to enrolled rehabilitation providers for physical therapy services, when such services are rendered to patients residing in nursing facilities (NFs). Such reimbursement shall not be provided for any sums that the rehabilitation provider collects, or is entitled to collect, form the NF or any other available source, and provided further, that this amendment shall in no way diminish any obligation of the NF to DMAS to provide its residents such services, as set forth in any applicable provider agreement.

11b. Occupational Therapy provided in accordance with 42 CFR 440.110.

A. Services for individuals requiring occupational therapy are provided only as an element of hospital inpatient or outpatient service, nursing facility service, home health service, or when otherwise included as an authorized service by a cost provider who provides rehabilitation services.

B. Effective with dates of service on and after October 24, 1995, DMAS will provide for the direct reimbursement to enrolled rehabilitation providers for occupational therapy services, when such services are rendered to patients residing in nursing facilities (NFs). Such reimbursement shall not be provided for any sums that the rehabilitation provider collects, or is entitled to collect, from the NF or any other available source, and provided further, that this amendment shall in no way diminish any