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**State Name:** Virginia

**State Plan Amendment (SPA) #:** 15-007

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



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

SWIFT #080320154027

OCT 22 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) 15-007, Correction of Attachment 3.1 A & B, Supplement 1, page 33, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on July 31, 2015. Virginia SPA 15-007 proposes to update language and re-insert text that had been inadvertently omitted from Attachment 3.1 A & B, Supplement 1, page 33.

This SPA is acceptable. Therefore, we are approving SPA 15-007 with an effective date of July 1, 2015. Enclosed are the approved SPA page 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](mailto:Margaret.Kosherzenko@cms.hhs.gov).

Sincerely,

/S/

Francis McCullough  
Associate Regional Administrator

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> <b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER 1 5 0 0 7	2. STATE Virginia
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
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		4. PROPOSED EFFECTIVE DATE July 1, 2015	
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 \$ 0 b. FFY 2016 \$ -0-	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1 A&B, Supplement 1, page 33		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Same page	
10. SUBJECT OF AMENDMENT Correction to Attachment 3.1 A&B, Supplement 1, page 33			
11. GOVERNOR'S REVIEW (Check One) <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <sup>2016</sup> <input checked="" type="checkbox"/> OTHER, AS SPECIFIED <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL Secretary of Health and Human Resources			
12. SIGNATURE OF STATE AGENCY OFFICIAL /S/		16. RETURN TO Dept. of Medical Assistance Services 600 East Broad Street, #1300 Richmond VA 23219 Attn: Regulatory Coordinator	
13. TYPED NAME Cynthia B. Jones			
14. TITLE Director			
15. DATE SUBMITTED 7/31/15			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED July 31, 2015		18. DATE APPROVED OCT 22 2015	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL July 1, 2015		20. SIGNATURE OF REGIONAL OFFICIAL /S/	
21. TYPED NAME Francis McCullough		22. TITLE Associate Regional Administrator	
23. REMARKS			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

NARRATIVE FOR THE AMOUNT, DURATION, AND SCOPE OF SERVICES

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14. Services for Individuals Age 65 or Older in Institutions for Mental Diseases. (12 VAC 30-50-230).

- a. Inpatient hospital services are provided with no limitations.
- b. Nursing facility services are provided with no limitations..

15. Intermediate care facilities for individuals with intellectual disabilities (ICF/IID).

15a. Intermediate care facility services (other than services in an institution for mental diseases) for persons determined, in accordance with section 1902(a)(31(A) of the Act, to be in need of such care are provided with no limitations.

15b. Including such services in a public institution (or distinct part thereof) for persons with intellectual disabilities or persons with related conditions are provided with no limitations.

16. Inpatient psychiatric facility services for individuals under 21 years of age, other than those provided under Early and Periodic Screening, Diagnosis, and Treatment, Attachment 3.1 A&B, Supplement 1, page 4.6 (12 VAC 30-50-130) are not provided.

17. Nurse-midwife services (12 VAC 30-50-260)

Covered services for the nurse midwife are defined as those services allowed under the licensure requirements of the state statute and as specified in the Code of Federal Regulations at 42 CFR § 440.165.

18. Hospice care (in accordance with § 1905 (o) of the Act). (12 VAC 30-50-270)

A. Covered hospice services shall be defined as those services allowed under the provisions of Medicare law and regulations as they relate to hospice benefits and as specified in the Code of Federal Regulations, Title 42, Part 418.

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TN No. 15-007 Approval Date OCT 22 2015 Effective Date 07-01-15  
Supersedes  
TN No. 00-14