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State/Territory Name: VA

State Plan Amendment (SPA) #:16-0010- 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

SWIFT #092020164045

December 1, 2016

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 reviewed Virginia's State Plan Amendment (SPA) 16-010, Case Management for Individuals with Developmental Disabilities. This SPA updates the general language and provider qualifications including requirements that all providers be certified by Virginia's Department of Behavioral Health and Developmental Services (DBHDS) as an intellectual disability case management agency. Virginia SPA 16-010 also includes references to new rates paid for Case Management services for individuals with developmental disabilities.

This SPA is acceptable. Therefore, we are approving SPA 16-010 with an effective date of August 2, 2016. Enclosed are the approved SPA pages and signed CMS-179 form.

If you have any questions about this SPA, 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

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER
1 6 — 0 1 0

2. STATE
Virginia

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE
July 1, 2016

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

5. TYPE OF PLAN MATERIAL (Check One)

- NEW STATE PLAN
- AMENDMENT TO BE CONSIDERED AS NEW PLAN
- AMENDMENT

August 2, 2016

Pen sink
11/17/2016
EM

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

6. FEDERAL STATUTE/REGULATION CITATION

42 CFR Parts 440 and 447

7. FEDERAL BUDGET IMPACT

a. FFY 2016	\$	\$964,211.81
b. FFY 2017	\$	\$964,211.81

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attach. 3.1-A, Supplement 2, pages 36-39.3.
Attach. 4.19-B, page 9.1E.

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Replace: Attach. 3.1-A, Supp 2, pp. 36-39.3 and Attach. 4.19-B, p. 9.1E.
Remove: Attach. 3.1-A, Supp 2, pp. 39.4 & 39.5

10. SUBJECT OF AMENDMENT

Case Management for Individuals with Developmental Disabilities

11. GOVERNOR'S REVIEW (Check One)

- GOVERNOR'S OFFICE REPORTED NO COMMENT²⁰¹⁶
- 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

8/22/16

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

September 15, 2016

18. DATE APPROVED

December 1, 2016

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

August 2, 2016

20. SIGNATURE OF REGIONAL OFFICIAL

Francis T. McCullough /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

CASE MANAGEMENT SERVICES

Target Group (42 Code of Federal Regulations 441.18(a)(8)(i) and 441.18(a)(9)):

- A. Medicaid individuals with a developmental disability as defined below and who are eligible to receive services under the DD waiver.

"Developmental disability" means a severe, chronic disability of an individual that (i) is attributable to a mental or physical impairment, or a combination of mental and physical impairments, other than a sole diagnosis of mental illness; (ii) is manifested before the individual reaches 22 years of age; (iii) is likely to continue indefinitely; (iv) results in substantial functional limitations in three or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, or economic self-sufficiency; and (v) reflects the individual's need for a combination and sequence of special interdisciplinary or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated. An individual from birth to age nine, inclusive, who has a substantial developmental delay or specific congenital or acquired condition may be considered to have a developmental disability without meeting three or more of the criteria described in clauses (i) through (v) if the individual, without services and supports, has a high probability of meeting those criteria later in life.

X Target group includes individuals transitioning to a community setting. Case-management services will be made available for up to 90 consecutive days of a covered stay in a medical institution. DMAS will cover two of these 90 day periods, not necessarily consecutive, in a twelve month period. The target group does not include individuals between ages 22 and 64 who are served in Institutions for Mental Disease or individuals who are inmates of public institutions).

- B. Areas of State in which services will be provided (§1915(g)(1) of the Act):

X Entire State
 ___ Only in the following geographic areas: **[Specify areas]**

- C. Comparability of services (§§1902(a)(10)(B) and 1915(g)(1))

___ Services are provided in accordance with §1902(a)(10)(B) of the Act.
X Services are not comparable in amount duration and scope (§1915(g)(1)).

- D. Definition of services (42 CFR 440.169): Targeted case management services are defined as services furnished to assist individuals, eligible under the State Plan, in gaining access to needed medical, social, educational and other services. Targeted Case Management includes the following assistance: An individual receiving DD case management shall have an Individual Support Plan (ISP) identifying specific service needs as set out in item D below in effect which requires monthly direct or in-person contact, communication or activity with the individual and family/caregiver, as appropriate, service providers, and other authorized representatives including at least one face-to-face contact between the individual and the case manager every 90 days. Individuals with a developmental disability as defined above who are on the DD waiting list for waiver services may receive case management services.

TN No.	16-010	Approval Date	December 1, 2016	Effective Date	08-02-16
Supersedes					
TN No.	00-09				

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CASE MANAGEMENT SERVICES

Individuals with a DD diagnosis, who do not have ID, that are on the waiting list, shall have a plan of care completed with the case manager that identifies any documented special service needs. Individuals on the waitlist do not have routine case management services unless there is a documented special service. Case managers shall make face-to-face contact every 90 calendar days to monitor the special service need and documentation is required to support such contact.

1. Case management services to be provided shall include:

- ❖ Comprehensive assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social or other services. These assessment activities include:
 - taking client history;
 - identifying the individual’s needs and completing related documentation; and
 - gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the eligible individual.
- ❖ Development (and periodic revision) of a specific care plan that is based on the information collected through the assessment that:
 - specifies the goals and actions to address the medical, social, educational, and other services needed by the individual; and
 - includes activities such as ensuring the active participation of the eligible individual, and working with the individual (or the individual’s authorized health care decision maker) and others to develop those goals; and identifies a course of action to respond to the assessed needs of the eligible individual.
- ❖ Referral and related activities (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including activities that help link the individual with medical, social, educational providers, or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan; and
- ❖ Monitoring and follow-up activities:
 - activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the eligible individual’s needs, and which may be with the individual, family members, service providers, or other entities or individuals and conducted as frequently as necessary, and including at least one annual monitoring, to determine whether the following conditions are met:
 - services are being furnished in accordance with the individual’s care plan;
 - services in the care plan are adequate; and
 - changes in the needs or status of the individual are reflected in the care plan. Monitoring and follow-up activities include making necessary adjustments in the care plan and service arrangements with providers.

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CASE MANAGEMENT SERVICES

- On an annual basis the person-centered plan is conducted to review current status and changes from previous years. It also includes review of provider plans. As needed outside the annual review, the case manager may convene a meeting to re-evaluate the appropriateness of the plan if the individual's needs have changed. Case Managers conduct quarterly reviews of their services plans and effectiveness of that plan to determine if it remains appropriate and if modifications are needed.
- ❖ Assisting the individual directly for the purpose of locating, developing, or obtaining needed services and resources; coordinating services with other agencies and service providers involved with the individual; and enhancing community integration by contacting other entities to arrange community access and involvement.
- ❖ Making collateral contacts with the individual's significant others to promote implementation of the Individual Support Plan and community integration;
- ❖ Education and counseling which guides the individual and his family and significant others and develops a supportive relationship that promotes the individual's achievement of goals set out in the Individual Support Plan.

X Case management includes contacts with non-eligible individuals that are directly related to identifying the eligible individual's needs and care, for the purposes of helping the eligible individual access services; identifying needs and supports to assist the eligible individual in obtaining services; providing case managers with useful feedback, and alerting case managers to changes in the eligible individual's needs.
(42 CFR 440.169(e))

E. Qualifications of providers (42 CFR 441.18(a)(8)(v) and 42 CFR 441.18(b)):

1. DD case managers shall not be (i) the direct care staff person, (ii) the immediate supervisor of the direct care staff person, (iii) otherwise related by business or organization to the direct care staff person, or (iv) an immediate family member of the direct care staff person.
2. Parents, spouses, or any family living with the individual may not provide direct case management services for the individual or spouse of the individual with whom they live, or be employed by a company that provides case management for the individual, spouse, or the individual with whom they live.
3. To qualify as a provider of services through DMAS for DD waiver case management, the service provider shall:
 - a. Guarantee that individuals have access to emergency services on a 24-hour basis;
 - b. Have the administrative and financial management capacity to meet state and federal requirements;
 - c. Have the ability to document and maintain individual case records in accordance with state and federal requirements.

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CASE MANAGEMENT SERVICES

4. Case managers who provide DD case management services shall possess a minimum of an undergraduate degree in a human services field. Case managers who do not possess a minimum of an undergraduate degree in a human services field may continue to provide case management if they are employed by an entity with a Medicaid participation agreement to provide DD case management prior to February 1, 2005, and maintain employment with the provider under that agreement without interruption. In addition, the case manager shall possess developmental disability work experience or relevant education which indicates that the incumbent, at entry level, possesses the following knowledge, skills, and abilities which shall be documented in the employment application form or supporting documentation or during the job interview. The knowledge, skills, and abilities shall include:

a. Knowledge of:

- (1) The definition, causes, and program philosophy of developmental disabilities;
- (2) Treatment modalities and intervention techniques, such as behavior management, independent living skills, training, supportive counseling, family education, crisis intervention, discharge planning and service coordination;
- (3) Different types of assessments and their uses in program planning;
- (4) Individual rights;
- (5) Local community resources and service delivery systems, including support services, eligibility criteria and intake process, termination criteria and procedures and generic community resources;
- (6) Types of developmental disability programs and services;
- (7) Effective oral, written, and interpersonal communication principles and techniques;
- (8) General principles of record documentation; and
- (9) The service planning process and the major components of an Individual Support Plan.

b. Skills in:

- (1) Interviewing;
- (2) Negotiating with individuals and service providers;
- (3) Observing, recording, and reporting behaviors;
- (4) Identifying and documenting an individual's needs for resources, services, and other assistance;
- (5) Identifying services to meet the individual's needs;
- (6) Coordinating the provision of services by diverse public and private service providers;
- (7) Analyzing and planning for the service needs of individuals with developmental disabilities;
- (8) Formulating, writing, and implementing Individual Support Plans to promote goal attainment for individuals with developmental disabilities; and
- (9) Using assessment tools.

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CASE MANAGEMENT SERVICES

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- c. Ability to:
 - (1) Demonstrate a positive regard for individuals and their families (e.g., permitting risk taking, avoiding stereotypes of individuals with developmental disabilities, respecting individual's and families' privacy, believing individuals can grow);
 - (2) Persist at tasks and remain objective;
 - (3) Work as team member, maintaining effective inter- and intra-agency working relationships;
 - (4) Work independently, performing positive duties under general supervision;
 - (5) Communicate effectively, verbally and in writing; and Establish and maintain ongoing supportive relationships.

F. Freedom of choice (42 CFR 441.18(a)(1)):

The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

1. Eligible individuals will have free choice of any qualified Medicaid provider within the specified geographic area identified in this plan.
2. Eligible individuals will have free choice of any qualified Medicaid provider of other medical care under the plan.
3. Individuals who are eligible for or who have received the Building Independence, Community Living, and Family and Individual Supports waivers shall have free choice of the providers of case management services within the parameters described above and as follows. For those individuals that receive DD case management services:
 - a. The CSB that serves the individual will be the provider of case management.
 - b. The CSB shall provide a choice of case managers within the CSB.
 - c. If the individual or family decides that no choice is desired in that CSB, the CSB shall afford a choice of another CSB with whom the responsible CSB has a memorandum of agreement.
 - d. If the individual or family decides that no choice is desired in that CSB, or with another CSB, the CSB shall afford a choice of a private entity with whom they have a contract that was procured through the RFP process
 - e. At any time, an individual may make a request to change his case manager.
4. When the required case management services are contracted out to a private entity, the CSB/BHA shall remain the responsible provider and only the CSB/BHA may bill DMAS for Medicaid reimbursement.

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G. Freedom of Choice Exception (§1915(g)(1) and 42 CFR 441.18(b)):

X Target group consists of eligible individuals with developmental disabilities. Providers are limited to qualified Medicaid providers of case management services capable of ensuring that individuals with developmental disabilities receive needed services:

a. Target group consists of eligible individuals with developmental disabilities. DMAS providers of case management services shall be limited to only those entities that are licensed by DBHDS as intellectual disability case management providers (CSBs/BHAs) in order to ensure that individuals within the target groups receive high quality, appropriate, and needed services. All CSB/BHA providers shall have a current, signed provider agreement with DMAS and shall directly bill DMAS for reimbursement.

b. To provide choice to individuals enrolled in these waivers, CSB/BHAs shall contract with private case management entities to provide DD case management, except if there are no qualified providers in that CSB/BHA's catchment area, then the CSB/BHA shall provide services.

c. If the individual or family decides not to choose the responsible CSB or the CSB with whom there is a memorandum of agreement, then they will be given a choice of a private provider with whom the responsible CSB has a contract for case management.

H. Access to Services (42 CFR 441.18(a)(2), 42 CFR 441.18(a)(3), 42 CFR 441.18(a)(6)):

The State assures the following:

- Case management (including targeted case management) services will not be used to restrict an individual's access to other services under the plan.
- Individuals will not be compelled to receive case management services, condition receipt of case management (or targeted case management) services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of case management (or targeted case management) services; and
- Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plan.

I. Payment (42 CFR 441.18(a)(4)):

Payment for case management or targeted case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

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J. Case Records (42 CFR 441.18(a)(7)):

Providers maintain case records that document for all individuals receiving case management as follows: (i)The name of the individual; (ii) The dates of the case management services; (iii)The name of the provider agency (if relevant) and the person providing the case management service; (iv) The nature, content, units of the case management services received and whether goals specified in the care plan have been achieved; (v) Whether the individual has declined services in the care plan; (vi) The need for, and occurrences of, coordination with other case managers; (vii) A timeline for obtaining needed services; (viii) A timeline for reevaluation of the plan.

K. Limitations:

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities are an integral and inseparable component of another covered Medicaid service (State Medicaid Manual (SMM) 4302.F).

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities constitute the direct delivery of underlying medical, educational, social, or other services to which an eligible individual has been referred, including for foster care programs, services such as, but not limited to, the following: research gathering and completion of documentation required by the foster care program; assessing adoption placements; recruiting or interviewing potential foster care parents; serving legal papers; home investigations; providing transportation; administering foster care subsidies; making placement arrangements. (42 CFR 441.18(c))

FFP only is available for case management services or targeted case management services if there are no other third parties liable to pay for such services, including as reimbursement under a medical, social, educational, or other program except for case management that is included in an individualized education program or individualized family service plan consistent with §1903(c) of the Act. (§§1902(a)(25) and 1905(c)).

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

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

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 August 2, 2016, and are effective for services on or after that date. Rates are published on the agency's website at 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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