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State Name: Virginia

State Plan Amendment (SPA)#: 17-0004

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) One (1) SPA Page

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850



Financial Management Group

JUL 14 2017

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

RE: State Plan Amendment 17-0004

Dear Ms. Jones:

We have completed our review of State Plan Amendment (SPA) 17-0004. This SPA modifies Attachments 4.19-D of Virginia's Title XIX State Plan. Specifically, the SPA clarifies reimbursement in the event of emergency evacuations from a nursing facility in a disaster stricken area.

We conducted our review of this SPA according to the statutory requirements at sections 1902(a)(3), 1902(a)(13), 1902(a)(30), and 1903(a) of the Social Security Act (the Act) and the regulations at 42 CFR 447 Subpart C. We are approving state plan amendment 17-0004 effective April 22, 2017. We are enclosing the HCFA-179 and the amended plan pages.

If you have any questions, or require additional information, please call Gary Knight at (304) 347-5723.

Sincerely,

/S/

Kristin Fan
Director

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
 GLA 7/13

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 2017 \$
b. FFY 2018 \$

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Pen & ink EU 6/17

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)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 ²⁰¹⁷
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
 OTHER, AS SPECIFIED

12. SIGNATURE OF STATE AGENCY OFFICIAL
ISI

13. TYPED NAME

14. TITLE

15. DATE SUBMITTED

16. RETURN TO

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED
18. DATE APPROVED *JUL 14 2017*

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL
APR 22 2017

20. SIGNATURE OF REGIONAL OFFICIAL
ISI

21. TYPED NAME
Kristin Fan

22. TITLE
Director, FMG

23. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Virginia

METHODS AND STANDARDS FOR ESTABLISHING PAYMENTS FOR LONG-TERM CARE

PART II – Nursing Home Payment System

12VAC 30-90-20. REPEALED. (effective 7/1/2014 in SPA 14-019)

12VAC30-90-21. Reimbursement for Individuals in a Disaster Struck Nursing Facility

Reimbursement to a Disaster Struck Nursing Facility for individuals that must be temporarily evacuated to another facility (Resident Accepting Nursing Facility) may continue for up to 30 days after the disaster event. Reimbursement will be the same as if the individual was residing in the Disaster Struck Facility. No other reimbursement will be made to either the Disaster Struck Nursing Facility or the Resident Accepting Facility. The Disaster Struck Nursing Facility must meet the following conditions.

- a. The Disaster Struck Nursing Facility must have a contract with the Resident Accepting Nursing Facility. The contract must (i) include terms of reimbursement and mechanisms to resolve any contract disputes, (ii) protocols for sharing care and treatment information between the two facilities and (iii) requirements that both facilities meet all conditions of Medicaid participation determined by the Virginia Department of Health. The Virginia Long-Term Mutual Aid Plan Memorandum of Understanding is an acceptable contract.
- b. The Disaster Struck Facility must notify DMAS of the disaster event, maintain records of evacuated individuals with names, dates and destinations of evacuated residents and update DMAS on the status of the repairs.
- c. The Disaster Struck Facility must determine within 15 days of the event whether individuals will be able to return to the facility within 30 days of the disaster event. If the Disaster Struck Facility determines that it is not able to reopen within 30 days, it must discharge the individuals and work with them to choose admission to other facilities or alternative placements. Nothing shall preclude an individual from asking to be discharged and admitted to another facility or alternative placement. Reimbursement to the Disaster Struck Facility shall cease when an individual is discharged.

12 VAC 30-90-22 through 12 VAC 30-90-28. Reserved.

Subpart II

Rate Determination Procedures

Article I. Transition to a new capital payment methodology

12 VAC 30-90-29.

- A. This section provides for a transition to a new capital payment methodology. The methodology that will be phased out for most facilities is described in Article 2. The methodology that will be phased in for most facilities is described in Article 3. The terms and timing of the transition are described in this article.

TN 17-004

Approval Date: JUL 14 2017

Effective Date: 4/22/2017

Supersedes
TN 14-019