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State Name: Virginia

State Plan Amendment (SPA) #: 17-015

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 #081120174058

September 18, 2017

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) 17-015, Outpatient Mental Health Service Limit Review. SPA 17-015 removes the 26-visit limit from outpatient psychiatric services from the State Plan in accordance with the mental health parity provision.

This SPA is acceptable. Therefore, we are approving SPA 17-015 with an effective date of July 26, 2017. Enclosed are the approved SPA pages and signed CMS-179 form.

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

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: 17-015
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: July 26, 2017

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 ~~2016~~ 2017 \$ 0
b. FFY ~~2017~~ 2018 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Supplement 1 of Attachment 3.1 A&B
Pages 7, 8, and 11

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)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

10. SUBJECT OF AMENDMENT: Outpatient Mental Health Service Limit Review

GOVERNOR'S REVIEW (Check One)
 GOVERNOR'S OFFICE REPORTED NO COMMENT²⁰¹⁷
 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: [Redacted] /S/
13. TYPED NAME: Cynthia B. Jones
14. TITLE: Director
15. DATE SUBMITTED: 7/18/17

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: July 25, 2017

18. DATE APPROVED: September 18, 2017

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: July 26, 2017

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

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY
and MEDICALLY NEEDY

5. Physician's services whether furnished in the office, the patient's home, a hospital, a skilled nursing facility or elsewhere. (12 VAC 30-50-140)
- A. Elective surgery as defined by the Program is surgery that is not medically necessary to restore or materially improve a body function.
 - B. Cosmetic surgical procedures are not covered unless performed for physiological reasons and require Program prior approval.
 - C. Routine physicals and immunizations are not covered except when the services are provided under the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program and when a well child examination is performed in a private physician's office for a foster child of the local social services department on specific referral from those departments.
 - D. Outpatient psychiatric services.
 - 1. Psychiatric services can be provided by or under the supervision of an individual licensed under state law to practice medicine or osteopathy. Only the following licensed providers are permitted to provide psychiatric services under the supervision of an individual licensed under state law to practice medicine or osteopathy: licensed psychologists, licensed clinical social workers, licensed professional counselors, licensed clinical nurse specialists- psychiatric, licensed marriage and family therapists, or licensed substance abuse professionals. Medically necessary psychiatric services shall be covered by DMAS or its designee and shall be directly and specifically related to an active written plan.
 - 2. Psychiatric services shall be considered appropriate when an

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individual meets the following criteria:

- a. Requires treatment in order to sustain behavioral or emotional gains or to restore cognitive functional levels which have been impaired;
 - b. Exhibits deficits in peer relations, dealing with authority, is hyperactive; has poor impulse control; is clinically depressed or demonstrates other dysfunctional clinical symptoms having an adverse impact on attention and concentration, ability to learn, and/or ability to participate in employment, educational, or social activities;
 - c. Is at risk for developing or requires treatment for maladaptive coping strategies; and
 - d. Presents a reduction in individual adaptive and coping mechanisms or demonstrates extreme increase in personal distress.
- E. Any procedure considered experimental is not covered.
- F. Reimbursement for induced abortions is provided in only those cases in which there would be a substantial endangerment of the life to the mother if the fetus were carried to term.
- G. Physician visits to inpatient hospital patients, over the age of 21, are limited to a maximum of

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State of VIRGINIA
AMOUNT, DURATION, AND SCOPE OF MEDICAL
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- D. In accordance with 42 CFR 440.60, licensed practitioners may provide medical care or any other type of remedial care or services, other than physicians' services, within the scope of practice as defined under state law.
7. Home Health services. (12 VAC 30-50-160)
- A. Service must be ordered or prescribed by a physician. Home health services shall be provided in accordance with 42 CFR 440.70 and the guideline found in the Virginia Medicaid Home Health Manual.
- B. Nursing services provided by a home health agency.
1. Intermittent or part-time nursing service provided by a home health agency or by a registered nurse when no home health agency exists in the area.
 2. Patients may receive up to five visits by a licensed nurse annually. Limits are per recipient, regardless of the number of providers rendering services. Annually shall be defined as July 1 through June 30 for each recipient. If services beyond these limitations are determined by the physician to be required, then the provider shall request prior authorization from DMAS for additional services. Payment shall not be made for additional services unless authorized by DMAS.
- C. Home health aide services provided by a home health agency.
1. Home Health Aides must function under the supervision of a registered nurse.
 2. Home Health Aides must meet the certification requirements specified in 42 CFR 484.36.