

Table of Contents

State Name: Virginia

State Plan Amendment (SPA) #: 17-027

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) 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 #092620174016

December 7, 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) 17-027, Private Duty Nursing, Assistive Technology, and Personal Assistance Services Under Early and Periodic Screening, Diagnostic and Treatment (EPSDT). This SPA provides for private duty nursing, assistive technology, and personal assistance services under EPSDT. The SPA includes information regarding service descriptions, service components, provider qualifications, service limits, and reimbursement for the services.

This SPA is acceptable. Therefore, we are approving SPA 17-027 with an effective date of July 1, 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 - 027

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 1, 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 447

7. FEDERAL BUDGET IMPACT

a. FFY 2017 \$ -0-
b. FFY 2018 \$ -0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-B, Revised p. 6.2.1, 6.2.1.1
Attachment 3.1 A&B, Supplement 1, New
pages 6.4.3, 6.4.4, 6.4.5, 6.4.6, 6.4.7, 6.4.8,
6.4.9, 6.4.10, 6.4.11, 6.4.12, 6.4.13, 6.4.14,
6.4.15

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Same pages

10. SUBJECT OF AMENDMENT

PDN, AT, and PAS Services Under EPSDT

11. 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

/S/ [Redacted Signature]

13. TYPED NAME

Cynthia B. Jones

14. TITLE

Director

15. DATE SUBMITTED

7/17/17

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

September 22, 2017

18. DATE APPROVED

December 7, 2017

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

July 1, 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**

K. Personal care services under EPSDT.

1. Service definition. EPSDT Personal Care Services are designed to assist eligible children under the age of 21 with activities of daily living (ADLs) and instrumental activities of daily living (IADLs). These services may be provided either through an agency-directed or consumer-directed (CD) model. Services are provided in accordance with 42 CFR 440.167.

2. Service components may include: (i) Assistance with ADLs: bathing, dressing, toileting, transferring, eating/feeding, ambulation and bowel and bladder incontinence. Assistance can include hands on care, prompting, verbal cueing, multiple reminders and/or supervision of these tasks.

The individual's need for medically necessary personal care services shall be documented by a physician, physician's assistant or nurse practitioner in the Plan of Care, and updated as the individual's need for assistance changes or at a minimum of once every 12 months.

Individuals choosing to receive services through the consumer-directed model shall choose a Consumer Directed Services Facilitator (SF) to provide training and guidance to the individual or their designee so that they can serve as an Employer of Record (EOR). An EOR is responsible for hiring, training, supervising, and firing personal care assistants. If the individual is under 18 years of age, the parent or responsible adult shall serve as the EOR. An EOR cannot be the paid caregiver, personal care assistant, or SF. An EOR can only serve on behalf of one individual. The only exception to this is that an EOR can serve on behalf of multiple individuals if the individuals reside at the same address, but only if these individuals do not receive services from the EOR at the same time.

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**

3. Provider qualifications – agency directed.

- a. Personal Care services shall be provided by an agency that has a current signed participation agreement with DMAS to provide Personal Care; and is (i) licensed by the Virginia Department of Health (VDH), or (ii) certified by the Virginia Department of Health under provisions of Title XVIII (Medicare) or Title XIX (Medicaid) of the Social Security Act, or (iii) accredited either by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) or by the Community Health Accreditation Program (CHAP) established by the National League of Nursing,.
- b. A personal care agency shall also meet the following requirements:
 - (1) Demonstrate a prior successful health care delivery;
 - (2) Operate from a business office; and
 - (3) The provider agency shall be responsible for assuring all staff who are assigned to an individual are competent in the care needs of that individual.
- c. The provider shall employ (or subcontract) and directly supervise a registered nurse (RN) who will provide ongoing supervision of all personal care assistants and licensed practical nurses (LPN).
 - (1) The RN must possess the following qualifications:
 - (a) a license to practice in the Commonwealth of Virginia or multi-state privileges that include Virginia;
 - (b) at least one (1) year of related clinical experience as a RN. Clinical experience may include work in an acute care hospital, public health clinic, home health agency, rehabilitation hospital, or nursing facility;
 - (c) a satisfactory work history as evidenced by two (2) satisfactory reference checks from prior job experience, including no evidence of abuse, neglect, or exploitation of incapacitated or older adults or children, recorded in the nurse's personnel file. If the RN has worked for a single employer, one (1) satisfactory reference from a prior job experience and one (1) personal reference both with no evidence of abuse, neglect, or exploitation of an incapacitated or older adults or children is acceptable; and
 - (d) shall submit to a criminal record check obtained through the Virginia State Police. If the individual receiving services is a minor, the RN must also submit to a search of the VDSS Child Protective (CPS) Central Registry. The provider shall not hire any RN with findings of barrier crimes identified in 32.1-162.9:1 of the *Code of Virginia* or founded complaints in the CPS Central Registry.

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) As part of direct supervision, the RN supervisor shall make, at a minimum, a visit every 30 calendar days to ensure both quality and appropriateness of personal care services to assess the individual's and the individual's representative's satisfaction with the services being provided, to review the plan of care and to update and verify the most current physician signed orders are in the home. When a delay occurs in the RN supervisor's visits because the individual is unavailable, the reason for the delay shall be documented in the individual's record, and the visit shall occur as soon as the individual is available. Failure to meet this standard may result in DMAS' recovery of payments made. Additional supervisory visits may be required under the following circumstances: (i) at the provider's discretion; (ii) at the request of the individual when a change in the individual's condition has occurred; (iii) any time the health, safety, or welfare of the individual could be at risk; and (iv) at the request of the DMAS staff. The RN is responsible for documentation of the visit's date, time and evaluation.

d. Personal care assistants shall:

- (1) Have the physical ability to perform the work;
- (2) Be age 18 years or older;
- (3) Have the ability to read and write in English to the degree necessary to perform the expected tasks and possess basic math skills;
- (4) Have the ability to create and maintain required documentation;
- (5) Have the documentation of any relevant training program and/or of competency in skills required to perform the services;
- (6) Have a valid social security number;
- (7) Receive tuberculosis (TB) screening, as specified in criteria used by the Virginia Department of Health <http://www.vdh.virginia.gov/TB/Policies/screening.htm#c>; and
- (8) Meet one of the following qualifications:
 - (i) Have licensure as a Nurse Aide issued by the Virginia Board of Nursing;
 - (ii) Have satisfactorily completed a nurse aide education program approved by the Virginia Board of Nursing
 - (iii) Have satisfactorily completed a nursing education program preparing for registered nurse licensure or practical nurse licensure;
 - (iv) Be successfully enrolled in a nursing education program preparing for registered nurse or practical nurse licensure and have currently completed at least one nursing course that includes clinical experience involving direct client care; or
 - (v) Have satisfactorily passed a competency evaluation program that meets the criteria of 42 CFR 484.36 (b). Personal care assistants need only be evaluated on the tasks in 42 CFR 484.36 (b) as those tasks relate to the personal care services to be provided.

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**

- (9) Complete a minimum of 12 hours of training annually.
- (10) Have a satisfactory work history as evidenced by two (2) satisfactory reference checks from prior job experience, including no evidence of abuse, neglect, or exploitation of incapacitated or older adults and children. If the assistant has worked for a single employer, one (1) satisfactory reference from a prior job experience and one (1) personal reference both with no evidence of abuse, neglect, or exploitation of an incapacitated or older adult is acceptable.
- (11) Submit to a search of the VDSS Child Protective Services (CPS) Central Registry if the individual receiving services is a minor child. The provider shall not hire any persons who have been convicted of barrier crimes as defined in the Code of Virginia or has a founded complaint confirmed by the CPS Central Registry.

TN No. 17-027

Approval Date December 7, 2017

Effective Date 07-01-17

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TN No. New Page

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**

4. Provider qualifications – consumer directed.

- a. Services facilitator. The Services Facilitator (SF) shall have a current signed participation agreement with DMAS to provide consumer directed services facilitation. The SF must possess a combination of work experience and relevant education that indicates possession of the following knowledge, skills, and abilities:

Knowledge of:

- (1) Types of functional limitations and health problems that are common to individuals with disabilities, as well as strategies to reduce limitations and health problems;
- (2) Child development and developmental disabilities;
- (3) Physical assistance typically required by individuals who have physical and developmental disabilities, such as transferring, bathing techniques, bowel and bladder care, and the approximate time those activities normally take;
- (4) Equipment and environmental modifications that are commonly used and required by individuals who have physical and developmental disabilities which reduce the need for human assistance and improve safety;
- (5) Various long-term care program requirements, including nursing facility level of care criteria, Medicaid waiver services, and other federal, state, and local resources that provide personal care and respite services;
- (6) Various behavioral health program requirements;
- (7) DMAS consumer-directed personal care program requirements, as well as the administrative duties for which the individual will be responsible;
- (8) Conducting assessments (including environmental, psychosocial, and functional factors) and their uses in care planning;
- (9) Interviewing techniques;
- (10) The individual's right to make decisions about, direct the provisions of, and control his or her services, including hiring, training, managing, approving time sheets, and firing a personal care assistant;
- (11) The principles of human behavior and interpersonal relationships; and
- (12) General principles of record documentation.

Skills in:

- (1) Negotiating with individuals, family/caregivers, and service providers;
- (2) Assessing, supporting, observing, recording, and reporting behaviors;
- (3) Identifying, developing, and providing services to individuals who have disabilities; and
- (4) Identifying services within the established services system to meet the individual's needs.

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**

Ability to:

- (1) Report findings of the assessment or onsite visit, either in writing or in an alternative format for individuals who have visual impairments;
- (2) Demonstrate a positive regard for individuals and their families;
- (3) Be persistent and remain objective;
- (4) Work independently, performing position duties under general supervision;
- (5) Communicate effectively both orally and in writing; and
- (6) Develop a rapport and communicate with different types of persons from diverse cultural backgrounds

Service facilitators shall also complete required training and competency assessments.

b. Consumer-directed personal care assistants shall:

- (1) be 18 years of age or older;
- (2) be able to read and write in English and possess basic math skills to the degree necessary to perform the tasks expected;
- (3) have the required skills to perform care as specified in the individual's person-centered Plan of Care;
- (4) possess a valid Social Security Number;
- (5) submit to a criminal history record check and a child protective services central registry check for assistants that care for minor children. The Personal Care assistant will not be compensated for services provided to the individual once the records check verifies the Personal Care assistant has been convicted of any of the crimes that are described in the Code of Virginia;
- (6) be willing to attend or receive training at the EOR's/family's/individual's request;
- (7) understand and agree to comply with the CD Personal Care services program requirements;
- (8) receive periodic tuberculosis (TB) screening as specified in criteria used by the Virginia Department of Health, and;
- (9) not be the parent (biological, step parent, adoptive, legal guardian) of the minor child or spouse of the individual receiving personal care services.

5. Service limits. Individuals under 21 years of age qualifying under EPSDT shall receive the services described in excess of any service limit, if services are determined to be medically necessary and are prior authorized by the Department.

TN No. 17-027

Approval Date December 7, 2017

Effective Date 07-01-17

Supersedes

TN No. New Page

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**

M. Medical Supplies, Equipment, and Appliances under EPSDT.

1. Service definition. To correct or ameliorate physical or mental conditions identified during EPSDT screening services, the child may be referred by the EPSDT screener or PCP for specialized medical equipment, supplies, devices, controls, and appliances not otherwise available under other sections of the Virginia State Plan for Medical Assistance. Services are provided in accordance with 42 CFR 440.70.

As defined in 42 CFR 440.70, supplies are “health care related items that are consumable or disposable, or cannot withstand repeated use by more than one individual, that are required to address an individual medical disability, illness or injury.” Equipment and appliances are “items that are primarily and customarily used to serve a medical purpose, generally are not useful to an individual in the absence of a disability, illness or injury, can withstand repeated use, and can be reusable or removable.”

2. Service components. To meet the definition of Assistive Technology, requested items must meet all of the following requirements. Assistive Technology must:

- meet the definition of medical supplies, equipment, or appliances as defined in 42 CFR 440.70;
- be appropriate for use anywhere normal life activities take place;
- be ordered by a physician to correct or ameliorate physical or mental conditions identified during EPSDT screening services;
- constitute a reasonable and medically necessary part of a treatment plan;
- be consistent with the individual’s diagnosis and medical condition, particularly the functional limitations and symptoms exhibited by the individual;
- be consistent with generally accepted professional medical standards (i.e., not experimental or investigational); and

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

3. Provider qualifications. Medical supplies, equipment and appliances must be ordered by a physician.
4. Service limits. Individuals under 21 years of age qualifying under EPSDT may receive the services described in excess of any service limit, if services are determined to be medically necessary and are prior authorized by the Department.

Items not covered under this service include:

- Items furnished solely for the convenience of the family, attending physician, or other practitioner or supplier;
- Items covered under the Individuals with Disabilities Act (IDEA) when requested for use during school hours;
- Items that may provide duplicate coverage in that they are otherwise covered under other sections of the Virginia *State Plan for Medical Assistance*; and
- Items that are experimental or investigational.

TN No. 17-027

Approval Date December 7, 2017

Effective Date 07-01-17

Supersedes

TN No. New Page

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**

L. Private duty nursing services under EPSDT.

This section applies to private duty nursing services for eligible individuals on fee-for-service programs. Individuals enrolled with managed care health plans receive private duty nursing services through their plans.

1. Service description.

Private duty nursing services consists of individual skilled nursing care to eligible individuals with complex medical needs. Private duty nursing services consists of individual and continuous skilled nursing care to eligible individuals with complex medical needs which cannot be managed within the scope of intermittent home health services. Private duty nursing provides individualized, medically-necessary nursing treatment to correct, ameliorate or maintain the member's health condition. The care provided will be based in the individual's home, or any setting in which normal life activities take place. Congregate private duty nursing is defined as private duty nursing provided to two or more individuals who require private duty nursing in the same setting. Services are provided in accordance with 42 CFR 440.80.

2. Service components.

- a. Skilled nursing service is the management and administration of the treatment and care of an individual by a licensed nurse, within the scope of practice as outlined by the Virginia Board of Nursing, but is not limited to:
 - (1) Assessments (e.g., respiratory assessment, patency of airway, vital signs, feeding assessment, seizure activity, hydration, level of consciousness, constant observation for comfort and pain management, etc.);
 - (2) Administration of treatment related to technological dependence (e/g. ventilator, tracheotomy, bilevel positive airway pressure (BiPAP), intravenous (IV) administration of medications and fluids, feeding pumps, nasal stints, central lines, etc.)
 - (3) Monitoring and maintaining parameters/machinery (e.g. oximetry, blood pressure, lab draws, end tidal CO2s, ventilator settings, humidification systems, fluid balance, etc.);

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**

- (4) Interventions (e.g. medications, suctioning, IV's, hyperalimentation, enteral feeds, ostomy care, tracheostomy care, etc.); and
- (5) May include consultation and training for the primary caregiver for up to 30 days following a transition in level of care. Transition services shall be covered in 2 ways: (i) to provide for applicants to move from institutional placements to community private homes and shall be service authorized by DMAS or the designated service authorization contractor in order for reimbursement to occur, and (ii) for applicants who have already moved from an institution to the community within 30 days of their transition. The applicant's transition from an institution to the community shall be coordinated by the facility's discharge planning team.
- (6) Exclusions from DMAS' coverage of skilled PDN services:
 - (a) Not custodial or personal care delivered for the purpose of helping with activities of daily living (ADLs), including dressing, feeding, bathing or transferring from a bed to a chair, and which can safely and effectively be performed by trained non-medical personnel.
 - (b) Monitoring for medically-controlled disorders as part of "maintenance of care".
 - (c) Respite skilled nursing services

3. Provider qualifications.

a. Private duty nursing providers shall meet the following requirements:

- (1) Demonstrate a prior successful health care delivery;
- (2) Operate from a business office;
- (3) Disclose ownership, if requested;
- (4) Attest to the ability to document and maintain individual case records in accordance with state and federal requirements.

b. Private duty nursing must be provided by a registered nurse (R.N.) or licensed practical nurse (L.P.N.) employed by (or subcontracted with) and supervised by a private duty nursing provider enrolled with DMAS.

(1) The RN must possess the following qualifications:

- (a) a license to practice in the Commonwealth of Virginia;
- (b) at least one (1) year of related clinical experience as a RN. Clinical experience may include work in an acute care hospital, public health clinic, home health agency, rehabilitation hospital, or nursing facility;
- (c) a satisfactory work history as evidenced by two (2) satisfactory reference checks from prior job experience, including no evidence of abuse, neglect, or exploitation of incapacitated or older adults or children, recorded in the nurse's personnel file. If the RN has worked for a single employer, one (1) satisfactory reference from a prior job experience and one (1) personal reference both with no evidence of abuse, neglect, or exploitation of an incapacitated or older adults or children is acceptable; and

TN No. 17-027

Approval Date December 7, 2017

Effective Date 07-01-17

Supersedes

TN No. New Page

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**

shall submit to a criminal record check obtained through the Virginia State Police. If the individual receiving services is a minor, the RN must also submit to a search of the VDSS Child Protective (CPS) Central Registry. The provider shall not hire any RN with findings of barrier crimes identified in 32.1-162.9:1 of the *Code of Virginia* or founded complaints in the CPS Central Registry.

- (2) Licensed Practical Nurses shall meet the following requirements:
- (a) licensed to practice in the Commonwealth of Virginia;
 - (b) have at least one (1) year of related clinical experience as a LPN. Clinical experience may include work in an acute care hospital, public health clinic, home health agency, rehabilitation hospital, or nursing facility;
 - (c) have a satisfactory work history as evidenced by two (2) satisfactory reference checks from prior job experience, including no evidence of abuse, neglect, or exploitation of incapacitated or older adults or children, recorded in the nurse's personnel file. If the LPN has worked for a single employer, one (1) satisfactory reference from a prior job experience and one (1) personal reference both with no evidence of abuse, neglect, or exploitation of an incapacitated or older adult is acceptable; and
 - (d) submit to a search of the VDSS Child Protective Services (CPS) Central Registry if the individual receiving services is a minor child. The provider shall not hire any persons who have been convicted of barrier crimes as defined in the Code of Virginia or has a founded complaint confirmed by the CPS Central Registry.
- (3) The RN or LPN must have (i) a documented provider training program or (ii) at least six months of related clinical nursing experience meeting the needs of the individual to receive care. Regardless of whether a nurse has six months of experience or completes a provider training course, the provider agency shall be responsible for assuring all nurses who are assigned to an individual are competent in the care needs of that individual.
- (4) Nursing services must be provided under the supervision of a graduate of an approved school of professional nursing and who is licensed as a registered nurse in the Commonwealth.
- (a) As part of direct supervision, the RN supervisor shall make, at a minimum, a visit every 30 days to ensure both quality and appropriateness of nursing services to assess the individual's and the individual's representative's satisfaction with the services being provided, to review the plan of care and to update and verify the most current physician signed orders are in the home. When a delay occurs in the RN supervisor's visits because the individual is unavailable, the reason for the delay shall be documented in the individual's record, and the visit shall occur as soon as the individual is available. Failure to meet this standard may result in DMAS' recovery of payments made. Additional

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**

supervisory visits may be required under the following circumstances: (i) at the provider's discretion; (ii) at the request of the individual when a change in the individual's condition has occurred; (iii) any time the health, safety, or welfare of the individual could be at risk; and (iv) at the request of the DMAS staff. The RN is responsible for documentation of the visit's date, time and evaluation.

(b) The Supervising RN shall:

- Use and foster a person centered planning team approach to nursing services;
- Ensure choice of services is made by the individual, legally authorized guardian, or responsible party if a minor;
- Ensure personal goals of the individual are respected;
- Conduct the initial evaluation visit to initiate EPSDT PDN services in the primary residence;
- Regularly evaluate the individual's status and nursing needs and notify the primary care provider if the individual no longer meets criteria for PDN;
- Complete the Plan of Care (POC) and update as necessary for revisions;
- Assure provision of those services requiring substantial and specialized nursing skill and that assigned nurses have the necessary licensure;
- Initiate appropriate preventive and rehabilitative nursing procedures;
- Perform an assessment, at least every 30 days (the monthly nursing assessment cannot be made by the nurse providing care in the home); RN Monthly Supervisory Visits shall be completed in the primary residence at least every other visit. Visits may be conducted at school every other visit if necessary;
- Coordinate PDN services;
- Inform the physician and case manager as appropriate of changes in the individual's condition and needs;
- Educate the individual and family/caregiver in meeting nursing and related goals;
- Supervise and educate other personnel involved in the individual's care;
- Ensure that required documentation is in the individual's agency record;
- Ensure that all employees are aware of the requirements to report suspected abuse, neglect, or exploitation immediately to Adult Protective Services or Child Protective Services, as appropriate. A civil penalty may be imposed on mandated reporters who do not report suspected abuse, neglect or exploitation to VDSS as required;
- Ensure services are provided in a manner that is in the best interest of the individual and does not endanger the individual's health, safety, or welfare;
- Recommend staff changes when needed;

TN No. 17-027

Approval Date December 7, 2017

Effective Date 07-01-17

Supersedes

TN No. New Page

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**

-
- Report to DMAS or it's contractor any unethical or incompetent practices that jeopardize public safety or cause a risk of harm to individuals, including household issues that may jeopardize the safety of the PDN; and
 - Ensure that all nurses and caregivers are aware that timesheets must be accurate with arrival and departure time of the nurse and that falsifying timesheets is Medicaid fraud.

c. Parents (natural, adoptive, legal guardians), spouses, siblings, grandparents, grandchildren, adult children, other legal guardians, or any person living under the same roof with the individual shall not provide skilled PDN services for the purpose of Medicaid reimbursement for the individual.

4. Service limits.

Private duty nursing services are limited to the hours of skilled nursing care and medically-necessary supervision as specified in the Plan of Care signed by the child's physician, and limited to the number of hours approved by DMAS or its contractor. Individuals under 21 years of age qualifying under EPSDT shall receive the services described in excess of any State Plan limit, up to 24 hours per day, if services are determined to be medically necessary and are prior authorized by the Department or its contractor.

TN No. 17-027

Approval Date December 7, 2017

Effective Date 07-01-17

Supersedes

TN No. New Page

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

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

16.1 Reimbursement for personal care services: as defined per Attachment 3.1A&B, Supplement 1, page 6.4.3, with provider qualifications on pages 6.4.4-6.4.7 for individuals enrolled in the Medicaid Buy-In program described in Attachment 2.6A, Supplement 8a, p 1-3 (12VAC30-60-200) or covered under EPSDT. All governmental and private PAS providers are reimbursed according to the same published fee schedule, located on the Agency's website at the following address: www.dmas.virginia.gov. The Agency's rates, based upon one-hour increments, were set as of July 1, 2016, and shall be effective for services on or after that date.

16.2. Private duty nursing services covered under EPSDT as defined per Supplement 1 to Attachment 3.1A&B, page 6.4.8, with provider qualifications on page 6.4.8, are reimbursed based on a 15-minute unit of service in accordance with the State Agency fee schedule. The fee schedule is the same for both governmental and private providers and was set as of July 1, 2016 and shall be effective for services provided on or after that date. The state agency fee schedule is published on the DMAS website at <http://www.dmas.virginia.gov>.

16.3 Medical Supplies, Equipment and Appliances (assistive technology) covered under EPSDT, as defined per Supplement 1 to Attachment 3.1 A&B, page 6.4.11, with provider qualifications on page 6.4.12. The service shall be reimbursed based upon the total cost of all AT being requested by the provider for a specific timeframe.

16.4 There shall be no reimbursement for overtime hours for consumer directed services provided under EPSDT.

16.5 Hospice services, as defined per Attachment 3.1 A&B, Supplement 1, pages 33-37. Hospice services payments are based on the CMS published Medicaid rates for hospice care. Payments for hospice services in a nursing facility are 95 percent of the rate that would have been paid by the state under the plan for facility services in that facility for that individual. Hospice services shall be paid according to the location of the service delivery and not the location of the Agency's home office. Payments to a hospice for inpatient care are limited according to the number of days of inpatient care furnished to Medicaid members. During the twelve (12) month period beginning November 1 of each year and ending October 31 of the next year, the aggregate number of inpatient days (both general inpatient days and inpatient respite care days) for any given hospice provider may not exceed twenty percent (20%) of the total number of days of hospice care provided to all Medicaid members during the same period.

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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**

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