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State Name: Virginia

State Plan Amendment (SPA) #: 18-001

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Approved CMS-179
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
801 Market Street - Suite 9400
Philadelphia, Pennsylvania 19107



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

SWIFT #030720184067

May 17, 2018

Jennifer S. Lee, M.D., Director
Department of Medical Assistance Services
600 East Broad Street, Suite 1300
Richmond, VA 23219

Dear Dr. Lee:

The Centers for Medicare & Medicaid Services (CMS) has reviewed Virginia's State Plan Amendment (SPA) 18-001, Virginia Individual Developmental Disabilities Eligibility Survey (VIDES) Criteria for Care in Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs/IID). The purpose of this SPA is to replace the current Level of Functioning (LOF) survey with the Virginia Individual Developmental Disabilities Eligibility Survey standards for individuals seeking Intermediate Care Facilities for Individuals with Intellectual Disabilities services. By using the VIDES standards for institutional care, the Commonwealth is restoring the consistency of applied functional standards for these individuals regardless of whether they obtain their care in the communities via a waiver or in ICF/IID institutions.

This SPA is acceptable. Therefore, we are approving SPA 18-001 with an effective date of May 1, 2018. 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
1 8 — 0 0 1

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
~~March 1, 2018~~ May 1, 2018

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 483

7. FEDERAL BUDGET IMPACT

a. FFY 2018 \$ -0-
b. FFY 2019 \$ -0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-C,
Supplement 1,
pp. 19.1 through 25

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Same Pages

10. SUBJECT OF AMENDMENT

Criteria for Care in ICFs/IID Facilities

GOVERNOR'S REVIEW (Check One)

- GOVERNOR'S OFFICE REPORTED NO COMMENT²⁰¹⁸
 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 Signature] /S/

13. TYPED NAME

Jennifer S. Lee, M.D.

14. TITLE

Director

15. DATE SUBMITTED

2/21/18

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

March 7, 2018

18. DATE APPROVED

May 15, 2018

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

May 1, 2018

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

NURSING FACILITY CRITERIA

PART IV

**CRITERIA FOR CARE IN FACILITIES FOR MENTALLY RETARDED PERSONS. REPEALED.
(SPA 18-001)**

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TN No. 18-001
Supersedes
TN No. 05-12

Approval Date May 15, 2018

Effective Date 05-01-18

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

NURSING FACILITY CRITERIA

The State policy outlining criteria for services in Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) is currently reflected in the State regulations at 12 VAC 30-60-361.

A. This section establishes standard criteria that shall be met by individuals in order to receive Medicaid payment for care in Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID). Once the individual has been screened and found to meet these criteria, Medicaid covers the costs of care only when the individual receives appropriate supports and services and when active treatment, as set forth in 42 CFR 483.440(a), is provided. The State will oversee ICF-IIDs in compliance with 42 CFR 442, Subpart C, and 42 CFR 483, Subpart I, and 42 CFR 456 as applicable.

B. Supports and services which are provided in facilities for individuals with developmental or intellectual disabilities for the purpose of claiming Medicaid reimbursement requires individualized person-centered planned programs (Individual Program Plan (IPP)) of supports and services to address habilitative needs or health needs, or both, as set forth in 42 CFR 483.440(c).

1. Such care may be a combination of habilitative, rehabilitative, and health services directed towards increasing or maintaining the highest mental, physical, and psychosocial skills and abilities of the individual. Individuals with degenerative conditions shall receive services and supports designed to retain skills and functioning, and to prevent further regression to the extent possible. Examples of such care include: (i) skill building in Activities of Daily Living (ADLs); (ii) skill building in task-learning; (iii) learning socially acceptable behaviors; (iv) learning basic community living skills; (v) health care and health maintenance, and; (vi) skill building in self-direction.

2. The overall objective of facility based supports, defined in the person-centered IPP, shall be the attainment of the optimal physical, intellectual, social, or task learning level that the individual can presently or potentially achieve.

TN No. 18-001
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TN No. 93-16

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

NURSING FACILITY CRITERIA

C. Dependency levels and level of functioning criteria.

1. An individual's need for care shall meet the level of functioning criteria in the Virginia Individual Developmental Disability Eligibility Survey (VIDES) before any authorization for payment by Medicaid will be made for institutional services

2. Dependency level. Level of dependency in each category is indicated from the most dependent to the least dependent. In some categories, the dependency status is rated by the degree of assistance required. In other categories, the dependency is established by the frequency of a behavior or the ability to perform a given task.

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NURSING FACILITY CRITERIA

D. Screening process for entrance into an ICF/IID shall be coordinated through DMAS or its designee.

1. ICF/IID screening requests:

a. The screening results will be provided to the selected ICF/IID during its assessment and admission process when requested by the facility.

b. Screenings by the DMAS designee shall be completed or approved prior to an individual's admission to an ICF/IID for which Medicaid reimbursement will be claimed.

2. DMAS or its designee shall also explore and review more integrated community options with the individual and family/guardian at the time of screening and through the established review recommendations and procedures with DBHDS.

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NURSING FACILITY CRITERIA

E. Upon admission to an ICF/IID, the facility shall perform an assessment and any necessary reassessments of the individual and develop an individualized program plan consistent with 42 CFR 483.440.

F. The assessment and re-assessment for determination of continued stay in the ICF/IID level of care shall be performed by the interdisciplinary team and based on (i) the needs of the individual; (ii) the individual's capabilities; (iii) the appropriateness of services and supports to be provided; (iv) the progress the individual demonstrates from the skill building; and (v) whether the services and supports could reasonably be provided and are available in a less restrictive environment.

G. The individual assessment set forth in subsection F of this section will be the basis for the development of an Individual Program Plan (IPP). The assessment process shall indicate a need for an IPP that addresses the individual's skills, abilities, and need for health care services consistent with the functional categories outlined in 42 CFR 483.440(c)(3)(v).

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