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State Name: Virginia

State Plan Amendment (SPA) #: 18-0011

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
801 Market Street - Suite 9400
Philadelphia, Pennsylvania 19107



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

SWIFT #072620184032

October 9, 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 completed its review of Virginia's State Plan Amendment (SPA) 18-0011, Administrative Change to a Determination State. This SPA proposes to change Virginia from an assessment to a determination state. The SPA also proposes to allow an Exchange appeal entity, HHS Appeals Entity, to conduct fair hearings.

This SPA is acceptable. Therefore, we are approving SPA 18-0011 with an effective date of November 1, 2018. Enclosed are the approved State Plan pages.

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

CMS-10434 OMB 0938-1188

Package Information

Package ID	VA2018MS0008O	Submission Type	Official
Program Name	N/A	State	VA
SPA ID	VA-18-0011	Region	Philadelphia, PA
Version Number	4	Package Status	Approved
Submitted By	Emily McClellan	Submission Date	7/23/2018
Package Disposition		Approval Date	10/9/2018 5:03 PM EDT
Priority Code	P2		

Approval Notice

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-14-26
Baltimore, Maryland 21244-1850



Date: 10/09/2018
Head of Agency: Jennifer Lee, M.D.
Title/Dept : Director
Address 1: 600 E. Broad Street
Address 2:
City : Richmond
State: VA
Zip: 23219

MACPro Package ID: VA2018MS00080
SPA ID: VA-18-0011

Subject
Approval of Virginia SPA 18-0011

Dear Jennifer Lee, M.D.

This is an informal communication that will be followed with an official communication to the State's Medicaid Director.
The Centers for Medicare and Medicaid Services (CMS) is pleased to inform you that we are recommending approval for your request for SPA 18-0011

Reviewable Unit	Effective Date
Designation and Authority	11/1/2018
Eligibility Determinations and Fair Hearings	11/1/2018
Organization and Administration	11/1/2018
Single State Agency Assurances	11/1/2018

Please let me know if you have any questions about this information.
Thank you.

Sincerely,

Sabrina Tillman-Boyd
Manager

Approval Documentation

Name	Date Created
No items available	

Submission - Summary

MEDICAID | Medicaid State Plan | Administration | VA2018MS00080 | VA-18-0011

Package Header

Package ID	VA2018MS00080	SPA ID	VA-18-0011
Submission Type	Official	Initial Submission Date	7/23/2018
Approval Date	10/9/2018	Effective Date	N/A
Superseded SPA ID	N/A		

State Information

State/Territory Name: Virginia

Medicaid Agency Name: Department of Medical Assistance Services

Submission Component

- State Plan Amendment
- Medicaid
- CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Administration | VA2018MS00080 | VA-18-0011

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Approval Date	10/9/2018	Effective Date	N/A
Superseded SPA ID	N/A		

SPA ID and Effective Date

SPA ID VA-18-0011

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Designation and Authority	11/1/2018	VA-13-0012
Eligibility Determinations and Fair Hearings	11/1/2018	VA-13-0012
Organization and Administration	11/1/2018	VA-13-0012
Single State Agency Assurances	11/1/2018	VA-13-0012

Submission - Summary

MEDICAID | Medicaid State Plan | Administration | VA2018MS00080 | VA-18-0011

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Submission Type	Official	Initial Submission Date	7/23/2018
Approval Date	10/9/2018	Effective Date	N/A
Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives To change from an Assessment State to a Determination State for the purpose of delegating authority to conduct eligibility to an Exchange and delegating the authority to conduct certain MAGI-based eligibility appeals to the HHS appeals entity.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2019	\$0
Second	2020	\$0

Federal Statute / Regulation Citation

42 CFR 431.10, 431.11, 431.12, 431.50

Submission - Summary

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Superseded SPA ID	N/A		

Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

Submission - Public Comment

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Indicate whether public comment was solicited with respect to this submission.

- Public notice was not federally required and comment was not solicited
- Public notice was not federally required, but comment was solicited
- Public notice was federally required and comment was solicited

Submission - Tribal Input

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One or more Indian health programs or Urban Indian Organizations furnish health care services in this state

- Yes
- No

Medicaid State Plan Administration

Organization

Designation and Authority

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Superseded SPA ID	VA-13-0012		
	System-Derived		

A. Single State Agency

1. State Name: Virginia

2. As a condition for receipt of Federal funds under title XIX of the Social Security Act, the single state agency named here agrees to administer the Medicaid program in accordance with the provisions of this state plan, the requirements of titles XI and XIX of the Act, and all applicable Federal regulations and other official issuances of the Centers for Medicare and Medicaid Services (CMS).

3. Name of single state agency:

Department of Medical Assistance Services

4. This agency is the single state agency designated to administer or supervise the administration of the Medicaid program under title XIX of the Social Security Act. (All references in this plan to "the Medicaid agency" mean the agency named as the single state agency.)

B. Attorney General Certification:

The certification signed by the state Attorney General identifying the single state agency and citing the legal authority under which it administers or supervises administration of the program has been provided.

Name

Date Created

[AG Certification_Single State Agency_Attachment 1](#)

7/5/2018 9:37 AM EDT



C. Administration of the Medicaid Program

The state plan may be administered solely by the single state agency, or some portions may be administered by other agencies.

- 1. The single state agency is the sole administrator of the state plan (i.e. no other state or local agency administers any part of it). The agency administers the state plan directly, not through local government entities.
- 2. The single state agency administers portions of the state plan directly and other governmental entity or entities administer a portion of the state plan.

Designation and Authority

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	System-Derived		

D. Additional information (optional)

Medicaid State Plan Administration

Organization

Eligibility Determinations and Fair Hearings

MEDICAID | Medicaid State Plan | Administration | VA2018MS00080 | VA-18-0011

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	System-Derived		

A. Eligibility Determinations (including any delegations)

1. The entity or entities that conduct determinations of eligibility for families, adults, and individuals under 21 are:

- a. The Medicaid agency
- b. Delegated governmental agency
 - i. Single state agency under Title IV-A (TANF) (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
 - ii. An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
 - iii. Other

2. The entity or entities that conduct determinations of eligibility based on age, blindness, and disability are:

- a. The Medicaid agency
- b. Delegated governmental agency
 - i. Single state agency under Title IV-A (TANF) (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
 - ii. An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
 - iii. The Social Security Administration determines Medicaid eligibility for SSI beneficiaries
 - iv. Other

3. Assurances:

- a. The Medicaid agency is responsible for all Medicaid eligibility determinations.
- b. There is a written agreement between the Medicaid agency and the Exchange or any other state or local agency that has been delegated authority to determine eligibility for Medicaid eligibility in compliance with 42 CFR 431.10(d).
- c. The Medicaid agency does not delegate authority to make eligibility determinations to entities other than government agencies which maintain personnel standards on a merit basis.
- d. The delegated entity is capable of performing the delegated functions.

Eligibility Determinations and Fair Hearings

MEDICAID | Medicaid State Plan | Administration | VA2018MS00080 | VA-18-0011

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B. Fair Hearings (including any delegations)

- The Medicaid agency has a system of hearings that meets all of the requirements of 42 CFR Part 431, Subpart E.
- The Medicaid agency is responsible for all Medicaid fair hearings.

1. The entity or entities that conduct fair hearings with respect to eligibility based on applicable modified adjusted gross income (MAGI) are:

- a. Medicaid agency
- c. Local governmental entities
- d. Delegated governmental agency
 - i. An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
 - ii. An Exchange appeals entity, including an entity established under section 1411(f) of the Affordable Care Act

(1) Name of entity:

HHS Appeals Entity

(2) The Medicaid agency has established a review process whereby it reviews appeals decisions made by the Exchange or Exchange appeals entity, but only with respect to conclusions of law, including interpretations of state or federal policies.

Yes

No

2. The state must assure the following with respect to delegations of authority to conduct fair hearings regarding eligibility based on applicable modified adjusted gross income (MAGI):

- a. There is a written agreement between the Medicaid agency and the Exchange or Exchange appeals entity that has been delegated authority to conduct Medicaid fair hearings in compliance with 42 CFR 431.10(d).
- b. When authority is delegated to the Exchange or an Exchange appeals entity, individuals who have requested a fair hearing are given the option to have their fair hearing conducted instead by the Medicaid agency.
- c. The Medicaid agency does not delegate authority to conduct fair hearings to entities other than government agencies which maintain personnel standards on a merit basis.
- d. The delegated entity is capable of performing the delegated functions.

3. For all other Medicaid fair hearings (not related to an eligibility determination based on MAGI):

- All other Medicaid fair hearings are conducted at the Medicaid agency or at another state agency authorized under an ICA waiver.

Eligibility Determinations and Fair Hearings

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C. Evidentiary Hearings

The Medicaid agency uses local governmental entities to conduct local evidentiary hearings.

- Yes
- No

D. Additional information (optional)

Medicaid State Plan Administration

Organization

Organization and Administration

MEDICAID | Medicaid State Plan | Administration | VA2018MS0008O | VA-18-0011

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A. Description of the Organization and Functions of the Single State Agency

1. The single state agency is:

- a. A stand-alone agency, separate from every other state agency
- b. Also the Title IV-A (TANF) agency
- c. Also the state health department
- d. Other:

Description:

Single State Agency for the Medicaid Program

2. The main functions of the Medicaid agency and where these functions are located within the agency are described below. This description should be consistent with the accompanying organizational chart attachment. (If the function is not performed by the Medicaid agency, indicate in the description which other agency performs the function.)

a. Eligibility Determinations

None; all eligibility determinations are conducted by Title IV-A agency/DMAS and the Exchange.

b. Fair Hearings (including expedited fair hearings)

The Appeals Division within the State Medicaid agency provides a process by which clients and providers can appeal adverse decisions made by the Agency or its contractors. The Appeals Division has separate units that handle client appeals and provider appeals

c. Health Care Delivery, including benefits and services, managed care (if applicable)

The Health Care Services Division focuses on the development, implementation, and administration of managed care, pharmacy, and quality assurance services provided to eligible Medicaid recipients.

The Integrated Care and Behavioral Services Division is responsible for ensuring individuals with complex care needs receive comprehensive care coordination, ensuring access to appropriate quality care that supports the highest possible level of health outcomes. The Division leads the development and implementation of necessary regulations, policies and procedures to promote the most effective and efficient care in the least restrictive environments.

The Long-Term Care Division develops, implements and administers programs designed to improve the lives of the elderly and persons with disabilities. The Division analyzes, develops and promulgates long-term care regulations, policies and procedures, designs and conducts long-term care studies, provides policy and operational support for the long-term care programs of the Agency and develops new home-and-community-based waivers.

The Medical Support Unit is housed within the Office of the Chief Medical Officer and is a federally required critical component of the Medicaid Program. It ensures that medical consultation is available to Agency programs and to Agency administration, as well as to assure that peer review is available to enrolled providers.

d. Program and policy support including state plan, waivers, and demonstrations (if applicable)

The Policy, Planning, and Innovation Division with the State Medicaid Agency provides program and policy support to include planning and innovation efforts in response to state and federal laws and other requirements, agency priorities, industry best practices and stakeholder inputs.

e. Administration, including budget, legal counsel

The Department of Medical Assistance Services (DMAS) is operated under the direct supervision of the Director of DMAS who is appointed by the Governor. The Director executes the Department's multi-billion dollar biennium budget, plans and implements medical services through a network of health providers, and represents DMAS with other governmental entities. The principal assistant is the Deputy Director who assists the Director in all aspects of Medicaid planning, development, evaluation and the daily operation of all program functions, in addition to

supervising the Support Services Unit.

The Budget Division is responsible for developing and managing the Agency's budget, submitting the Agency's budget to the Department of Planning and Budget (the Agency responsible for managing the entire state government budget) and the federal Centers for Medicare and Medicaid Services.

The Internal Audit Division independently examines and evaluates the ongoing control processes of the Agency and provides counsel and recommendations for improvement whenever such opportunities are identified. The objective of the Division is to provide reasonable assurance to management, within economic limitations and subject to the availability of staff.

The Contract Management Division directs the Agency procurement activities and directs the development of Requests for Proposals (RFP) and Invitations for Bids (IFB), contract preparation, solicitation evaluation processes, contractor selection and contract performance reporting.

f. Financial management, including processing of provider claims and other health care financing

The Fiscal and Purchases Division provide accounting, reporting, and financial management services to the Agency. The accounting functions are in compliance with relevant laws, regulations, fiscal policies and procedures, and professional standards. The Division develops and operates financial systems with sufficient internal control to provide accurate, timely, and meaningful financial and operating information to all interested parties and to protect the Department against theft and other types of loss. The Division is responsible for financial reporting, disbursement, cash management, third party liability, purchasing and support operations, and financial system administration. The Controller performs general administrative functions; develops and maintains fiscal policies and procedures; develops and implements and uses major automated systems; and provides overall planning and guidance for the Division.

The Program Operations Division provides services for medical evaluation of services including an eligibility and enrollment component, payment processing, customer services, and provider training. The Payment Processing Unit within the Program Operations Division evaluates, processes, and adjudicates claims and payments for various providers in specific benefit programs.

The Provider Reimbursement Division (PRD) is responsible for determining the payments for participating providers in Virginia's Department of Medical Assistance Services (DMAS), including calculating, reviewing, and updating Medicaid capitation and provider payment rates. In addition, PRD calculates and administers supplemental payments to hospitals, nursing care facilities and physicians. An important part of this work includes the settlement and auditing of institutional providers' cost reports and utilizing both regulatory and market information to determine appropriate and allowable payments. PRD also serves as an Agency expert in the development and implementation of value-based payment (VBP) policy.

g. Systems administration, including MMIS, eligibility systems

The Information Management Division (IM) is responsible for the development, implementation, and maintenance of all computer software systems within the Agency as well as the procurement, maintenance, and operation of computer equipment. Much of the work is performed in tandem with Agency's fiscal agent. Under DMAS' direction, the fiscal agent designs, develops, and maintains the Agency's Medicaid Management Information System (MMIS). IM has two main supporting sections: the Information Technology Services, and the Systems Development Section.

The Title IV-A Agency, the State Department of Social Services, maintains the Virginia Case Management System (VaCMS); the eligibility determination system implemented to evaluate and enroll eligible members directly into the MMIS.


h. Other functions, e.g., TPL, utilization management (optional)

The Office of Communications, Legislation and Administration (OCLA) liaisons with Virginia Legislators, Congressmen, providers, clients, other State Agencies, Associations, stakeholders, the general public and every division within the agency.

The Health Economics and Economic Policy division and the Office of Data Analytics provide a structured analytics environment that assures data integrity, data consistency, well documented research, and repeatability.

The External Provider Audit and Policy (EPAP) unit oversees a wide variety of audit contracts in addition to providing policy analysis and expertise related to program integrity issues.

3. An organizational chart of the Medicaid agency has been uploaded:

Name	Date Created
Agency Overall Org Structure_8.3.18	8/6/2018 10:06 AM EDT 

Organization and Administration

MEDICAID | Medicaid State Plan | Administration | VA2018MS00080 | VA-18-0011

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B. Entities that Determine Eligibility or Conduct Fair Hearings Other than the Medicaid Agency

Title

Single state agency under Title IV-A (TANF)

Description of the functions the delegated entity performs in carrying out its responsibilities:

The Title IV-A agency (State Department of Social Services or DSS) determines eligibility for Title XIX services, including eligibility under MAGI. Eligibility determinations are performed by staff supervised by the State DSS and administered by county and city departments of social services.

The duties of the State DSS are as follows: certification by local social services agency superintendents/directors of current public assistance recipients and foster care children of the local social services department, acceptance of applications for medical assistance under Title XIX by the local department of social services of the city or county in which the applicant resides, or by State employees located in designated institutions. This includes determination of initial eligibility, certification of applicants found eligible, recertification on basis of periodic reviews of eligibility, and notification to the Department of Medical Assistance Services and to the applicant/recipient of the initial eligibility decision and any subsequent change in eligibility status.

The State DSS is responsible for supervising the local departments of social services in the performance of the eligibility determination function. DMAS oversees the performance of these functions and retains all policy-making and decision-making authority as set forth in 42 CFR 431.10(e).

Title

An Exchange that is a government agency

Description of the functions the delegated entity performs in carrying out its responsibilities:

The Federally Facilitated Marketplace (FFM) will conduct Medicaid eligibility determinations for groups of individuals whose income eligibility is determined based on Modified Adjusted Gross Income (MAGI) methodology and who apply through the FFM. The FFM will not be assigning an individual who is determined eligible for Medicaid whose income eligibility is determined using MAGI methodology to a specific eligibility group, determining cost-sharing (if applicable), or assigning a benefit package. These functions will be performed by the single state agency.

Title

An Exchange appeals entity

Description of the functions the delegated entity performs in carrying out its responsibilities:

The HHS appeals entity will conduct Medicaid fair hearings for individuals whose Medicaid eligibility has been determined and found ineligible for Medicaid by the Federally-facilitated Marketplace (FFM). These will be individuals whose income eligibility is determined based on MAGI income methodology.

Organization and Administration

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E. Coordination with Other Executive Agencies

The Medicaid agency coordinates with any other Executive agency related to any Medicaid functions or activities not described elsewhere in the Organization and Administration portion of the state plan (e.g. public health, aging, substance abuse, developmental disability agencies):

- Yes
- No

Name of agency:	Description of the Medicaid functions or activities conducted or coordinated with another executive agency:
Department for Aging and Rehabilitative Services	The Department for Aging and Rehabilitative Services (DARS) coordinates and provides Medicaid services and advocates for resources and services to improve the employment, quality of life, security, and independence of older Virginians, Virginians with disabilities, and their families.
Department for the Blind and Vision Impaired	The Department for the Blind and Vision Impaired (DBVI) coordinates and provides services, to include Medicaid services, to assist citizens who are blind, deafblind, or vision impaired in achieving their maximum level of employment, education, and personal independence.
Department of Behavioral Health and Developmental Services	The Department of Behavioral Health and Developmental Services (DBHDS) licenses services that provide treatment, training, support and habilitation to individuals who have mental illness, developmental disabilities or substance abuse disorders, to individuals receiving services under the Medicaid DD Waiver, or to individuals receiving services in residential facilities for individuals with brain injuries.
The Department of Health Professions	The Department of Health Professions (DHP) is responsible for the licensure

Name of agency:

Description of the Medicaid functions or activities conducted or coordinated with another executive

agency:

and regulation of healthcare practitioners across 80 professions. Health regulatory boards issue permits and licenses to facilities, to include Medicaid facilities, such as pharmacies.

Organization and Administration

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F. Additional information (optional)

Medicaid State Plan Administration

Organization

Single State Agency Assurances

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A. Assurances

- 1. The state plan is in operation on a statewide basis, in accordance with all the requirements of 42 CFR 431.50.
- 2. All requirements of 42 CFR 431.10 are met.
- 3. There is a Medical Care Advisory Committee to the agency director on health and medical services established in accordance with 42 CFR 431.12. All requirements of 42 CFR 431.12 are met.
- 4. The Medicaid agency does not delegate, other than to its own officials, the authority to supervise the plan or to develop or issue policies, rules, and regulations on program matters.
- 5. The Medicaid agency has established and maintains methods of personnel administration on a merit basis in accordance with the standards described at 5 USC 2301, and regulations at 5 CFR Part 900, Subpart F. All requirements of 42 CFR 432.10 are met.
- 6. All requirements of 42 CFR Part 432, Subpart B are met, with respect to a training program for Medicaid agency personnel and the training and use of sub-professional staff and volunteers.

B. Additional information (optional)

