

## **Table of Contents**

**State Name:** Virginia

**State Plan Amendment (SPA) #:** 18-002

This file contains the following documents in the order listed:

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

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**

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SWIFT #022220184103

March 27, 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) 18-002, Provider Screening-Fingerprint and Background Checks. This SPA proposes that the Department of Medical Assistance Services (DMAS) will conduct provider screenings according to federal requirements, and that DMAS will terminate or deny enrollment to providers according to those federal requirements.

This SPA is acceptable. Therefore, we are approving SPA 18-002 with an effective date of January 1, 2018. Enclosed are the approved SPA page 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

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER (18-002) <b>178-01072</b>	2. STATE <b>Virginia</b>
	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 <b>1/1/2018</b>	
5. TYPE OF PLAN MATERIAL (Check One) <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT		

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION <b>42 CFR Part 455</b>	7. FEDERAL BUDGET IMPACT a. FFY 2018 \$ <b>14,118</b> b. FFY 2019 \$ <b>7,059</b>
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <b>Program Organization, page 45(c)(b)</b>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <b>Same page</b>

10. SUBJECT OF AMENDMENT <b>Provider Screening</b>
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GOVERNOR'S REVIEW (Check One) <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <sup>2018</sup> <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	<input checked="" type="checkbox"/> OTHER, AS SPECIFIED <b>Secretary of Health and Human Resources</b>
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12. SIGNATURE OF STATE AGENCY OFFICIAL <b>[Redacted] /S/</b>	16. RETURN TO <b>Dept. of Medical Assistance Services 600 East Broad Street, #1300 Richmond VA 23219  Attn: Regulatory Coordinator</b>
13. TYPED NAME <b>Jennifer S. Lee, M.D.</b>	
14. TITLE <b>Director</b>	
15. DATE SUBMITTED <b>2/14/18</b>	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED <b>February 20, 2018</b>	18. DATE APPROVED <b>March 27, 2018</b>
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL <b>January 1, 2018</b>	20. SIGNATURE OF REGIONAL OFFICIAL <b>/S/</b>
21. TYPED NAME <b>Francis McCullough</b>	22. TITLE <b>Associate Regional Administrator</b>

23. REMARKS <b>3/26/2018 Pen and Ink change made to Section 8, Page number to change Page 45 (c) to Page 45 (b).</b>
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Revision: HCFA-PM-91-9  
October, 1991

(MB)

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

State of VIRGINIA

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Citation

- (f) Provide (individually or with others) for education for staff and the community on issues concerning advance directives.
- (2) Providers will furnish the written information described in paragraph (1)(a) to all adult individuals at the time specified below:
  - (a) Hospitals at the time an individual is admitted as an inpatient.
  - (b) Nursing facilities when the individual is admitted as a resident.
  - (c) Providers of home health care or personal care services before the individual comes under the care of the provider;
  - (d) Hospice program at the time of initial receipt of hospice care by the individual from the program; and
  - (e) Managed care organizations, health insuring organizations, prepaid inpatient health plans, and prepaid ambulatory health plans (as applicable) at the time of enrollment of the individual with the organization.
- (3) Attachment 4.34A describes law of the State (whether statutory or as recognized by the courts of the State) concerning advance directives.
  - Not applicable. No State law or court decision exist regarding advance directives.
- (4) The Department of Medical Assistance Services (DMAS) shall conduct provider screening according to the requirements of Subpart E of 42 CFR Part 455. DMAS shall terminate or deny enrollment to any provider in accordance with the requirements of 42 CFR 455.416.