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**State Name:** Virginia

**State Plan Amendment (SPA) #:** 18-005

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  
801 Market Street - Suite 9400  
Philadelphia, Pennsylvania 19107



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

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SWIFT #050720184031

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) 18-005, Limit Dental Services for Nursing Facility Residents. This SPA proposes to permit residents of nursing facilities to deduct the costs of limited specific dental procedures from their payments towards the costs of their nursing facility care. Nursing facility residents shall be limited to deducting the following dental procedures: (i) routine exams and x-rays, and dental cleansing twice yearly; (ii) full mouth x-rays once every three years; and (iii) deductions for extractions and fillings shall be permitted only if medically necessary as determined by the department.

This SPA is acceptable. Therefore, we are approving SPA 18-005 with an effective date of July 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

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER  
1 8 - 0 0 5

2. STATE  
Virginia

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE  
July 1, 2018

REGIONAL ADMINISTRATOR  
CENTERS FOR MEDICARE & MEDICAID SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

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

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
Supplement 1, Attachment 3.1-A&B,  
Page 16.1.1

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  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

10. SUBJECT OF AMENDMENT  
Limit Dental Services for NF Residents

11. GOVERNOR'S REVIEW (Check One)  
 GOVERNOR'S OFFICE REPORTED NO COMMENT <sup>2018</sup>  
 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/

13. TYPED NAME  
Jennifer S. Lee, M.D.

14. TITLE  
Director

15. DATE SUBMITTED  
4/17/18

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  
April 30, 2018

18. DATE APPROVED  
May 16, 2018

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL  
July 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

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

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C. For the dental services covered for Medicaid-enrolled pregnant women, the state agency may place appropriate limits on a service based on medical necessity, for utilization control or both. Examples of service limitations are: examinations, prophylaxis, fluoride treatment (once/six months); space maintenance appliances; bitewing x-ray – two films (once/12 months); routine amalgam and composite restorations (once/three years); dentures (once/five years); extractions, orthodontics, tooth guidance appliances, permanent crowns and bridges, endodontics, patient education and sealants (once).

D. Limited oral surgery procedures, as defined and covered under Title XVIII (Medicare), and described in Agency guidance documents, are covered for all recipients, and require preauthorization or prepayment review by the state agency or its designee as described in Agency guidance documents.

E. Residents of nursing facilities shall be permitted to deduct the costs of limited specific dental procedures from their payments towards the costs of their nursing facility care. Nursing facility residents shall be limited to deducting the following dental procedures: (i) routine exams and x-rays, and dental cleaning twice yearly; (ii) full mouth x-rays once every three years; and (iii) deductions for extractions and fillings shall be permitted only if medically necessary as determined by the department.

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TN No. 18-005

Approval Date May 16, 2018

Effective Date 07-01-18

Supersedes

TN No. 15-001