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State Name: Virginia

State Plan Amendment (SPA) #: 19-001

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) 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 #010920194052

February 1, 2019

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) 19-001, Repeal of Preadmission Screening Criteria. The purpose of SPA 19-001 is to remove text concerning the preadmission screening process that is duplicative of a provision in the Cost Allocation Plan and effects no difference in the claiming of federal funds.

This SPA is acceptable. Therefore, we are approving SPA 19-001 with an effective date of January 1, 2019. 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 89 - 0 40 91

2. STATE

Virginia

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

4. PROPOSED EFFECTIVE DATE

~~September 1, 2018~~

January 1, 2019

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 2019 \$ -0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-C, Supplement 1, pages 1, 2, 3, 4, 5, 6, 7, 8, 9, ~~9.1, 9.2, 9.3, 9.4, 9.5, 9.6, 9.7, 9.8, 9.9, 9.10, and 9.11~~ 9.1, 9.2, 9.3, 9.4, 9.5, 9.6, 9.7, 9.8, 9.9, 9.10, and 9.11

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Same pages
Attachment 3.1-C, Supplement 1, pages 1, ~~9.1~~ 2, 3, 4, 5, 6, 7, 8, 9, 9.1, 9.2, 9.3, 9.4, 9.5, 9.6, 9.7, 9.8, 9.9, 9.10, and 9.11

10. SUBJECT OF AMENDMENT

Repeal of Pre-Admission Screening Criteria

11. 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

12/20/18

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

January 8, 2019

18. DATE APPROVED

February 1, 2019

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

January 1, 2019

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

The following sections can be found in the Cost Allocation Plan:

12 VAC 30-60-301. Definitions.

12 VAC 30-60-302. Introduction; access to Medicaid-funded long-term services and supports.

12 VAC 30-60-303. Screening criteria for Medicaid-funded long-term care services and supports.

12VAC30-60-305. Screenings in the community and hospitals for Medicaid-funded long-term services and supports.

12VAC30-60-306. Submission of screenings.

12VAC30-60-308. NF admission and level of care determination requirements.

12VAC30-60-310. Competency training and testing requirements.

12VAC30-60-313. Individuals determined to not meet criteria for Medicaid-funded long-term services and supports.

12VAC30-60-315. Periodic evaluations for individuals receiving Medicaid-funded long-term services and supports.

TN No. 19-001

Approval Date 02/01/2019

Effective Date 01-01-19

Supersedes

TN No. 16-006

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

NURSING FACILITY CRITERIA

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TN No. 19-001
Supersedes
TN No. 16-006

Approval Date 02/01/2019

Effective Date 01-01-19

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