

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

State of VIRGINIA

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDED GROUP(S): ALL

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The following ambulatory services are provided.

- Physicians Services
- Outpatient Hospital Services
- Clinic Services
- Laboratory and X-Ray Services
- EPSDT Services
- Family Planning Services
- Optometrist Services
- Home Health Services
- Dental Services for those under age 21
- Physical Therapy and Related Services
- Prescribed Drugs
- Eyeglass Services
- Nurse Midwives
- Outpatient Rehabilitation
- Extended Services to Pregnant Women

\* Description provided on attached sheet.

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TN No. <u>87-01</u>	Approval Date <u>03/31/87</u>	Effective Date <u>01/01/87</u>
Supersedes		
TN No. _____		HCFA ID: 0140P/0102A

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MEDICALLY NEEDY GROUP(S): ALL

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**1. Inpatient hospital services other than those provided in an institution for mental diseases.**

Provided:  No limitations  With limitations\*

**2. a. Outpatient hospital services.**

Provided:  No limitations  With limitations\*

1.

**b. Rural health clinic services and other ambulatory services furnished by a rural health clinic.**

Provided:  No limitations  With limitations\*

**c. Federally qualified health center (FQHC) services and other ambulatory services that are covered under the plan and furnished by an FQHC in accordance with §4231 of the State Medicaid Manual (HCFA Pub.45-4).**

Provided:  No limitations  With limitations\*

**3. Other laboratory and x-ray services.**

Provided:  No limitations  With limitations\*

**4. a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older).**

Provided:  No limitations  With limitations\*

**b. Early and periodic screening and diagnosis of individuals under 21 years of age, and treatment of conditions found.**

Provided:  No limitations  With limitations\*

**c. Family planning services and supplies for individuals of childbearing age.**

Provided:  No limitations  With limitations\*

\* Description provided on attached sheet.

TN No. 03-04

Approval Date 11/25/03

Effective Date 08/01/03

Supersedes

TN No. 93-04

HCFA ID: 7986E

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State of VIRGINIA

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MEDICALLY NEEDY GROUP(S): ALL

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**4. d 1) Face-to-Face Tobacco Cessation Counseling Services provided (by):**

[X] (i) By or under supervision of a physician;

[X] (ii) By any other health care professional who is legally authorized to furnish such services under State law and who is authorized to provide Medicaid coverable services *other* than tobacco cessation services; \* or

(iii) Any other health care professional legally authorized to provide tobacco cessation services under State law *and* who is specifically *designated* by the Secretary in regulations. (None are designated at this time; this item is reserved for future use.)

**2) Face-to-Face Tobacco Cessation Counseling Services Benefit Package for Pregnant Women**

Provided:      [X] No limitations       With limitations

**5. a. Physicians' services whether furnished in the office, the patient's home, a hospital, a skilled nursing facility, or elsewhere.**

Provided:       No limitations       With limitations\*

**b. Medical and surgical services furnished by a dentist (in accordance with §1905(a)(5)(B) of the Act).**

Provided:       No limitations       With limitations\*

\* Description provided on attached sheet.

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TN No. 11-14      Approval Date 12/7/11      Effective Date 07/01/11

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State of VIRGINIA

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUP(S): ALL

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**6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.**

**a. Podiatrists' Services**

Provided:  No Limitations  With Limitations\*

**b. Optometrists' Services**

Provided:  No Limitations  With Limitations\*

**c. Chiropractors' Services**

Provided:  No Limitations  With Limitations\*

**d. Other Practitioners' Services**

Provided:  No Limitations  With Limitations\*

**7. Home Health Services**

**a. Intermittent or part-time nursing service provided by home health agency or by a registered nurse when no home health agency exists in the area.**

Provided:  No Limitations  With Limitations\*

**b. Home health aide services provided by a home health agency.**

Provided:  No Limitations  With Limitations\*

**c. Medical supplies, equipment, and appliances suitable for use in the home.**

Provided:  No Limitations  With Limitations\*

**d. Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility.**

Provided:  No Limitations  With Limitations\*

\* Description provided on attachment. See Supplement 1 to Attachments 3.1-A and 3.1-B.

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State of VIRGINIA

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUP(S): ALL

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**8. Private duty nursing services.**

Provided:  No Limitations  With Limitations\*

**9. Clinic services.**

Provided:  No Limitations  With Limitations\*

**10. Dental services.**

Provided:  No Limitations  With Limitations\*

**11. Physical therapy and related services.**

**a. Physical therapy.**

Provided:  No Limitations  With Limitations\*

**b. Occupational therapy.**

Provided:  No Limitations  With Limitations\*

**c. Services for individuals with speech, hearing, and language disorders provided by or under supervision of a speech pathologist or audiologist.**

Provided:  No Limitations  With Limitations\*

**12. Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.**

**a. Prescribed drugs.**

Provided:  No Limitations  With Limitations\*

**b. Dentures.**

Provided:  No Limitations  With Limitations\*

\* Description provided on attachment.

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State of VIRGINIA

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUP(S): ALL

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- c. Prosthetic devices.**  
 Provided:  No Limitations  With Limitations\*
- d. Eyeglasses.**  
 Provided:  No Limitations  With Limitations\*
- 13. Other diagnostic, screening, preventive, and rehabilitative services. i.e., other than those provided elsewhere in this plan.**
- a. Diagnostic services.**  
 Provided:  No Limitations  With Limitations\*
- b. Screening services.**  
 Provided:  No Limitations  With Limitations\*
- c. Preventive services.**  
 Provided:  No Limitations  With Limitations\*
- d. Rehabilitative services.**  
 Provided:  No Limitations  With Limitations\*
- 14. Services for individuals age 65 or older in institutions for mental diseases.**
- a. Inpatient hospital services.**  
 Provided:  No Limitations  With Limitations\*
- b. Skilled nursing facility services.**  
 Provided:  No Limitations  With Limitations\*

\* Description provided on attached sheet.

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TN No. 98-05 Approval Date 12/14/98 Effective Date 07/01/98  
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State of VIRGINIA

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUP(S): ALL

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- c. Intermediate care facility services.**
- Provided:       No Limitations       With Limitations\*
- 15. a. Intermediate care facility services (other than such services in an institution for mental diseases) for persons determined in accordance with §§1905(a)(4)(A) of the Act, to be in need of such care.**
- Provided:       No Limitations       With Limitations\*
- b. Including such services in a public institution (or distinct part thereof) for the mentally retarded or persons with related conditions.**
- Provided:       No Limitations       With Limitations\*
- 16. Inpatient psychiatric facility services for individuals under 22 years or age.**
- Provided:       No Limitations       With Limitations\*
- 17. Nurse-midwife services.**
- Provided:       No Limitations       With Limitations\*
- 18. Hospice care (in accordance with §1905(o) of the Act).**
- Provided:        Provided in accordance with the Affordable Care Act  
(§2302 of P.L. 111-148)
- No Limitations       With Limitations\*

\* Description provided on attachment.

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TN No. 91-32      HCFA ID: 0140P/0102A

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

State of VIRGINIA

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**19. Case management and Tuberculosis-related services.**

**a. Case management services as defined in, and to the group specified in, Supplement 1 to ATTACHMENT 3.1-A (in accordance with §1905(a)(19) or §1915(g) of the Act).**

Provided:  With limitations  Not provided

**b. Special tuberculosis (TB) related services under § 1902(z)(2)(F) of the Act.**

Provided:  With limitations  Not provided

**20. Extended services for pregnant women.**

**a. Pregnancy-related and postpartum services for 60 days after the pregnancy ends.**

Provided<sup>+</sup>:  Additional coverage<sup>++</sup> See Supplement 3.

**b. Services for any other medical conditions that may complicate pregnancy.**

Provided<sup>+</sup>:  Additional coverage<sup>++</sup>  Not provided.

**21. Certified pediatric or family nurse practitioners' services.**

Provided:  With limitations

Not provided

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State of VIRGINIA

**22. Respiratory care services (in accordance with §1902(e)(9)(A) through (C) of the Act).**

- Provided:  With limitations  
 Not provided  No limitations

**23. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.**

a.1. Transportation

- No Limitations  With Limitations

a 2. Brokered Transportation

- Provided under section 1902(a)(70)

The State assures it has established a non-emergency medical transportation program in order to more cost-effectively provide transportation, and can document, upon request from CMS, that the transportation broker was procured in compliance with the requirements of 45 CFR 92.36 (b)-(f).

*A brief description of Virginia's transportation brokerage is included at the end of this section.*

(1) The State will operate the broker program without the requirements of the following paragraphs of section 1902(a);

- statewideness (indicate areas of State that are covered)  
 (10)(B) comparability (indicate participating beneficiary groups)

(23) freedom of choice (indicate mandatory population groups) (2) Transportation services provided will include:

- wheelchair van  
 taxi  
 stretcher car  
 bus passes  
 tickets  
 secured transportation  
 other transportation (please describe)- - Inter-City Bus

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*As part of non-emergency transportation coverage, the state includes costs for lodging and meals where necessary for the recipient to have access to a covered medical service. Where necessary, the costs for an attendant which may include transportation, lodging and meals are also included. DMAS has the final decision as to coverage for lodging, meals and attendants and the reimbursement for these.*

(3) The State assures that transportation services will be provided under a contract with a broker who:

- (i) is selected through a competitive bidding process based on the State's evaluation of the broker's experience, performance, references, resources, qualifications, and costs;
- (ii) has oversight procedures to monitor beneficiary access and complaints and ensures that transport personnel are licensed, qualified, competent, and courteous;
- (iii) is subject to regular auditing and oversight by the State in order to ensure the quality of the transportation services provided and the adequacy of beneficiary access to medical care and services;
- (iv) complies with such requirements related to prohibitions on referrals and conflict of interest as the Secretary shall establish (based on prohibitions on physician referrals under section 1877 and such other prohibitions and requirements as the Secretary determines to be appropriate);

The transportation broker does not provide transportation and is not a governmental entity.

(4) The broker contract will provide transportation to the following categorically needy mandatory populations:

- Low-income families with children (section 1931)
- Low-income pregnant women
- Low-income infants
- Low-income children 1 through 5
- Low-income children 6 - 19
- Qualified pregnant women
- Qualified children
- IV-E Federal foster care and adoption assistance children
- TMA recipients (due to employment)
- TMA recipients (due to child support)
- SSI recipients

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

State of VIRGINIA

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(5) The broker contract will provide transportation to the following categorically needy optional populations:

- Optional low-income pregnant women
- Optional low-income infants
- Optional targeted low-income children
- Individuals under 21 who are under State adoption assistance agreements
- Individuals under age 21 who were in foster care on their 18<sup>th</sup> birthday
- Individuals who meet income and resource requirements of AFDC or SSI
- Individuals who would meet the income & resource requirements of AFDC if child care costs were paid from earnings rather than by a State agency
- Individuals who would be eligible for AFDC if State plan had been as broad as allowed under Federal law
- Individuals who would be eligible for AFDC or SSI if they were not in a medical institution
- Individuals infected with TB
- Individuals screened for breast or cervical cancer by CDC program
- Individuals receiving COBRA continuation benefits
- Individuals in special income level group, in a medical institution for at least 30 consecutive days, with gross income not exceeding 300% of SSI income standard
- Individuals receiving home and community based waiver services who would only be eligible under State plan if in a medical institution
- Individuals terminally ill if in a medical institution and will receive hospice care
- Individuals aged or disabled with income not above 100% FPL
- Individuals receiving only an optional State supplement in a 209(b) State
- Individuals working disabled who buy into Medicaid (BBA working disabled group)
- Individuals working disabled who buy into Medicaid (TWWIIA working disabled group)
- Employed medically improved individuals who buy into Medicaid under TWWIIA Medical Improvement Group

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State of VIRGINIA

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- Individuals disabled age 18 or younger who would require an institutional level of care (TEFRA 134 kids)

(6) The State will pay the contracted broker by the following method:

- risk capitation
- non-risk capitation
- other (e.g., brokerage fee and direct payment to providers)

*DMAS makes monthly captitation payments to the broker. Payment is on a per- member-per- month basis. Actuarial analysis is conducted on transportation data to establish the rates paid to the broker. The broker makes payments to the transportation provider.*

*Description- Virginia's Transportation Brokerage:*

*The Department of Medical Assistance Services initiated non-emergency transportation brokerage in 2001. The brokerage is for Medicaid and S-CHIP enrollees not in managed care plans. Brokers are paid on a per-member-per-month basis.*

*Recipients contact the broker when in need of transportation to a DMAS covered service. The broker verifies enrollment and that the trip is to a covered service, arranges for the transportation, and reimburses the transportation provider. The broker has contracts with numerous transportation providers and assures that transportation is available throughout the region.*

*The current transportation broker was selected through a request-for-proposals issued in 2004, with DMAS and the broker signing the contract in 2005. The broker serves all regions.*

*The current DMAS contract with the broker expires September 30, 2008 with the option of three one-year extensions. Future year increases will be based on the transportation portion of the Washington-Baltimore Consumer Price Index.*

**b. Services provided in Religious Nonmedical Health Care Institutions.**

- Provided:       No Limitations       With Limitations

**c. Reserved.**

**d. Skilled nursing facility services for patient under 21 years of age.**

- Provided:       No Limitations       With Limitations

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

State of VIRGINIA

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUP(S): ALL

MEDICAID PROGRAM: REQUIREMENTS RELATING TO COVERED OUTPATIENT DRUGS FOR THE  
MEDICALLY NEEDY

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**e. Emergency hospital services.**

Provided:  No Limitations  With Limitations

**f. Personal care services in a recipient's home, prescribed in accordance with a plan of treatment and provided by a qualified person under supervision of a registered nurse.**

Provided:  No Limitations  With Limitations



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

State of VIRGINIA

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Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Medically Needy.

28. Program of All-inclusive Care for the Elderly (PACE) services, as described and limited in Supplement 6 to Attachment 3.1-A.

XXX Election of PACE: By virtue of this submittal, the State elects PACE as an optional State Plan service.

           No election of PACE: By virtue of this submittal, the State elects to not add PACE as an optional State Plan service.

State/Territory: Virginia**AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED****MEDICALLY NEEDY GROUP(S)**

## 30. Coverage of Routine Patient Cost in Qualifying Clinical Trials

\*The state needs to check each assurance below.

Provided: \_\_\_\_\_

## I. General Assurances:

**Routine Patient Cost – Section 1905(gg)(1)**

X Coverage of routine patient cost for items and services as defined in section 1905(gg)(1) that are furnished in connection with participation in a qualified clinical trial.

**Qualifying Clinical Trial – Section 1905(gg)(2)**

X A qualified clinical trial is a clinical trial that meets the definition at section 1905(gg)(2).

**Coverage Determination – Section 1905(gg)(3)**

X A determination with respect to coverage for an individual participating in a qualified clinical trial will be made in accordance with section 1905(gg)(3).

PRA Disclosure Statement - This information is being collected to assist the Centers for Medicare & Medicaid Services in implementing Section 210 of the Consolidated Appropriations Act of 2021 amending section 1905(a) of the Social Security Act (the Act), by adding a new mandatory benefit at section 1905(a)(30). Section 210 mandates coverage of routine patient services and costs furnished in connection with participation by Medicaid beneficiaries in qualifying clinical trials effective January 1, 2022. Section 210 also amended sections 1902(a)(10)(A) and 1937(b)(5) of the Act to make coverage of this new benefit mandatory under the state plan and any benchmark or benchmark equivalent coverage (also referred to as alternative benefit plans, or ABPs). Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #74). Public burden for all of the collection of information requirements under this control number is estimated to take about 56 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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**MEDICAID PROGRAM: REQUIREMENTS RELATING TO COVERED OUTPATIENT DRUGS FOR THE  
MEDICALLY NEEDY**

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Citation(s)	Provision(s)
1927(d)(2) and 1935(d)(2)	1. The Medicaid agency provides coverage for the following excluded or otherwise restricted drugs or classes of drugs, or their medical uses to all Medicaid recipients, including full benefit dual eligible beneficiaries under the Medicare Prescription Drug Benefit-Part D.  _____ The following excluded drugs are covered:  <input checked="" type="checkbox"/> (a) agents when used for anorexia, weight loss, weight gain (see specific drug categories below)  <input type="checkbox"/> (b) agents when used to promote fertility (see specific drug categories below)  <input type="checkbox"/> (c) agents when used for cosmetic purpose or hair growth (see specific drug categories below)  <input checked="" type="checkbox"/> (d) agents when used for the supmtomatic relief of cough and colds (see specific drug categories below)  <input checked="" type="checkbox"/> (e) prescription vitamins and mineral products, except prenatal vitamins and fluoride (see specific drug categories below)  <input checked="" type="checkbox"/> (f) nonprescription drugs (see specific drug categories below)

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MEDICALLY NEEDY GROUP(S): ALL

MEDICAID PROGRAM: REQUIREMENTS RELATING TO COVERED OUTPATIENT DRUGS FOR THE  
MEDICALLY NEEDY

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Citation(s)	Provision(s)

1927(d)(2) and 1935(d)(2)  (g) covered outpatient drugs which the manufacturer seeks to require as a condition of sale that associated tests or monitoring services be purchased exclusively from the manufacturer or its designee (see specific drug categories below)

(The Medicaid agency lists specific category of drugs below)

Coverage of specific categories of excluded  
drugs will be in accordance with existing  
Medicaid policy as described in Supplements  
1 and 5 to Attachment 3.1 A&B

**No excluded drugs are covered.**

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