



COMMONWEALTH of VIRGINIA
Office of the Governor

Janet Vestal Kelly
Secretary of Health and Human Resources

May 15, 2025

Todd McMillion
Director
Department of Health and Human Services
Centers for Medicare and Medicaid Services
233 North Michigan Ave., Suite 600
Chicago, Illinois 60601

Dear Mr. McMillion:

Attached for your review and approval is amendment 25-006, entitled "Clinic Services" to the Plan for Medical Assistance for the Commonwealth. I request that your office approve this change as quickly as possible.

This is one of three SPAs that DMAS will be submitting that address services provided by Indian Health Service (IHS) facilities, including facilities operated by a tribe or tribal organization under a Section 638 Agreement with the IHS. SPA 25-006 amends Section 3.1-A&B specifying the scope of covered clinic services, including tribal clinics. SPA 25-007 amends Section 4.19-B and clarifies those services that DMAS will reimburse at the All-Inclusive Rate (AIR) when provided by an IHS or tribal 638 facility. The Department intends to notice a third SPA for public comment and tribal consultation that implements a directive from the Virginia General Assembly limiting the applicability of the AIR to tribal facility services eligible for the 100% FMAP. Please note that each has a different effective date.

Sincerely,


Janet V. Kelly

Attachment

cc: Cheryl J. Roberts, Director, Department of Medical Assistance Services

TRANSMITTAL SUMMARY

SPA 25-006

I. IDENTIFICATION INFORMATION

Title of Amendment: Clinic Services

II. SYNOPSIS

Basis and Authority: The Code of Virginia (1950) as amended, § 32.1-325, grants to the Board of Medical Assistance Services the authority to administer and amend the Plan for Medical Assistance. The Code of Virginia (1950) as amended, § 32.1-324, authorizes the Director of the Department of Medical Assistance Services (DMAS) to administer and amend the Plan for Medical Assistance according to the Board's requirements.

Purpose: The state plan is being amended to make the following changes to the definition of clinic services using the template that CMS provided to States on March 10, 2025, and the new definition of clinic services at 42 C.F.R. § 440.90, which became effective January 1, 2025.

Because the final CMS template was not released until March 10, 2025, and in accordance with CMS instructions, DMAS submitted a blank SPA template on March 31, 2025, to preserve the January 1st effective date, to allow for tribal consultation on the completed SPA template.

This completed version of the SPA specifies that Virginia Medicaid covers:

- Medical and Behavioral Health Clinics;
- IHS and Tribal Clinics;
- Renal Dialysis Clinics; and
- Other Clinics, which include health department clinics, ambulatory surgery clinics, and family planning clinics.

The SPA also specifies that clinic services provided under 42 CFR 440.90 do not include the following services: dental, pharmacy, home health, hospice, physical therapy, occupational therapy, speech language pathology, transportation, 1915(c) waiver services, and community mental health services. To provide those services, clinics must enroll as that provider type and abide by the state plan requirements for those services. These limitations reflect longstanding DMAS practice.

The completed SPA template, specifies that that Indian Health Services (IHS) and tribal clinics enrolled as a clinic provider type may provide any clinic service as defined in the SPA. The SPA also assures that services may be furnished outside of a clinic that is a facility of the IHS, whether operated by the IHS or by a Tribe or Tribal organization when the service is provided by clinic personnel under the direction of a physician in accordance with 42 C.F.R. 440.90(c).

Substance and Analysis: The section of the State Plan that is affected by this amendment is "Amount, Duration, and Scope of Medical and Remedial Care and Services Provided to the

Categorically Needy and Medically Needy."

Impact: The fiscal/budgetary impact is shown in the chart below:

	FFY25	FFY26
State	\$ (11,981,796)	\$ (19,637,515)
Federal	\$ {18,196,791}	\$ {28,762,667}

Tribal Notice: Please see attached.

Prior Public Notice: N/A

Public Comments and Agency Analysis: A comment was submitted objecting to the scope of clinic services described in the SPA. A second comment was submitted objecting to the SPA and requesting that it be withdrawn. The agency thoroughly considered these comments and has decided to submit the final SPA as proposed.



Tribal Notice - State Plan Amendment

From McClellan, Emily (DMAS) <Emily.McClellan@dmas.virginia.gov>

Date Mon 3/24/2025 4:43 PM

To TribalOffice@MonacanNation.com <TribalOffice@MonacanNation.com>; Ann Richardson <chiefannerich@aol.com>; Pam Thompson (pamelathompson4@yahoo.com) <pamelathompson4@yahoo.com>; rappahannocktrib@aol.com (rappahannocktrib@aol.com) <rappahannocktrib@aol.com>; regstew007@gmail.com (regstew007@gmail.com) <regstew007@gmail.com>; Richard Matens <Richard.matens@pamunkey.org>; chief@monacannation.gov <chief@monacannation.gov>; Stephen Adkins (chiefstephenadkins@gmail.com) <chiefstephenadkins@gmail.com>; bradbybrown@gmail.com (bradbybrown@gmail.com) <bradbybrown@gmail.com>; Garrett, Tabitha (IHS/NAS/RIC) (tabitha.garrett@ihs.gov) <tabitha.garrett@ihs.gov>; Kara Kearns (kara.kearns@ihs.gov) <kara.kearns@ihs.gov>; administrator@nansemond.gov <administrator@nansemond.gov>; info@afwellness.com <info@afwellness.com>; info@fishingpointhc.com <info@fishingpointhc.com>; contact@Nansemond.gov <contact@Nansemond.gov>; brandon.custalow@mattaponination.com <brandon.custalow@mattaponination.com>; admin@umitribe.org <admin@umitribe.org>; Reels-Pearson, Lorraine (IHS/NAS/AO) <Lorraine.reels-pearson@ihs.gov>; Holmes, Remedios (IHS/NAS/RIC) <remedios.holmes@ihs.gov>; lindsey.taylor@ihs.gov <lindsey.taylor@ihs.gov>

 3 attachments (2 MB)

Tribal Notice Letter 3-24-25 (signed).docx; BLANK Clinic Benefit Template Supp1 3.1A&B 3-24-25.docx; SPA 25-0006 DRAFT 3-24-25.pdf;

Dear Tribal Leaders and Indian Health Programs,

Attached is a letter from Virginia Medicaid Director Cheryl Roberts related to clinic services. I am also attaching the blank state plan pages that will be filed with CMS by March 31, 2025, along with a draft of the completed template.

Please let us know if you have any questions.

Thank you! --Emily McClellan

Emily McClellan
Policy Division Director
Department of Medical Assistance Services
emily.mcclellan@dmas.virginia.gov 804-371-4300
Tuesday - Friday 7:00 am - 5:30 pm
www.dmas.virginia.gov



T Trust	H Health	R Results	I Integrity	V Vision	E Engagement
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Virginia's Medicaid Program

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COMMONWEALTH of VIRGINIA

CHERYL J. ROBERTS
DIRECTOR

Department of Medical Assistance Services

SUITE 1300
600 EAST BROAD STREET
RICHMOND, VA 23219
804/786-7933
800/343-0634 (TDD)
www.dmas.virginia.gov

March 24, 2025

SUBJECT: Notice of Opportunity for Tribal Comment – State Plan Amendment related to Clinic Services.

Dear Tribal Leader and Indian Health Programs:

This letter is to notify you that the Department of Medical Assistance Services (DMAS) is planning to amend the Virginia State Plan for Medical Assistance with the Centers for Medicare and Medicaid Services (CMS). Specifically, DMAS is providing you notice about a State Plan Amendment (SPA) that the Agency will file with CMS in order to comply with a CMS [notice](#) indicating that:

“The completion of the [SPA] template is mandatory only for states that both cover the clinic services benefit and cover tribal clinics to allow clinic services to be provided outside of the clinic under the clinic services benefit ...”

DMAS covers the optional clinic services benefit, and covers tribal clinics, including the “outside of the clinic” benefit, and as a result, is required to file this SPA. The CMS notice was accompanied by a draft template.

CMS provided a final version of the template for the SPA on March 10, 2025. DMAS is including two attachments, the completed SPA template and a blank template. CMS has indicated that state Medicaid agencies must file a blank SPA by March 31, 2025 to preserve the option for a January 1, 2025 effective date, while allowing for a tribal consultation period before the completed SPA template is submitted. DMAS will submit a blank SPA template to CMS by March 31, 2025, and will submit a completed template after tribal consultation has occurred.

Virginia Medicaid covers:

- Medical and Behavioral Health Clinics;
- IHS and Tribal Clinics;
- Renal Dialysis Clinics; and
- Other Clinics, which include health department clinics, ambulatory surgery clinics, and family planning clinics.

The SPA template requires DMAS to list any limitations on clinic services. DMAS does not intend to make any changes to its practices regarding the scope of clinic services, but to clarify that clinic services provided under 42 CFR 440.90 do not include the following services: dental, pharmacy, home health, hospice, physical therapy, occupational therapy, speech language pathology,

transportation, 1915(c) waiver services, and community mental health services. To provide those services, clinics must enroll as that provider type and abide by the state plan requirements for those services. These limitations match longstanding DMAS practice.

In the completed SPA template, DMAS is required to define the scope of tribal clinic services and to confirm that clinic services can be provided outside of the four walls of the clinic. DMAS intends to clarify that the scope of tribal clinic services is the same as for non-tribal clinics. DMAS will also confirm in the completed SPA template that IHS and tribal clinic services can be provided outside of the clinic.

We encourage you to let us know if you have any comments or questions. The tribal comment period for this SPA is open through April 25, 2025. You may submit your comments directly to Meredith Lee, DMAS Policy Division, by phone (804) 371-0552, or via email: Meredith.Lee@dmas.virginia.gov. Finally, if you prefer regular mail you may send your comments or questions to:

Virginia Department of Medical Assistance Services
Attn: Meredith Lee
600 East Broad Street
Richmond, VA 23219

Please forward this information to any interested party.

Sincerely,



Cheryl J. Roberts, JD
Director

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

§8 Private duty nursing services.

A. Not provided.

~~§9 Clinic services.~~

~~A. Reserved.~~

~~B. Clinic services means preventive, diagnostic, therapeutic, rehabilitative, or palliative items or services that:~~

- ~~1. Are provided to outpatients;~~
- ~~2. are provided by a facility that is not part of a hospital but is organized and operated to provide medical care to outpatients; and~~
- ~~3. except in the case of nurse-midwife services, as specified in 42 CFR §440.165, are furnished by or under the direction of a physician or dentist.~~

~~C. Reimbursement to community mental health clinics for psychotherapy services is provided only when performed by a qualified therapist. For purposes of this section, a qualified therapist is:~~

- ~~1. A licensed physician who has completed three years of post-graduate residency training in psychiatry;~~
- ~~2. An individual licensed or registered by one of the boards administered by the Department of Health Professions to provide psychotherapy services including an LMHP, LMHP-R, LMHP-RP, or LMHP-S, as defined in Attachment 3.1A&B, Supplement 1, pages 31 and 31.1.~~

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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TN No. 17-008

Approval Date 8-25-17

Effective Date 04-01-17

Supersedes

TN No. 12-07

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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TN No. 19-005

Approval Date 05-06-19

Effective Date 01-01-19

Supersedes

TN No. 15-001

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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TN No. 19-005

Approval Date 05-06-19

Effective Date 01-01-19

Supersedes

TN No. 17-08

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

1. TRANSMITTAL NUMBER ____ _	2. STATE ____
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3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT XIX XXI
--

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

5. FEDERAL STATUTE/REGULATION CITATION
--


6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY _____ \$ _____
b. FFY _____ \$ _____

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
--

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

9. SUBJECT OF AMENDMENT

10. GOVERNOR'S REVIEW (Check One)	
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	<input type="checkbox"/> OTHER, AS SPECIFIED: Secretary of Health and Human Resources

11. SIGNATURE OF STATE AGENCY OFFICIAL 
12. TYPED NAME
13. TITLE
14. DATE SUBMITTED

15. RETURN TO

FOR CMS USE ONLY	
16. DATE RECEIVED	17. DATE APPROVED

PLAN APPROVED - ONE COPY ATTACHED	
18. EFFECTIVE DATE OF APPROVED MATERIAL	19. SIGNATURE OF APPROVING OFFICIAL
20. TYPED NAME OF APPROVING OFFICIAL	21. TITLE OF APPROVING OFFICIAL

22. 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

§8 Private duty nursing services.

A. Not provided.

TN No. 19-005

Approval Date 05-06-19

Effective Date 01-01-19

Supersedes

TN No. 12-07

State Plan under Title XIX of the Social Security Act

State/Territory: Virginia

Section 1905(a)(9) Clinic Services

The state provides coverage for this benefit as defined at section §1905(a)(9) of the Social Security Act (the Act) and 42 C.F.R. 440.90 and as described as follows:

General Assurances**[Select all three checkboxes below.]**

- The state assures services are furnished by a facility that is not part of a hospital in accordance with 42 C.F.R. 440.90.
- The state assures that services are furnished by facilities that are organized and operated to provide medical care to outpatients in accordance with 42 C.F.R. 440.90.
- The state assures that services are furnished under the direction of a physician or dentist in accordance with 42 C.F.R. 440.90(a).

Types of Clinic Services and Limitations in Amount, Duration, or Scope**[Select if applicable, describe below, and indicate if limits may be exceeded based upon state determined medical necessity criteria.]**

- Limitations apply to all services within the benefit category.

Providers must be enrolled as a clinic provider type. Clinic services are limited to outpatient medical and behavioral health services.

The following services are not clinic services: dental, pharmacy, home health, hospice, physical therapy, occupational therapy, speech language pathology, transportation, 1915(c) waiver services, and community mental health services. To provide these non-clinic services, the provider must enroll as the

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1905(a)(9) of the Social Security Act. 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 #91). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 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.

TN: 25-0006

Approval Date:

Supersedes TN: 17-0008

Effective: 1/1/2025

State Plan under Title XIX of the Social Security Act

State/Territory: Virginia

Section 1905(a)(9) Clinic Services

correct provider type and abide by the state plan requirements for those services.

Types of Clinics and Services:

[Select all that apply and describe below as applicable]



Behavioral Health Clinics [Describe the types of behavioral health clinics below and select below if applicable.]:

[Empty text box for describing behavioral health clinics]



Limitations apply only to this clinic type within the benefit category. [Describe below and indicate if limits may be exceeded based upon state determined medical necessity criteria.]

Behavioral health clinics must be enrolled as a clinic provider type and meet applicable state licensing standards for behavioral health clinics. Behavioral health clinic services are limited to Opioid Treatment Programs and Office-Based Addiction Treatment services, provided that the requirements in Attachment 3.1 A&B, Supplement 1, pages 45 and 47 et seq. are met, and outpatient psychiatric services when provided by a qualified therapist as defined below:
• A licensed physician who has completed three years of post-graduate residency training in psychiatry; or
• An individual licensed or registered by one of the boards administered by the Department of Health Professions to provide psychotherapy

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1905(a)(9) of the Social Security Act. 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 #91). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 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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Effective: 1/1/2025

State Plan under Title XIX of the Social Security Act

State/Territory: Virginia

Section 1905(a)(9) Clinic Services

services including an LMHP, LMHP-R, LMHP- RP, or LMHP-S, as defined in Attachment 3.1A&B, Supplement 1, pages 31 and 31.1.

Behavioral health clinic services do not include community mental health services.

IHS and Tribal Clinics **[Select below if applicable.]:**

Limitations apply only to this clinic type within the benefit category. **[describe below and indicate if limits may be exceeded based upon state determined medical necessity criteria].**

Tribal facilities enrolled as a clinic provider type may provide any clinic service as defined in Attachment 3.1-A&B, Supplement 1, page 15.3.

Renal Dialysis Clinics **[Select below if applicable.]:**

Limitations apply only to this clinic type within the benefit category. **[Describe below and indicate if limits may be exceeded based upon state determined medical necessity criteria.]**

Renal dialysis clinics must comply with the requirements of 42 CFR 441.40.

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1905(a)(9) of the Social Security Act. 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 #91). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 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.

TN: 25-0006

Approval Date:

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Effective: 1/1/2025

State Plan under Title XIX of the Social Security Act

State/Territory: Virginia

Section 1905(a)(9) Clinic Services



Other Clinics [Describe the types of clinics, if any limitations apply, and select below if applicable.]:

Health department clinics, ambulatory surgery clinics, and family planning clinics.



Limitations apply only to this clinic type within the benefit category. [Describe below and indicate if limits may be exceeded based upon state determined medical necessity criteria.]

Health department clinics are operated by state or local governments. Ambulatory surgery clinics must comply with the requirements of 42 CFR Part 416 and the state plan requirements for outpatient services. Family planning clinics must comply with the requirements of 42 CFR 441.20 and the state plan requirements for family planning services.

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1905(a)(9) of the Social Security Act. 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 #91). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 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.

TN: 25-0006

Approval Date:

Supersedes TN: New page

Effective: 1/1/2025

State Plan under Title XIX of the Social Security Act

State/Territory: Virginia

Section 1905(a)(9) Clinic Services

Four Walls Exceptions

The state assures that the following services may be furnished outside of the clinic. [Select the first and second checkbox; Do not select the second checkbox if the state does not enroll IHS or Tribal facilities as providers of clinic services.]:

- Services furnished outside the clinic, by clinic personnel under the direction of a physician, to an eligible individual who does not reside in a permanent dwelling or does not have a fixed home or mailing address in accordance with 42 C.F.R. 440.90(b).
Services furnished outside a clinic that is a facility of the Indian Health Service, whether operated by the Indian Health Service (IHS) or by a Tribe or Tribal organization (as authorized by the Indian Self-Determination and Education Assistance Act (ISDEAA), Pub. L. 93-638), by clinic personnel under the direction of a physician in accordance with 42 C.F.R. 440.90(c).

The state elects to cover the following services outside of the clinic [Select all that apply.]:

- Services furnished outside of a clinic that is primarily organized for the care and treatment of outpatients with behavioral health disorders, including mental health and substance use disorders, by clinic personnel under the direction of a physician in accordance with 42 C.F.R. 440.90(d) [Describe the types of behavioral health clinics such exception applies to below.]:

Empty text box for describing behavioral health clinics.

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1905(a)(9) of the Social Security Act. 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 #91). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 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.

TN: 25-0006

Approval Date:

Supersedes TN: New page

Effective: 1/1/2025

State Plan under Title XIX of the Social Security Act

State/Territory: Virginia

Section 1905(a)(9) Clinic Services

Services furnished outside of a clinic that is located in a rural area and is not a rural health clinic (as referenced in section §1905(a)(2)(B) of the Act and 42 C.F.R. 440.20(b) of this subpart) by clinic personnel under the direction of a physician in accordance with 42 C.F.R. 440.90(e) [Select one of the checkboxes below and describe the definition of a rural area that applies to this exception.]:

A definition adopted and used by a federal governmental agency for programmatic purposes [Describe below.]:

[Empty text box for describing federal agency definition]

A definition adopted by a state governmental agency with a role in setting state rural health policy [Describe below.]:

[Empty text box for describing state agency definition]

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1905(a)(9) of the Social Security Act. 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 #91). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 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.

TN: 25-0006

Approval Date:

Supersedes TN: 19-005

Effective: 1/1/2025

State Plan under Title XIX of the Social Security Act

State/Territory: Virginia

Section 1905(a)(9) Clinic Services

The state attests that [Select the checkbox if the state elects to cover services outside of a clinic that is located in a rural area.]:

- [] The selected definition of a rural area best captures the population of rural individuals that meets more of the four criteria that mirror the needs and barriers to access experienced by individuals who are unhoused:
- The population experiences high rates of behavioral health diagnoses or difficulty accessing behavioral health services;
- The population experiences issues accessing services due to lack of transportation;
- The population experiences a historical mistrust of the health care system; and
- The population experiences high rates of poor health outcomes and mortality.

Additional Benefit Description (Optional)

At its option the state may provide additional descriptive information about the benefit, beyond what is included in the federal statutory and regulatory definitions and descriptions. [Describe below.]:

[Empty box for additional benefit description]

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1905(a)(9) of the Social Security Act. 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 #91). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 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.

TN: 25-0006

Approval Date:

Supersedes TN: 19-005

Effective: 1/1/2025