



COMMONWEALTH of VIRGINIA

Office of the Governor

John E. Littel
Secretary of Health and Human Resources

September 14, 2022

James G. Scott, Director
Division of Program Operations
Medicaid & CHIP Operations Group
Centers for Medicare and Medicaid Services
601 E. 12th St., Room 355
Kansas City, MO 64106

Dear Mr. Scott:

Attached for your review and approval is amendment 22-0022, entitled "Preventive Services" to the Plan for Medical Assistance for the Commonwealth. I request that your office approve this change as quickly as possible.

Sincerely,

A handwritten signature in blue ink that reads "John E. Littel".

John E. Littel

Attachment

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

Transmittal Summary

SPA 22-022

I. IDENTIFICATION INFORMATION

Title of Amendment: Preventive 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: Item 304.EEEE in the 2022 Appropriations Act requires DMAS to “amend the State Plan under Title XIX of the Social Security Act, and any waivers thereof as necessary to add coverage of the preventive services provided pursuant to the Patient Protection and Affordable Care Act (PPACA) for adult, full Medicaid individuals who are not enrolled pursuant to the PPACA.”

The scope of coverage for preventive services aligns with the Affordable Care Act (ACA) standards, which specify that preventive care for adults be consistent with the following:

- Services that have in effect a rating of “A” or “B” in the current recommendations of the U.S. Preventive Services Task Force (USPSTF);
- Immunizations recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention; and,
- Women’s preventive health care per current Health Resources and Services Administration (HRSA) guidelines.

The Healthcare.gov website provides a detailed list of the specific preventive services.

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 expected increase in annual aggregate expenditures is \$8,382 in state general funds, \$10,686 in federal funds in federal fiscal year 2022.

Tribal Notice: Please see Attachments A-1 and A-2.

Prior Public Notice: N/A

Public Comments and Agency Analysis: N/A



Lee, Meredith <meredith.lee@dmas.virginia.gov>

Tribal Notice-Coverage of the Preventive Services

1 message

Lee, Meredith <meredith.lee@dmas.virginia.gov>

Tue, Aug 30, 2022 at 1:15 PM

To: bradbybrown@gmail.com, chiefannerich@aol.com, chiefstephenadkins@gmail.com, jerry.stewart@cit-ed.org, Kara.Kearns@ihs.gov, Pamelathompson4@yahoo.com, rappahannocktrib@aol.com, regstew007@gmail.com, tabitha.garrett@ihs.gov, tribaladmin@monacannation.com, TribalOffice@monacannation.com, WFrankAdams@verizon.net, Mia Eubank <Mia.Eubank@ihs.gov>, Robert Gray <robert.gray@pamunkey.org>, Sam Bass <samflyingeagle48@yahoo.com>

Dear Tribal Leaders and Indian Health Programs:

Attached is a Tribal Notice letter from Virginia Medicaid Acting Director Cheryl Roberts indicating that the Dept. of Medical Assistance Services (DMAS) plans to submit a State Plan Amendment (SPA) to the federal Centers for Medicare and Medicaid Services. This SPA will allow DMAS to add coverage of the preventive services provided pursuant to the Patient Protection and Affordable Care Act (PPACA) for adult, full Medicaid individuals who are not enrolled pursuant to the PPACA. This is in accordance with Item 304.EEEE in the 2022 Appropriations Act.

If you would like a copy of the SPA documents or proposed text changes, or if you have any questions, please let us know.

Thank you!

Meredith Lee

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Meredith Lee
Policy, Regulations, and Manuals Supervisor
Division of Policy, Regulation, and Member Engagement
Department of Medical Assistance Services
600 East Broad Street
Richmond, VA 23219
meredith.lee@dmas.virginia.gov
(804) 371-0552



 **Tribal Notice Letter 08-30-22, signed.pdf**
209K



COMMONWEALTH of VIRGINIA

Department of Medical Assistance Services

CHERYL ROBERTS
ACTING DIRECTOR

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

August 30, 2022

SUBJECT: Notice of Opportunity for Tribal Comment – State Plan Amendment related to Preventive 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 add coverage of the preventive services provided pursuant to the Patient Protection and Affordable Care Act (PPACA) for adult, full Medicaid individuals who are not enrolled pursuant to the PPACA.

The scope of coverage for preventive services aligns with the Affordable Care Act (ACA) standards, which specify that preventive care for adults be consistent with the following:

- Services that have in effect a rating of “A” or “B” in the current recommendations of the [U.S. Preventive Services Task Force](#) (USPSTF);
- Immunizations recommended by the [Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention](#); and,
- [Women’s preventive health care](#) per current Health Resources and Services Administration ([HRSA](#)) [guidelines](#).

The Healthcare.gov website provides a detailed list of the specific preventive services.

The tribal comment period for this SPA is open through September 29, 2022. You may submit your comments directly to Meredith Lee, DMAS Policy, Regulation, and Member Engagement 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
Acting 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
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PHYSICIAN'S SERVICES WHETHER FURNISHED IN THE OFFICE, THE PATIENT'S HOME, A HOSPITAL, A SKILLED NURSING FACILITY OR ELSEWHERE.

A. Elective surgery as defined by the Program is surgery that is not medically necessary to restore or materially improve a body function.

B. Cosmetic surgical procedures are not covered unless performed for physiological reasons and require Program prior approval.

C. Routine physicals and immunizations are ~~not covered except when (1) the services are provided under the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program and when a well child examination is performed in a private physician's office for a foster child of the local social services department on specific referral from those departments, or (2) the immunization is necessary for the direct treatment of an injury; or (3) the immunization is a pneumococcal or influenza vaccination that is reasonable and necessary for the prevention of illness.~~

D. Outpatient psychiatric services.

1. Psychiatric services can be provided by or under the supervision of an individual licensed under state law to practice medicine or osteopathy. Only the following licensed or registered providers are permitted to provide psychiatric services under the supervision of an individual licensed under state law to practice medicine or osteopathy: an LMHP, LMHP-R, LMHP-RP, LMHP-S, or a licensed school psychologist. Medically necessary psychiatric services shall be covered by DMAS or its designee and shall be directly and specifically related to an active written plan designed and signature dated by one of the healthcare professionals listed in this subdivision.

2. Psychiatric services shall be considered appropriate when an individual meets the following criteria:

a. Requires treatment in order to sustain behavioral or emotional gains or to restore cognitive functional levels which have been impaired;

b. Exhibits deficits in peer relations, dealing with authority, is hyperactive, has poor impulse control, is clinically depressed or demonstrates other dysfunctional clinical symptoms having an adverse impact on attention and concentration, abilities to learn, and/or ability to participate in employment, educational, or social activities;

c. Is at risk for developing or requires treatment for maladaptive coping strategies; and

d. Presents a reduction in individual adaptive and coping mechanisms or demonstrates extreme increase in personal distress.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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13b. Screening and Preventive services.

~~A. Screening mammograms for the female recipient population aged 35 and over shall be covered, consistent with the guidelines published by the American Cancer Society.~~

~~B. A. Screening PSA (meaning prostate specific antigen) and the related DRE (meaning digital rectal examination) for males shall be covered, consistent with the guidelines of the American Cancer Society.~~

~~C. Screening Pap smears shall be covered annually for females consistent with the guidelines published by the American Cancer Society.~~

B. All services otherwise provided pursuant to the Patient Protection and Affordable Care Act (PPACA) as amended, for adult, full Medicaid individuals.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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~~D. Screening services for colorectal cancer, specifically screening with an annual fecal occult blood test, flexible sigmoidoscopy or colonoscopy, or in appropriate circumstances radiologic imaging, in accordance with the most recently published recommendations established by the American College of Gastroenterology, in consultation with the American Cancer Society, for the ages, family histories, and frequencies referenced in such recommendations.~~

~~E. Low dose computed tomography (LDCT) lung cancer screening shall be given under medical direction, and covered annually for members between the ages of 55-80 years, who are current smokers, have quit smoking within the last 15 years, or have a history of at least one pack of cigarettes per day for 30 or more years.~~

~~13c. Preventive services.~~

A. C. Maternity length of stay and early discharge.

1. If the mother and newborn, or the newborn alone, is discharged earlier than 48 hours after the day of delivery, DMAS will cover one early discharge follow-up visit as recommended by the physicians in accordance with and as indicated by the "Guidelines for Perinatal Care" as developed by the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists (1992, as amended). The mother and newborn, or the newborn alone, if the mother has not been discharged, must meet the criteria for early discharge to be eligible for the early discharge follow-up visit. This early discharge follow-up visit does not affect or apply to any usual postpartum or well-baby care or any other covered care to which the mother or newborn is entitled; it is tied directly to an early discharge.
2. The early discharge follow-up visit must be provided as directed by a physician. The physician may coordinate with the provider of their choice to provide the early discharge follow-up visit, within the following limitations. Qualified providers are those hospitals physicians, nurse midwives, nurse practitioners, federally qualified health clinics, rural health clinics, and health departments clinics that are enrolled as Medicaid providers and are qualified by the appropriate state authority for delivery of the service. The staff providing the follow-up visit, at a minimum, must be a registered nurse having training and experience in maternal and child health. The visit must be provided within 48 hours of discharge.

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

4. PROPOSED EFFECTIVE DATE

5. FEDERAL STATUTE/REGULATION CITATION
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6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY _____ \$ _____
b. FFY _____ \$ _____

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
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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

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13b. Screening and Preventive services.

- A. Screening PSA (meaning prostate specific antigen) and the related DRE (meaning digital rectal examination) for males shall be covered, consistent with the guidelines of the American Cancer Society.
- B. All services otherwise provided pursuant to the Patient Protection and Affordable Care Act (PPACA) as amended, for adult, full Medicaid individuals.

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