



COMMONWEALTH of VIRGINIA

Office of the Governor

John Littel
Secretary of Health and Human Resources

August 2, 2023

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 23-012, entitled "Electronic Visit Verification (EVV) for Home Health 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, Director, Department of Medical Assistance Services

Transmittal Summary

SPA 23-0012

I. IDENTIFICATION INFORMATION

Title of Amendment: Electronic Visit Verification (EVV)

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: DMAS is incorporating changes to the state plan text in accordance with the requirements of the *Social Security Act* (SSA) § 1903(l) regarding EVV as applicable to home health care services across all mandates of the SSA and the *Cures Act*.

Substance and Analysis: The section of the State Plan that is affected by this amendment is entitled “The Amount, Duration, and Scope of Medical and Remedial Care and Services Provided to the Categorically Needy and Medically Needy”.

Virginia is in compliance with section 12006 of the 21st Century CURES Act, which required states to implement electronic visit verification (EVV) for personal care services by January 1, 2020. Section 12006 of the CURES Act requires states to implement EVV for Home Health Care Services (HHCS) by January 1, 2023. Virginia applied for and received a one-year Good Faith Effort (GFE) exemption for HHCS. As a result, Virginia plans to implement EVV for Home Health Care Services on July 1, 2023.

Impact: The EVV computerized aggregator system required approximately \$3.1 million in federal funds. In 2019, DMAS obtained this funding via a CMS-approved advance planning document. These funds have been expended and no additional funding is required.

Tribal Notice: Please see attached.

Prior Public Notice: Not applicable.

Public Comments and Agency Analysis: Not applicable.

Tribal Notification

Williams, Jimiequa (DMAS)

To:

- TribalOffice@MonacanNation.com;
- Ann Richardson;
- Gerald Stewart;
- Pam Thompson (pamelathompson4@yahoo.com);
- Rappahannock Tribe (rappahannocktrib@aol.com);
- Reggie Stewart;
- Gray, Robert;
- tribaladmin;
- Samuel Bass (samflyingeagle48@yahoo.com);
- Stephen Adkins (chiefstephenadkins@gmail.com);
- Frank Adams;
- bradbybrown@gmail.com (bradbybrown@gmail.com);
- tabitha.garrett@ihs.gov (tabitha.garrett@ihs.gov);
- kara.kearns@ihs.gov (kara.kearns@ihs.gov);
- Mia.Eubank@ihs.gov

7/19/2023 6:13 PM

Tribal Notice Letter (7.19.23 - signed).docx
60 KB

Good afternoon.

Dear Tribal Leaders and Indian Health Programs:

Attached is a Tribal Notice letter from Virginia Medicaid's Acting Director Cheryl J. 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 regarding Electronic Visit Verification (EVV) for Home Health.

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.

-J. Williams

Jimiequa Williams
Policy, Regulation, and Member Engagement Division
Regulatory Coordinator
Department of Medical Assistance Services
Hours: 7:30 a.m. - 5:00 p.m. (Monday-Thursday); 7:30 a.m. - 11:30 a.m. (Friday)
jimiequa.williams@dmas.virginia.gov
(804) 225-3508



COMMONWEALTH of VIRGINIA

Department of Medical Assistance Services

CHERYL J. ROBERTS
DIRECTOR

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

July 19, 2023

SUBJECT: Notice of Opportunity for Tribal Comment – State Plan Amendment related to Electronic Visit Verification (EVV) for Home Health

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 amend the State Plan for Medical Assistance to conform to the requirements of the Virginia Medicaid program with the *21st Century Cures Act*.

The *Cures Act* added § 1903(l) to the *Social Security Act* (SSA), mandating that states require the use of EVV for personal care and home health services. The *Cures Act* also provided for fiscal penalties for states that failed to carry-out the federal EVV requirements. Virginia is already in compliance with the requirement that states implement EVV for personal care services by January 1, 2020. States are required to implement EVV for Home Health Care Services (HHCS) by January 1, 2023. Virginia applied for and received a one-year Good Faith Effort (GFE) exemption for HHCS. As a result, Virginia plans to meet EVV compliance for HHCS on July 1, 2023, and will incorporate the mandates of the SSA and the *Cures Act*.

The tribal comment period for this SPA is open through August 19, 2023. You may submit your comments directly to Jimeequa Williams, DMAS Policy, Regulation, and Member Engagement Division, by phone (804) 225-3508, or via email: Jimeequa.Williams@dmas.virginia.gov. Finally, if you prefer regular mail you may send your comments or questions to:

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

Please forward this information to any interested party.

Sincerely,

A handwritten signature in black ink, appearing to read 'Cheryl J. Roberts'.

Cheryl J. Roberts, JD
Agency 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

7. Home Health Services.

A. Services must be ordered or prescribed by a physician, nurse practitioner (NP), clinical nurse specialist (CNS), or physician assistant (PA). Home health services shall be provided in accordance with 42 CFR 440.70 and the guidelines found in the Virginia Medicaid Home Health Manual. ~~Virginia will comply the Electronic Visit Verification System (EVV) requirements for home health services by January 1, 2023 in accordance with section 12006 of the 21st Century CURES Act.~~ All home health services rendered under this authority shall comply with the requirements of section 12006 of the 21st Century CURES Act, with regard to electronic visit verification (EVV), beginning July 1, 2023.

B. Nursing services provided by a home health agency.

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

2. Patients may receive up to five visits by a licensed nurse annually. Limits are per recipient, regardless of the number of providers rendering services. Annually shall be defined as July 1 through June 30 for each recipient. If services beyond these limitations are determined by the practitioner, as defined in paragraph A of this section to be required, then the provider shall request prior authorization from DMAS for additional services. Payment shall not be made for additional services unless authorized by DMAS.

C. Home health aide services provided by a home health agency.

1. Home Health Aides must function under the supervision of a registered nurse.

2. Home Health Aides must meet the certification requirements specified in 42 CFR 484.80.

**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

State of VIRGINIA

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