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State/Territory Name: VIRGINIA

State Plan Amendment (SPA) #: 20-0002

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th Street, Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

October 6, 2020

Karen Kimsey, Director
Department of Medical Assistance Services
600 East Broad Street, Suite 1300
Richmond, VA 23219

RE: Virginia State Plan Amendment 20-0002

Dear Ms. Kimsey:

The Centers for Medicare & Medicaid Services (CMS) has reviewed Virginia's State Plan Amendment (SPA) 20-0002, Electronic Visit Verification.

The purpose of this State Plan Amendment is to comply with the federal 21st Century CURES Act which requires states to implement electronic visit verification for personal care services by January 1, 2021.

This SPA is acceptable. Therefore, we are approving SPA 20-0002 with an effective date of September 1, 2020. Enclosed is the approved SPA page and signed CMS-179 form.

If you have any questions concerning this information, please contact me at (816) 426-6417, or your staff may contact Margaret Kosherzenko at Margaret.Kosherzenko@cms.hhs.gov or (215) 861-4288.

Sincerely,

James G. Scott, Director
Division of Program Operations

Enclosures

cc: Emily McClellan

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 2 0 — 0 0 2 </div>	2. STATE <div style="border: 1px solid black; padding: 2px; display: inline-block;">Virginia</div>
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)		

TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE <div style="border: 1px solid black; padding: 2px; display: inline-block;">9/1/2020</div>
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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 <div style="border: 1px solid black; padding: 2px; display: inline-block;">42 CFR 440</div>	7. FEDERAL BUDGET IMPACT a. FFY ²⁰²⁰ 0 b. FFY ²⁰²¹ 0
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <div style="border: 1px solid black; padding: 5px; min-height: 80px;"> Revised Pages: Attachment 3.1-A&B, Supplement 1, page 6.4.3 </div>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <div style="border: 1px solid black; padding: 5px; min-height: 80px; text-align: center;"> Same as Box 8 </div>
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10. SUBJECT OF AMENDMENT

Electronic Visit Verification (EVV)

GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT ²⁰²⁰
 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 	16. RETURN TO <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> Dept. of Medical Assistance Services 600 East Broad Street, #1300 Richmond VA 23219 Attn: Regulatory Coordinator </div>
13. TYPED NAME <div style="border: 1px solid black; padding: 2px; display: inline-block;">Karen Kimsey</div>	
14. TITLE <div style="border: 1px solid black; padding: 2px; display: inline-block;">Director</div>	
15. DATE SUBMITTED 9/1/2020 JHW 2-24-2020	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED September 1, 2020	18. DATE APPROVED September 30, 2020
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL September 1, 2020	20. SIGNATURE OF REGIONAL OFFICIAL
21. TYPED NAME James G. Scott	22. TITLE Director, Division of Program Operations

23. 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**

K. Personal care services under EPSDT.

1. Service definition. EPSDT Personal Care Services are designed to assist eligible children under the age of 21 with activities of daily living (ADLs) and instrumental activities of daily living (IADLs). These services may be provided either through an agency-directed or consumer-directed (CD) model. Services are provided in accordance with 42 CFR 440.167.

2. Service components may include: (i) Assistance with ADLs: bathing, dressing, toileting, transferring, eating/feeding, ambulation and bowel and bladder incontinence. Assistance can include hands on care, prompting, verbal cueing, multiple reminders and/or supervision of these tasks.

The individual's need for medically necessary personal care services shall be documented by a physician, physician's assistant or nurse practitioner in the Plan of Care, and updated as the individual's need for assistance changes or at a minimum of once every 12 months.

The state assures compliance with the Electronic Visit Verification System (EVV) requirements for personal care services (PCS) by January 1, 2021 in accordance with section 12006 of the 21st Century CURES Act.

Individuals choosing to receive services through the consumer-directed model shall choose a Consumer Directed Services Facilitator (SF) to provide training and guidance to the individual or their designee so that they can serve as an Employer of Record (EOR). An EOR is responsible for hiring, training, supervising, and firing personal care assistants. If the individual is under 18 years of age, the parent or responsible adult shall serve as the EOR. An EOR cannot be the paid caregiver, personal care assistant, or SF. An EOR can only serve on behalf of one individual. The only exception to this is that an EOR can serve on behalf of multiple individuals if the individuals reside at the same address, but only if these individuals do not receive services from the EOR at the same time.