



COMMONWEALTH of VIRGINIA
Office of the Governor

John Littel
Secretary of Health and Human Resources

February 20, 2024

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 24-0005, entitled "Other Licensed Practitioners" 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

CMS, Region III

Transmittal Summary

SPA 24-0005

I. IDENTIFICATION INFORMATION

Title of Amendment: Other Licensed Practitioners

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 recently received approval from CMS of SPA 23-0014, entitled "Pharmacists as Practitioners." CMS sent a "companion letter" with the SPA approval requesting additional changes to one of the state plan pages. These changes are wording changes only and do not reflect any change in coverage or in program rules. The changes that CMS requests are:

- (i) Remove the reference to ophthalmologists on this page of the state plan because these practitioners fall into the "physician services" section of the state plan. The word "ophthalmologists" has been removed as required by CMS.
- (ii) Clarify whether DMAS reimburses licensed optometrists and opticians or also reimburses unlicensed practitioners. Wording changes have been made to clarify that only licensed practitioners are covered.
- (iii) Clarify whether DMAS reimburses unlicensed providers for behavioral health services. Wording changes have been made to clarify that reimbursement is only made to licensed mental health professionals and certified pre-screeners.

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 Services."

Impact: There is no budget impact to these changes, as they are wording changes only and do not change coverage or program rules.

Tribal Notice: Please see attached.

Prior Public Notice: N/A


Public Comments and Agency Analysis: N/A

Tribal Notice - Medicaid services provided by non-physician, licensed practitioners

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

Thu 2/15/2024 4:32 PM

To:TribalOffice@MonacanNation.com <TribalOffice@MonacanNation.com>;Ann Richardson <chiefannerich@aol.com>;Gerald Stewart <jerry.stewart@cit-ed.org>;Pam Thompson (pamelathompson4@yahoo.com) <pamelathompson4@yahoo.com>; rappahannocktrib@aol.com (rappahannocktrib@aol.com) <rappahannocktrib@aol.com>;Reggie Stewart <regstew007@gmail.com>;Gray, Robert <robert.gray@pamunkey.org>;Adrian Compton <tribaladmin@monacannation.com>; 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>;Eubank, Mia (IHS/NAS/RIC) (mia.eubank@ihs.gov) <mia.eubank@ihs.gov>;davehennaman@gmail.com <davehennaman@gmail.com>; 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>
Cc:Lee, Meredith (DMAS) <Meredith.Lee@dmas.virginia.gov>

 1 attachments (175 KB)

02-15-24 SIGNED Tribal_Notice_Letter.pdf;

Dear Tribal Leaders and Indian Health Programs,

Attached is a letter from Virginia Medicaid Director Cheryl Roberts about a state plan amendment that outlines the specific types of licensed, non-physician practitioners who are directly reimbursed for health care services through Virginia Medicaid.

Please let us know if you have any questions.

Thank you! --Emily McClellan

Emily McClellan
Policy Division Director
DMAS
(804) 371-4300
emily.mcclellan@dmas.virginia.gov



COMMONWEALTH of VIRGINIA

Department of Medical Assistance Services

CHERYL J. ROBERTS
DIRECTOR

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

February 15, 2024

SUBJECT: Notice of Opportunity for Tribal Comment – State Plan Amendment related to Dental 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 the State Plan Amendment (SPA) that the Agency will file with CMS in order to make changes to the section of the state plan that deals with non-physician providers.

The changes to this section (“Other Licensed Providers”) are:

- Removing the reference to ophthalmologists, as these are physicians and are covered under the “Physician Services” section of the state plan.
- Clarifying that optometrists and opticians are licensed providers.
- Specifically listing each type of “other licensed provider” that can enroll with DMAS. These providers have long been covered by DMAS, and there is no change to coverage, but CMS is now requesting (for the first time) that DMAS specifically list each type of “other licensed provider.” As a result, the SPA includes a list of individual provider types that bill DMAS independently (and not through a facility or group) and that aren’t already covered in other sections of the state plan.

We realize that the changes in this SPA may impact Medicaid members and providers, including tribal members and providers. Therefore, we encourage you to let us know if you have any comments or questions. The tribal comment period for this SPA is open through March 16, 2024. You may submit your comments directly to Emily McClellan, DMAS Policy Division, by phone (804) 371-4300, or via email: Emily.McClellan@dmas.virginia.gov. Finally, if you prefer regular mail you may send your comments or questions to: Virginia Department of Medical Assistance Services, Attn: Emily McClellan, 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
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**

6. Medical care by other licensed practitioners within the scope of their practice as defined by State Law.

A. Podiatrists' Services.

1. Covered Podiatry services are defined as reasonable and necessary diagnostic, medical, or surgical treatment of disease, injury, or defects of the human foot. These services must be within the scope of the license of the podiatrists' profession and defined by State law.
2. The following services are not covered: preventive health care, including routine foot care; treatment of structural misalignment not requiring surgery; cutting or removal of corns, warts, or calluses; experimental procedures; acupuncture.
3. The Program may place appropriate limits on a service based on medical necessity and/or for utilization control.

B. Optometrists' Services.

1. Diagnostic examination and optometric treatment procedures and services by ~~ophthalmologists, licensed optometrists, and opticians, as allowed by the Code of Virginia and by regulations of the Boards of Medicine and Optometry, acting within their scope of practice as defined under state law~~ are covered ~~for all requirements~~. Routine refractions are limited to once in 24 months except as may be authorized by the agency.

C. Chiropractors' Services

1. Not provided.

D. In accordance with 42 CFR 440.60, licensed or registered practitioners (~~including an~~ limited to nurse practitioners, physician assistants, nurse anesthetists, clinical nurse specialists, respiratory therapists, registered dietitians, LMHP, LMHP-R, LHMP-RP, or LMHP-S, (as defined in Attachment 3.1 A&B, Supplement 1, page 31 and 31.1) and school psychologists) may provide medical care or any other type of remedial care or services, other than physician services, within the scope of practice as defined under state law.

E. Pharmacist, Pharmacy Intern and Pharmacy Technician Services

Services provided by licensed pharmacists, and pharmacy interns and pharmacy technicians supervised by pharmacists, are covered when those services are provided by pharmacists, and pharmacy interns and pharmacy technicians supervised by pharmacists, who are acting within their scope of practice or in a collaborative agreement with a provider licensed in Virginia or are specified in Board of Pharmacy protocols for licensure that have been reviewed and accepted by DMAS and are services covered by Medicaid. Collaborative agreements can be with any licensed podiatrist or licensed advanced practice registered nurse or physician assistant. The scope of services that are covered under a collaborative agreement are limited to those under the licensed provider's scope of practice.

**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
--


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 02/15/24

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
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2. The following services are not covered: preventive health care, including routine foot care; treatment of structural misalignment not requiring surgery; cutting or removal of corns, warts, or calluses; experimental procedures; acupuncture.
3. The Program may place appropriate limits on a service based on medical necessity and/or for utilization control.

B. Optometrists' Services.

1. Diagnostic examination and optometric treatment procedures and services by licensed optometrists and opticians acting within their scope of practice as defined under state law are covered. Routine refractions are limited to once in 24 months except as may be authorized by the agency.

C. Chiropractors' Services

1. Not provided.

D. In accordance with 42 CFR 440.60, licensed or registered practitioners (limited to nurse practitioners, physician assistants, nurse anesthetists, clinical nurse specialists, respiratory therapists, registered dietitians, LMHP, LMHP-R, LHMP-RP, LMHP-S (as defined in Attachment 3.1 A&B, Supplement 1, page 31 and 31.1) and school psychologists) may provide medical care or any other type of remedial care or services, other than physician services, within the scope of practice as defined under state law.

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Services provided by licensed pharmacists, and pharmacy interns and pharmacy technicians supervised by pharmacists, are covered when those services are provided by pharmacists, and pharmacy interns and pharmacy technicians supervised by pharmacists, who are acting within their scope of practice or in a collaborative agreement with a provider licensed in Virginia or are specified in Board of Pharmacy protocols for licensure that have been reviewed and accepted by DMAS and are services covered by Medicaid. Collaborative agreements can be with any licensed podiatrist or licensed advanced practice registered nurse or physician assistant. The scope of services that are covered under a collaborative agreement are limited to those under the licensed provider's scope of practice.