



**COMMONWEALTH of VIRGINIA**  
*Office of the Governor*

John Littel  
Secretary of Health and Human Resources

April 23, 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 24-008, entitled "Removal of Duplicative Language" 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. Little".

John E. Little

Attachment

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

## Transmittal Summary

SPA 24-0008

### I. IDENTIFICATION INFORMATION

Title of Amendment: Removal of Duplicative Language

### 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 amending the state plan text to remove redundant and unnecessary language.

Substance and Analysis: The section of the State Plan for Medical Assistance that are affected by this action is “Methods and Standards for Establishing Payment Rate — Other Types of Care”.

DMAS submitted a previous SPA related to School Services (SPA 21-0017), which was approved by CMS on September 26, 2023. In that SPA, DMAS inadvertently included language, intended for removal, that appears on 4.19-B page 9a. Consequently, this new SPA will repeal the language on page 9a, so the state plan does not contain duplicative and unnecessary language.

Impact: There will be no budget impact as this SPA removes redundant and unnecessary language from the state plan.

Tribal Notice: Please see attached.

Prior Public Notice: See Attached.

Public Comments and Agency Analysis: No comments were received.

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; Adrian Compton; Stephen Adkins (chiefstephenadkins@gmail.com); 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; Dave Hennaman <davehennaman@gmail.com>; Nansemond Administrator <administrator@nansemond.gov>; info@afwellness.com; info@fishingpointhc.com; contact@Nansemond.gov; brandon.custalow@mattaponination.com; admin@umitribe.org

Mon 3/18/2024 11:22 AM

Tribal Notice letter (3.18.24) - signed.docx  
59 KB



Good morning.

Dear Tribal Leaders and Indian Health Programs:

Attached is a Tribal Notice letter from Virginia Medicaid's 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 Removal of Duplicative Language.

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 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](http://www.dmas.virginia.gov)

March 18, 2024

SUBJECT: Notice of Opportunity for Tribal Comment – State Plan Amendment related to Removal of Duplicative Language

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 remove redundant and unnecessary language. DMAS submitted a previous SPA related to School Services (SPA 21-017), which was approved by CMS on September 26, 2023. In that SPA, DMAS inadvertently included language, intended for removal, that appears on 4.19-B page 9a. Consequently, this new SPA will repeal the language on page 9a, so the state plan does not contain duplicative and unnecessary language.

The changes in this SPA are not expected to impact Medicaid members or providers. However, 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 18, 2024. 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](mailto: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  
Director

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

State of VIRGINIA

**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATE-  
OTHER TYPES OF CARE**

---

---

~~12VAC 30-80-75. Local Education Agency (LEA) providers.~~

~~A. Effective for services on or after July 1, 2006, the following methodology will determine the reimbursement for Local Education Agency (LEA) providers.~~

~~The methodology described below applies to reimbursement for the following services delivered by LEA providers. These services are described in Supplement 1 to Attachment 3.1 A&B (12VAC 30-50-135) of the Virginia Medicaid State Plan.~~

~~Speech therapy;  
Audiology and hearing services;  
Physician services for Medical Evaluation Services;  
Occupational therapy;  
Physical therapy;  
Psychiatric and psychological services;  
Personal care services;  
Skilled nursing services; and  
Special transportation.~~

~~1. Medical services provided by LEA providers for special education students. The following methodology will determine the reimbursement for LEA providers.~~

~~a. For each of the IDEA related school based medical services covered under the State Plan other than special transportation services, the LEA provider's cost of providing the services will be certified and the Federal Financial Participation (FFP) will be paid to LEA providers based on the methodology described in the steps below. For the rate year ending June 30, 2007, cost will be reported on a cash basis; for all succeeding years cost will be reported on an accrual basis. All costs to be certified and used subsequently to determine reconciliation and final settlement amounts as well as interim rates are identified on the CMS approved Medical Services Cost Report. Final payment for each school year is based on actual costs as determined by desk review and/or audit for each LEA provider.~~

~~b. Step 1: Develop the Personnel Cost Base for Medical Services/  
total salaries and benefits paid as well as contracted (vendor) payments are obtained initially from each LEA's payroll/benefits and financial system for each quarter of the fiscal year. This data will be reported on DMAS Medical Services Cost Report form for all direct service personnel (i.e., all personnel providing medical services covered under the state plan). Total computable personnel costs are reduced by an reimbursement that~~

---

TN No. 06/07

Approval Date 06/26/07

Effective Date 07/01/06

Supersedes

TN No. New Page

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

1. TRANSMITTAL NUMBER ____ _	2. STATE ____
---------------------------------	------------------

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)

GOVERNOR'S OFFICE REPORTED NO COMMENT  
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

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

**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATE-  
OTHER TYPES OF CARE**

---

---

THIS PAGE IS INTENTIONALLY LEFT BLANK.

---

TN No. 24-0008

Approval Date \_\_\_\_\_

Effective Date 05/01/24

Supersedes

TN No. 06-07

**LEGAL NOTICE  
COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF MEDICAL ASSISTANCE SERVICES  
NOTICE OF INTENT TO AMEND**

(Pursuant to §1902(a)(13) of the *Act (U.S.C. 1396a(a)(13))*)

THE VIRGINIA STATE PLAN FOR MEDICAL ASSISTANCE

**This Notice was posted on March 14, 2024**

The Virginia Department of Medical Assistance Services (DMAS) hereby affords the public notice of its intention to amend the Virginia State Plan for Medical Assistance to provide for changes to the *Methods and Standards for Establishing Payment Rates — Other Types of Care (12 VAC 30-80)*.

This notice is intended to satisfy the requirements of 42 C.F.R. § 447.205 and of § 1902(a)(13) of the *Social Security Act*, 42 U.S.C. § 1396a(a)(13). A copy of this notice is available for public review from Jimiequa H. Williams, DMAS, 600 Broad Street, Suite 1300, Richmond, VA 23219, or via e-mail at: [jimeequa.williams@dmas.virginia.gov](mailto:jimeequa.williams@dmas.virginia.gov).

**DMAS is specifically soliciting input from stakeholders, providers and beneficiaries, on the potential impact of the proposed changes discussed in this notice.** Comments or inquiries may be submitted, in writing, within 30 days of this notice publication to Jimiequa H. Williams and such comments are available for review at the same address. Comments may also be submitted, in writing, on the Town Hall public comment forum attached to this notice.

This notice is available for public review on the Regulatory Town Hall (<https://townhall.virginia.gov>) on the General Notices page, found at: <https://townhall.virginia.gov/L/generalnotice.cfm>

**Methods & Standards for Establishing Payment Rates-Other Types of Care (12 VAC 30-80)**

DMAS is revising the state plan to remove redundant and unnecessary language. DMAS submitted a previous state plan amendment (SPA) related to School Services (SPA 21-017), which was approved by CMS on September 26, 2023. In that SPA, DMAS inadvertently included some of the old school services text, intended for removal. Consequently, this SPA will repeal the outdated language which is duplicative and unnecessary.