

Revision: HCFA-PM-91-4  
August, 1991

(BPD)

OMB No. 0938-

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM**

State of VIRGINIA

---

Citation

42 CFR 430.10 As a condition for receipt of Federal funds under title XIX of the Social Security Act, the:

Department of Medical Assistance Services  
(Single State Agency)

submits the following State plan for the medical assistance program, and hereby agrees to administer the program in accordance with the provisions of this State Plan, the requirements of titles XI and XIX of the Act, and all applicable Federal regulations and other official issuances of the Department.

---

TN No. 93-04

Approval Date 01/03/94

Effective Date 06/16/93

Supersedes

TN No. 85-02

HCFA ID: 7982E

Revision: HCFA-AT-80-38  
May 22, 1980

(BPP)

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

State of VIRGINIA

---

Citation

SECTION 1 - SINGLE STATE AGENCY ORGANIZATION

42 CFR 431.10  
AT-79-29

1.1 Designation and Authority

- (a) The Department of Medical Assistance Services is the single State agency designated to administer or supervise the administration of the Medicaid program under Title XIX of the Social Security Act. (All references in this plan to "the Medicaid agency" mean the agency named in this paragraph.)

Attachment 1.1-A is a certification signed by the State Attorney General identifying the single State agency and citing the legal authority under which it administers or supervises administration of the program.

---

TN No. 85-02

Approval Date 03/28/85

Effective Date 03/01/85

Supersedes

TN No. \_\_\_\_\_

Revision: HCFA-AT-80-38  
May 22, 1980

(BPP)

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

State of VIRGINIA

---

Citation

§1902(a) of the  
Act

1.1 (b) The State agency that administered or supervised the administration of the plan approved under Title X of the Act as of January 1, 1965, has been separately designated to administer or supervise the administration of that part of this plan which relates to blind individuals.

☐ Yes. The State Agency so designated is:

\_\_\_\_\_  
\_\_\_\_\_

This agency has a separate plan covering that portion of the State plan under title XIX for which it is responsible.

☒ Not applicable. The entire plan under title XIX is administered or supervised by the State agency named in paragraph 1.1(a).

---

TN No. 76-13

Approval Date 12/15/76

Effective Date 10/01/76

Supersedes

TN No. \_\_\_\_\_

Revision: HCFA-AT-80-38  
May 22, 1980

(BPP)

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

State of VIRGINIA

---

Citation

Intergovernmental  
Cooperation Act  
of 1968

1.1 (c) Waivers of the single State agency requirement which are currently operative have been granted under authority of the Intergovernmental Cooperation Act of 1968.

☐ Yes. ATTACHMENT 1.1-B describes these waivers and the approved alternative organizational arrangements.

☐ Not applicable. Waivers are no longer in effect.

☒ Not applicable. No waivers have ever been granted.

---

TN No. 76-13

Approval Date 12/15/76

Effective Date 10/01/76

Supersedes

TN No. \_\_\_\_\_

Revision: HCFA-AT-80-38  
May 22, 1980

(BPP)

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

State of VIRGINIA

---

Citation

42 CFR 431.10  
AT-79-29

1.1 (d)

☐

The agency named in paragraph 1.1(a) has responsibility for all determinations of eligibility for Medicaid under this plan.

☒

Determinations of eligibility for Medicaid under this plan are made by the agency(ies) specified in ATTACHMENT 2.2-A. There is a written agreement between the agency named in paragraph 1.1(a) and other agency(ies) making such determinations for specific groups covered under this plan. The agreement defines the relationships and respective responsibilities of the agencies.

---

TN No. 76-13

Approval Date 12/15/76

Effective Date 10/01/76

Supersedes

TN No. \_\_\_\_\_

Revision: HCFA-AT-80-38  
May 22, 1980

(BPP)

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

State of VIRGINIA

---

Citation

42 CFR 431.10  
AT-79-29

- 1.1 (e) All other provisions of this plan are administered by the Medicaid agency except for those functions for which final authority has been granted to a Professional Standards Review Organization under title XI of the Act.
- (f) All other requirements of 42 CFR 431.10 are met.

---

TN No. 76-13

Approval Date 12/15/76

Effective Date 10/01/76

Supersedes

TN No. \_\_\_\_\_

Revision: HCFA-AT-80-38  
May 22, 1980

(BPP)

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**State of VIRGINIA

---

Citation

42 CFR 431.11  
AT-79-29

1.2 Organization for Administration

- (a) ATTACHMENT 1.2-A contains a description of the organization and functions of the Medicaid agency and an organization chart of the agency.
- (b) Within the State agency, the Department of Medical Assistance Services has been designated as the medical assistance unit. ATTACHMENT 1.2-B contains a description of the organization and functions of the medical assistance unit and an organization chart of the unit.
- (c) ATTACHMENT 1.2-C contains a description of the kinds and numbers of professional medical personnel and supporting staff used in the administration of the plan and their responsibilities.
- (d) Eligibility determinations are made by State or local staff of an agency other than the agency named in paragraph 1.1(a). ATTACHMENT 1.2-D contains a description of the staff designated to make such determinations and the functions they will perform.



Not applicable. Only staff of the agency named in paragraph 1.1(a) make such determinations.

---

TN No. 85-02Approval Date 03/28/85Effective Date 03/01/85

Supersedes

TN No. \_\_\_\_\_

Revision: HCFA-AT-80-38  
May 22, 1980

(BPP)

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

State of VIRGINIA

---

Citation

42 CFR 431.50(b)  
AT-79-29

1.3 Statewide Operation

The plan is in operation on a Statewide basis in accordance with all requirements of 42 CFR 431.50.

☒ The plan is State administered.

☐ The plan is administered by the political subdivisions of the State and is mandatory on them.

---

TN No. 74-11

Approval Date 12/20/74

Effective Date 10/18/74

Supersedes

TN No. \_\_\_\_\_



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

State of VIRGINIA

---

Citation

42 CFR 431.12(b)  
AT-78-90

1.4 State Medical Care Advisory Committee

There is an advisory committee to the Medicaid agency director on health and medical care services established in accordance with and meeting all the requirements of 42 CFR 413.12.

The State enrolls recipients in MCO, HIHP, HAHP, and/or PCCM programs. The State assures that it complies with 42 CFR 438.104(c) to consult with the Medical Care Advisory Committee in the review of marketing materials.

Tribal Consultation:

Section 1902(a)(73) of the Social Security Act requires a State in which one or more Indian Health Programs or Urban Indian Organizations furnish health care services to establish a process for the State Medicaid agency to seek advice on a regular, ongoing basis from designees of Indian health programs, whether operated by the Indian Health Service (IHS), Tribes or Tribal organizations under the Indian Self-Determination and Education Assistance Act (ISDEAA), or Urban Indian Organizations under the Indian Health Care Improvement Act (IHCIA) Consultation is required concerning Medicaid matters having a direct impact on these Indian health programs.

DMAS seeks advice on an ongoing basis from federally recognized tribes, Indian health programs, and Urban Indian organizations on matters related to Medicaid and CHIP programs. DMAS has identified a program designee as an advisory contact, through which, the dissemination of information will occur. Designees from each tribe, Indian health program, and Urban Indian organization receive written communication from DMAS about State Plan Amendments, waiver proposals, waiver extensions, waiver amendments, and waiver renewals before any of these documents are submitted to CMS. Tribes, Indian health programs, and Urban Indian organizations may request additional information, and may request meetings to discuss the proposed changes. DMAS invites these groups to request additional information, and/or offer comments on proposed changes, within 30 days of the notification of State Plan Amendments, waiver proposals, waiver extensions, waiver amendments, and waiver renewals. For emergency-related submissions such as a natural disaster, legislative mandate, etc., DMAS seeks information requests, comments, and/or proposed changes within 15 days of notification. The coordination of this consultation process was established through an email communication with designees from each tribe and Indian Health program on January 29, 2021. To maintain a cooperative channel of communication and informative dialogue between DMAS and the tribal organizations, the Agency sought out, and will continue to seek, advice on a regular, ongoing basis, via email, teleconference, and/or meetings.

---

TN No. 21-011  
Supersedes  
TN No. 03-07

Approval Date 06/07/2021

Effective Date 3/1/2021

Revision: HCFA-PM-94-3  
April, 1994

(MB)

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

State of VIRGINIA

<u>Citation</u>	<u>1.5</u>	<u>Pediatric Immunization Program</u>
1928 of the Act	1.	<p>The State has implemented a program for the distribution of pediatric vaccines to program-registered providers for the immunization of federally vaccine-eligible children in accordance with section 1928 as indicated below.</p> <ol style="list-style-type: none"> <li>a. The State program will provide each vaccine-eligible child with medically appropriate vaccines according to the schedule developed by the Advisory Committee on Immunization Practices and without charge for the vaccines.</li> <li>b. The State will outreach and encourage a variety of providers to participate in the program and to administer vaccines in multiple settings, e.g., private health care providers, providers that receive funds under Title V of the Indian Health Care Improvement Act, health programs or facilities operated by Indian tribes, and maintain a list of program-registered providers.</li> <li>c. With respect to any population of vaccine-eligible children a substantial portion of whose parents have limited ability to speak the English language, the State will identify program-registered providers who are able to communicate with this vaccine-eligible population in the language and cultural context which is most appropriate.</li> <li>d. The State will instruct program-registered providers to determine eligibility in accordance with section 1928(b) and (h) of the Social Security Act.</li> <li>e. The State will assure that no program-registered provider will charge more for the administration of the vaccine than the regional maximum established by the Secretary. The State will inform program-registered providers of the maximum fee for the administration of vaccines.</li> <li>f. The State will assure that no vaccine-eligible child is denied vaccines because of an inability to pay an administration fee.</li> <li>g. Except as authorized under section 1915(b) of the Social Security Act or as permitted by the Secretary to prevent fraud or abuse, the State will not impose any additional qualifications or conditions, in addition to those indicated above, in order for a provider to qualify as a program-registered provider.</li> </ol>

TN No. 94-20

Approval Date 10/01/94

Effective Date 10/01/94

Supersedes

TN No. N/A

Revision: HCFA-PM-94-3  
April, 1994

(MB)

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

State of VIRGINIA

---

Citation

1928 of the Act

2. The State has not modified or repealed any Immunization Law in effect as of May 1, 1993, to reduce the amount of health insurance coverage of pediatric vaccines.
3. The State Medicaid Agency has coordinated with the State Public Health Agency in the completion of this preprint page.
4. The State agency with overall responsibility for the implementation and enforcement of the provisions of section 1928 is:

☐

State Medicaid Agency

☒

State Public Health Agency

---

TN No. 94-20

Approval Date 10/01/94

Effective Date 10/01/94

Supersedes

TN No. N/A

Revision: HCFA-PM-91-4  
August, 1991

(BPD)

OMB No.: 0938-

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

State of VIRGINIA

---

Citation

SECTION 2 - COVERAGE AND ELIGIBILITY

42 CFR 435.10 and  
Subpart J

2.1 Application, Determination of Eligibility and Furnishing Medicaid

- (a) The Medicaid agency meets all requirements of 42 CFR Part 435, Subpart J for processing applications, determining eligibility and furnishing Medicaid.

---

TN No. 93-04

Approval Date 01/03/94

Effective Date 06/16/93

Supersedes

TN No. 78-4

HCFA ID: 7982E

Revision: HCFA-PM-93-2  
March, 1993

(BPD)

OMB No.: 0938-

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

State of VIRGINIA

Citation

- |  |     |                          |     |  |
|--|-----|--------------------------|-----|--|
| 2 CFR 435.914<br>1902(a)(34) of<br>the Act | 2.1 | (b)                      | (1) | Except as provided in items 2.1(b) (2) and (3) below, individuals are entitled to Medicaid services under the plan during the three months preceding the month of application, if they were, or on application would have been, eligible. The effective date of prospective and retroactive eligibility is specified in <u>ATTACHMENT 2.6-A</u> .  |
| 1902(e)(8) and<br>1905(a) of the Act       |     |                          | (2) | For individuals who are eligible for Medicaid cost sharing expenses as qualified Medicare beneficiaries under §1902(a)(10)(E)(i) of the Act, coverage is available for services furnished after the end of the month in which the individual is first determined to be a qualified Medicare beneficiary. <u>ATTACHMENT 2.6-A</u> specifies the requirements for determination of eligibility for this group. |
| 1902(a)(47) and<br>1920 of the Act         |     | <input type="checkbox"/> | (3) | Pregnant women are entitled to ambulatory prenatal care under the plan during a presumptive eligibility period in accordance with §1920 of the Act. <u>ATTACHMENT 2.6-A</u> specifies the requirements for determination of eligibility for this group.  |
- 
- |  |     |   |
|--|-----|---|
| 42 CFR<br>438.6  | (c) | The Medicaid agency elects to enter into a risk contract that complies with 42 CFR 438.6, and that is procured through an open, competitive process that is consistent with 45 CFR Part 74. The risk contract is with (check all that apply): |
| <u>  X  </u> Qualified under Title XIII § 1310 of the Public Health Service Act.                           |     |   |
| <u>  X  </u> A Managed Care Organization that meets the definition of 1903(m) of the Act and 42 CFR 438.2. |     |   |
| <u>  X  </u> A Prepaid Inpatient Health Plan that meets the definition of 42 CFR 438.2.                    |     |   |
| <u>      </u> A Prepaid Ambulatory Health Plan that meets the definition of 42 CFR 438.2.                  |     |   |
| <u>      </u> Not applicable.  |     |   |

TN No. 03-07Approval Date 10/28/03Effective Date 8/13/03

Supersedes

TN No. 97-04

HCFA ID: 7982E

Revision: HCFA-PM-91-6  
September, 1991

(MB)

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

State of VIRGINIA

---

Citation

1902(a)(55)  
of the Act

- 2.1 (d) The Medicaid agency has procedures to take applications, assist applicants, and perform initial processing of applications from those low income pregnant women, infants, and children under age 19, described in §1902(a)(10)(A)(i)(IV), (a)(10)(A)(i)(VI), (a)(10)(A)(i)(VII), and (a)(10)(A)(ii)(IX) at locations other than those used by the title IV-A program including FQHCs and disproportionate share hospitals. Such application forms do not include the ADFC form except as permitted by HCFA instructions.

---

TN No. 93-04

Approval Date 01/03/94

Effective Date 06/16/93

Supersedes

TN No. 91-32

Revision: HCFA-PM-91-6  
September, 1991

(MB)

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

State of VIRGINIA

---

**2.1 Application, Determination of Eligibility and Furnishing Medicaid  
(continued)**

**X (f) Using the Income Determination from another Means-Tested  
Public Benefit Program to Support Medicaid Determinations**

- (1) **The state elects the option to use income determined by the following public means-tested public benefits program(s) to support Medicaid eligibility determinations:**

  X   SNAP

       TANF

       Other Means-Tested Program: \_\_\_\_\_

In electing this option, the state assures that it:

- (a) Verifies citizenship and non-citizen status consistent with Medicaid statutory and regulatory requirements in Section 1137 of the Social Security Act, 42 CFR 435.406, and 435.407.
- (b) Complies with Medicaid reporting requirements with respect to participants enrolled through this strategy.
- (c) Provides applicants with program information required under 42 CFR 435.905, such as information about available services and the rights and responsibilities of applicants and beneficiaries.
- (d) Has procedures to ensure that eligible individuals are enrolled in the appropriate Medicaid eligibility group. Please describe:

Please see text box on page 11c.

---

TN No.   19-014  

Approval Date   02/28/20  

Effective Date   10/01/19  

Supersedes

TN No.   18-013

Revision: HCFA-PM-91-4  
August, 1991

(BPD)

OMB No.: 0938-

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

State of VIRGINIA

The state will utilize SNAP gross income in two ways, ensuring that eligible individuals are enrolled in the appropriate MEG in each strategy:

1. The state will use the SNAP strategy to process pending MAGI Medicaid applications for individuals who are currently enrolled in SNAP. The Virginia Case Management System (VaCMS—integrated eligibility determination system) will only execute this strategy if all individuals applying for Medicaid are on the approved SNAP case. Additionally, because the application submission may contain attested information that is more recent than that used to make the SNAP determination of gross income, VaCMS will check to ensure the applicant's attested income from the application is below the Medicaid eligibility threshold. If these criteria are met and there is nothing else on the application that would affect eligibility, VaCMS is programmed to run Medicaid MAGI eligibility rules using SNAP gross income to determine placement in the appropriate eligibility group for each applicant.
2. The state plans to conduct future automated data matches to target individuals currently receiving SNAP but not Medicaid for evaluation in MAGI groups. The Virginia Case Management System (VaCMS—integrated eligibility determination system) is programmed to run Medicaid MAGI eligibility rules for this population using SNAP gross income to determine placement in the appropriate eligibility group for each applicant.

- (a) Has procedures to ensure that eligible American Indians or Alaska Natives enrolled through this strategy are exempt from cost sharing/and or premiums, consistent with section 1916 A(b)(3) of the Social Security Act.

Please describe:

Information on individuals who declare themselves to be an Alaska Native or a member of a federally recognized tribe is transmitted from the eligibility determination system to the Medicaid agency and claims edits are put in place to keep these individuals from being charged cost-sharing amounts.

TN No. 19-014Approval Date 02/28/20Effective Date 10/01/19

Supersedes

TN No. 18-013

HCFA ID: 7982E



Revision: HCFA-PM-91-4  
August, 1991

(BPD)

OMB No.: 0938-

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

State of VIRGINIA

---

**2.1 Application, Determination of Eligibility and Furnishing Medicaid (continued)**

(f) Has post-enrollment procedures to ensure assignment of rights to third party benefits and to secure cooperation in establishing medical support as appropriate, per 42 CFR 435.610.

---

TN No. 18-013

Approval Date 09/19/18

Effective Date 01/01/19

Supersedes

TN No. New Page

HCFA ID: 7982E

Revision: HCFA-PM-91-4  
August, 1991

(BPD)

OMB No.: 0938-

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**State of VIRGINIA

---

**2.1 Application, Determination of Eligibility and Furnishing Medicaid (continued)****(2) *SNAP-Specific Criteria***

X (i) The state will use gross income determined by SNAP to support Medicaid eligibility determinations for all MAGI-based Medicaid eligibility groups at:

X Initial application

   Renewal of Medicaid eligibility

In applying this option, all of the following conditions are met:

a) All members of the SNAP household are eligible for SNAP, other than for SNAP transitional benefits.

b) No one in the SNAP household has any type of income that is excluded in determining gross income for purposes of eligibility for SNAP, but would be included in MAGI-based income.

c) No one in the SNAP household is part of a tax household that includes an individual who lives outside the home.

d) The SNAP household consists of individuals who live alone, parents living with their children, or married couples (with or without children), with the result that they will also be considered a household under Medicaid rules and either:

- There are no other members present who would not be considered to be part of the household used for purposes of determining MAGI- based Medicaid eligibility; or
- Other members are present in the household, but the total household income is below the applicable Medicaid standard for a household of one.

(e) Households with self-employment income are excluded from this option if the state uses a state-specific methodology for treating self-employment income in SNAP.

Does the state use a methodology for treating self-employment income that differs from the standard SNAP methodology?

X Yes

   No

---

TN No. 18-013Approval Date 09/19/18Effective Date 01/01/19

Supersedes

TN No. New Page

HCFA ID: 7982E

Revision: HCFA-PM-91-4  
August, 1991

(BPD)

OMB No.: 0938-

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

State of VIRGINIA

---

**2.1 Application, Determination of Eligibility and Furnishing Medicaid (continued)**

- (f) None of the household's income is excluded from gross income as payment of child support for children living outside of the household.

Does the state exclude payment of child support for children from gross income when determining eligibility for SNAP?

☐ Yes. The state adds the amount of child support excluded to the household's SNAP gross income.

☐ Yes, these families will be excluded from the method

☒ No

- (g) The state obtains all information necessary for a Medicaid eligibility determination that is not contained in the case record for SNAP. If available, electronic data sources are consulted before paper documentation is requested.

(ii) Collection of Information to Determine Eligibility

- (a) Describe how the state collects information to ensure that no one in the SNAP household is part of a tax household that includes an individual who lives outside the home:

☒ (Strategy 1) Information is available through electronic data sources.

☐ Information is collected on the application or renewal form for the means-tested program.

☒ (Strategy 2) The state agency provides a form to the individual to complete and return. (Please submit an attachment)

☐ For renewals only, the state agency provides a renewal notice requesting that the beneficiary notify the agency if household information has changed. (Please submit an attachment).

☐ Other. Please describe:

TN No. 19-014

Approval Date 02/28/20

Effective Date 10/01/19

Supersedes

TN No. 18-013

HCFA ID: 7982E

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

State of VIRGINIA

**2.1 Application, Determination of Eligibility and Furnishing Medicaid (continued)**

- (a) Describe how the state identifies individuals who have income which is counted in determining household income using MAGI-based methodologies but is not included in SNAP gross income. This includes, but may not be limited to income received through an AmeriCorps Education Award income from a minor dependent child above the applicable tax filing threshold:

- ☒ (Strategy 1) Information is available through electronic data sources.
- ☐ Information is collected on the application or renewal form for the means-tested program. (Please submit an attachment)
- ☒ (Strategy 2) The state agency provides a form to the individual to complete and return. (Please submit an attachment)
- ☐ For renewals only, the state agency provides a renewal notice requesting that the beneficiary notify the agency if anyone in the household has a new type of income (Please submit an attachment). Other. Please describe:

- (a) Describe how the state obtains a signature authorizing a determination of Medicaid eligibility as required under 42 CFR 435.907(f).
- ☐ The household applies for Medicaid by requesting a Medicaid determination through the application for SNAP.
- ☐ The household applies for Medicaid at its SNAP recertification by requesting a Medicaid determination on the SNAP recertification form.
- ☒ (Strategy 2) Individuals are sent a separate form for signature and return. The state allows the form to be completed:
- ☒ On paper
- ☒ By telephone
- ☒ Online
- ☐ Through other means. Please describe: \_\_\_\_\_
- ☐ Not applicable. State has only elected option to use strategy at Medicaid renewal.
- ☒ Other. Please describe: [Strategy 1] Signature is collected on full Medicaid application.

Revision: HCFA-PM-91-4  
August, 1991

(BPD)

OMB No.: 0938-

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

State of VIRGINIA

Citation

42 CFR 435.10

2.2 Coverage and Conditions of Eligibility

Medicaid is available to the groups specified in ATTACHMENT 2.2-A.

- ☐ Mandatory categorically needy and other required special groups only.
- ☐ Mandatory categorically needy, other required special groups, and the medically needy, but no other optional groups.
- ☐ Mandatory categorically needy, other required special groups, and specified optional groups.
- ☒ Mandatory categorically needy, other required special groups, specified optional groups, and the medically needy.

The conditions of eligibility that must be met are specified in ATTACHMENT 2.6-A.

All applicable requirements of 42 CFR Part 435 and §1902(a)(10)(A)(i)(IV), (V), and (VI), 1902(a)(10)(A)(ii)(XI), 1902(a)(10)(E), 1902(l) and (m), 1905(p), (q) and (s), 1920, and 1925 of the Act are met.

§2.2 Footnote: Medicaid is available to the groups as identified in Attachment 2.2 A, except for the following: eligibility will be denied any individual for a period of twelve (12) months following the date of their conviction for fraud against the Program.

TN No. 93-04

Approval Date 01/03/94

Effective Date 06/16/93

Supersedes

TN No. 87-11

HCFA ID: 7982E

Revision: HCFA-PM-87-4  
March, 1987

(BERC)

OMB No.: 0938-0193

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

State of VIRGINIA

---

Citation

435.10 and  
435.403, and  
1902(b) of the  
Act, P.L. 99-272  
(§9529) and  
P.L. 99-509  
(§9405)

2.3 Residence

Medicaid is furnished to eligible individuals who are residents of the State under 42 CFR 435.403, regardless of whether or not the individuals maintain the residence permanently or maintain it at a fixed address.

NOTE: See Attachment 4.33A

---

TN No. 87-11

Approval Date 12/11/87

Effective Date 07/01/87

Supersedes

TN No. \_\_\_\_\_

HCFA ID: 1006P/0010P

Revision: HCFA-PM-87-A  
March, 1987

(BERC)

OMB No.: 0938-0193

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

State of VIRGINIA

---

Citation

42 CFR 2.4 Blindness  
435.530(b)  
42 CFR 435.531  
AT-78-90  
AT-79-29

All of the requirements of 42 CFR 435.530 and 42 CFR 435.531 are met. The more restrictive definition of blindness in terms of ophthalmic measurement used in this plan is specified in ATTACHMENT 2.2-A.

---

TN No. 87-11

Approval Date 12/11/87

Effective Date 07/01/87

Supersedes

TN No. \_\_\_\_\_

HCFA ID: 1006P/0010P

Revision: HCFA-PM-91-4  
August, 1991

(BPD)

OMB No.: 0938-

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

State of VIRGINIA

---

Citation

42 CFR 435.121,  
435.540(b)  
435.541

2.5 Disability

All of the requirements of 42 CFR 435.540 and 435.541 are met. The State uses the same definition of disability used under the SSI program unless a more restrictive definition of disability is specified in Item A.13.b of ATTACHMENT 2.2-A of this plan.

---

TN No. 93-04

Approval Date 01/03/94

Effective Date 06/16/93

Supersedes

TN No. 87-11

HCFA ID: 7982E



Revision: HCFA-PM-92-1  
February, 1992

(MB)

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

State of VIRGINIA

Citation

42 CFR 435.10  
and Subparts G &  
H

2.6 Financial Eligibility

1902(a)(10)(A)(i)  
(III), (IV), (V),  
and (VI), and  
(VII),  
1902(a)(10)(A)(ii)  
(IX),  
1902(a)(10)(A)(ii)  
(X),  
1902(a)(10)(C),  
1902(f), 1902(l)  
and (m), 1905(p)  
and (s),  
1902(r)(2), and  
1920

- (a) The Financial eligibility conditions for Medicaid-only eligibility groups and for persons deemed to be cash assistance recipients are described in ATTACHMENT 2.6-A.

TN No. 93-04

Approval Date 01/03/94

Effective Date 06/16/93

Supersedes

TN No. 87-11 & 91-01

HCFA ID: 7982E

Revision: HCFA-PM-86-20  
September, 1986

(BERC)

OMB No.: 0938-0193

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

State of VIRGINIA

---

Citation

431.52 and  
1902(b) of the  
Act, P.L. 99-272  
(Section 9529)

2.7 Medicaid Furnished Out of State

Medicaid is furnished under the conditions specified in 42 CFR 431.52 to an eligible individual who is a resident of the State while the individual is in another State, to the same extent that Medicaid is furnished to residents in the State.

---

TN No. 87-01

Approval Date 03/31/87

Effective Date 01/01/87

Supersedes

TN No. \_\_\_\_\_

HCFA ID: 0053C/0061E

Revision: HCFA-PM-

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

State of VIRGINIA

---

Citation

1902(a)(57),  
1902(a)(58), and  
1902(w) of the  
Act

2.8 Requirements for Advance Directives

An advance directive shall be defined as a written instruction, such as a living will or durable power of attorney for health care, recognized under state law and relating to the provision of medical care when the individual is incapacitated. Each specified provider receiving funds under this Plan must maintain written policies, procedures, and materials concerning advance directives to ensure compliance with the law. The specified providers shall be: hospitals, nursing facilities, providers of home health care or personal care services, hospices, health maintenance organizations and health insuring organizations.

Refer to Attachment 2.8 A for further requirements.

---

TN No. 91-32

Approval Date 01/30/92

Effective Date 12-18-91

Supersedes

TN No. N/A

Revision: HCFA-PM-91-4  
August, 1991

(BPD)

OMB No.: 0938-

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

State of VIRGINIA

Citation

SECTION 3 - SERVICES: GENERAL PROVISIONS

42 CFR Part 440,  
Subpart B  
1902(a), 1902(e),  
1905(a), 1905(p),  
1915, 1920, and  
1925 of the Act

3.1 Amount, Duration, and Scope of Services

- (a) Medicaid is provided in accordance with the requirements of 42 CFR Part 440, Subpart B and §1902(a), 1902(e), 1905(a), 1905(p), 1915, 1920, and 1925 of the Act.

(1) Categorically Needy

Services for the categorically needy are described below and in ATTACHMENT 3.1-A. These services include:

1902(a)(10)(A)  
and 1905(a) of the  
Act.

- (i) Each item or service listed in §1905(a)(1) through (5) and (21) of the Act, is provided as defined in 42 CFR Part 440, Subpart A, or, for EPSDT services, §1905(r) and 42 CFR Part 411, Subpart B.
- (ii) Nurse-midwife services listed in §1905(a)(17) of the Act, are provided to the extent that nurse-midwives are authorized to practice under State law or regulation and without regard to whether the services are furnished in the area of management for the care of mothers and babies throughout the maternity cycle. Nurse-midwives are permitted to enter into independent provider arrangements with the Medicaid agency without regard to whether the nurse-midwife is under the supervision of, or associated with, a physician or other health care provider.



Not applicable. Nurse-midwives are not authorized to practice in this State.

TN No. 95-15

Approval Date 01/25/96

Effective Date 11/16/95

Supersedes

TN No. 93-04

HCFA ID: 7982E

Revision: HCFA-PM-91-4  
August, 1991

(BPD)

OMB No.: 0938-

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

State of VIRGINIA

Citation

1902(e)(5) of the  
Act

3.1 (a) (1)

Amount, Duration and Scope of Services:  
Categorically Needy (Continued)

(iii) Pregnancy-related, including family planning service, and postpartum services for a 60 day period (beginning on the day pregnancy ends) and any remaining days in the month in which the 60th day falls are provided to women who, while pregnant, were eligible for, applied for, and received medical assistance on the day the pregnancy ends.



(iv) Services for medical conditions that may complicate the pregnancy (other than pregnancy-related or postpartum services) are provided to pregnant women

1902(a)(10),  
clause (VII) in the  
matter following  
(F) of the Act

(v) Services related to pregnancy (including prenatal, delivery, postpartum, and family planning services) and to other conditions that may complicate pregnancy are the same services provided to poverty level pregnant women eligible under the provision of §1902(a)(10)(A)(i)(IV) and 1902(a)(10)(A)(ii)(IX) of the Act.

TN No. 93-04Approval Date 01/03/94Effective Date 06/16/93

Supersedes

TN No. 90-21

HCFA ID: 7982E

Revision: HCFA-PM-91-4  
August, 1991

(BPD)

OMB No.: 0938-

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

State of VIRGINIA

Citation

	3.1	(a)	(1)	<u>Amount, Duration and Scope of Services: Categorically Needy</u> (Continued)
			(vi)	Home health services are provided to individuals entitled to nursing facility services as indicated in item 3.1(b) of this plan.
1902(e)(7) of the Act			(vii)	Inpatient services that are being furnished to infants and children described in §1902(l)(1)(B) through (D), or §1905(n)(2) of the Act, on the date the infant or child attains the maximum age for coverage under the approved State plan will continue until the end of the stay for which the inpatient services are furnished.
1902(e)(9) of the Act		<input type="checkbox"/>	(viii)	Respiratory care services are provided to ventilator dependent individuals as indicated in item 3.1(h) of this plan.
1902(a)(10)(D) and 1925 of the Act			(ix)	Services are provided to families eligible under §1925 of the Act as indicated in item 3.5 of this plan.
1905(a)(23) and 1929		<input type="checkbox"/>	(x)	Home and Community Care for Functionally Disabled Elderly Individuals, as defined, described and limited in supplement 2 to Attachment 3.1-A and Appendices A_G to Supplement 2 to Attachment 3.1-A. <u>ATTACHMENT 3.1-A</u> identifies the medical and remedial services provided to the categorically needy, specifies all limitations on the amount, duration, and scope of those service, and lists the additional coverage (that is in excess of established service limits) for pregnancy-related services and services for conditions that may complicate the pregnancy.

TN No. 95-16Approval Date 01/31/96Effective Date 01/01/95

Supersedes

TN No. 93-04

HCFA ID: 7982E

Revision: HCFA-PM-91-4  
August, 1991

(BPD)

OMB No.: 0938-

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

State of VIRGINIA

<u>Citation</u>	§3.1(a)(1)	Amount Duration and Scope of Services : Categorically Needy (Continued)
-----------------	------------	--

§1905(a)(26) and 1934	<input checked="" type="checkbox"/> Program of All-Inclusive Care for the Elderly (PACE) services, as described and limited in Supplement 6 to Attachment 3.1-A.
--------------------------	---

Attachment 3.1A identifies the medical and remedial services provided to the Categorically Needy. (Note: Other programs to be offered to Categorically Needy beneficiaries would specify all limitation on the amount, duration, and scope of those services. As PACE provides services to the frail elderly population without such limitation, this is not applicable for this program. In addition, other programs to be offered to Categorically Needy beneficiaries would also list the additional coverage that is in excess of established service limits for pregnancy-related services for conditions that may complicate the pregnancy. As PACE is for the frail elderly population, this also is not applicable for this program.)

TN No. 06-06

Approval Date 01/30/07

Effective Date 01/01/07

Supersedes

TN No. 99-01

HCFA ID: 7982E

Revision: HCFA-PM-91-4  
August, 1991

(BPD)

OMB No.: 0938-

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

State of VIRGINIA

---

Citation

42 CFR Part 440,  
Subpart B

3.1 Amount, Duration, and Scope of Services (Continued)

(a) (2) Medically Needy

- ☒ This State plan covers the medically needy. The services described below and in ATTACHMENT 3.1-B are provided.

Services for medically needy include:

42 CFR 440.220  
1902(a)(10)(C)(iv)  
) of the Act

- (i) If services in an institution for mental diseases (42 CFR 440.140 and 440.160) or an intermediate care facility for the mentally retarded (or both) are provided to any medically needy group, then each medically needy group is provided either the services listed in §1905(a)(1) through (5) and (17) of the Act, or seven of the services listed in §1902(a)(1) through (20). The services are provided as defined in 42 CFR Part 440, Subpart A and in §1902, 1905, and 1915 of the Act.

- ☐ Not applicable with respect to nurse-midwife services under §1902(a)(17). Nurse-midwives are not authorized to practice in this State.

1902(e)(5) of the  
Act

- (ii) Prenatal care and delivery services for pregnant women.

TN No. 93-04

Approval Date 01/03/94

Effective Date 06/16/93

Supersedes

TN No. 87-11

HCFA ID: 7982E



Revision: HCFA-PM-91-4  
August, 1991

(BPD)

OMB No.: 0938-

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

State of VIRGINIA

Citation

3.1 (a) (2) Amount, Duration, and Scope of Service:  
Medically Needy (Continued)

(iii) Pregnancy-related, including family planning services, and postpartum services for a 60-day period (beginning on the day the pregnancy ends) and any remaining days in the month in which the 60th day falls are provided to women who, while pregnant, were eligible for, applied for, and received medical assistance on the day the pregnancy ends.

☒ (iv) Services for any other medical condition that may complicate the pregnancy (other than pregnancy-related and postpartum services) are provided to pregnant women.

(v) Ambulatory services, as defined in ATTACHMENT 3.1-B for recipients under age 18 and recipients entitled to institutional services.

☐ Not applicable with respect to recipients entitled to institutional services: the plan does not cover those services for the medically needy.

(vi) Home health services to recipients entitled to nursing facility services as indicated in item 3.1(b) of this plan.

☐ (vii) Services in an institution for mental diseases for individuals over age 65.

☐ (viii) Services in an intermediate care facility for the mentally retarded.

☐ (ix) Inpatient psychiatric services for individuals under age 21

42 CFR 440.140,  
440.150, 440.160  
Subpart B,  
442.441,  
Subpart C  
1902(a)(10)(C) of  
the Act

TN No. 93-04

Approval Date 01/03/94

Effective Date 06/16/93

Supersedes

TN No. 87-11

HCFA ID: 7982E

Revision: HCFA-PM-91-4  
August, 1991

(BPD)

OMB No.: 0938-

# STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

## Citation

3.1 (a) (2) Amount, Duration, and Scope of Services: Medically Needy (Continued)

1902(e)(9) of the Act

☐

(ix) Respiratory care services are provided to ventilator dependent individuals as indicated in item 3.1(h) of this plan.

1905(a)(23) and 1929 of the Act

☐

(x) Home and Community Care for Functionally Disabled Elderly Individuals, as defined, described and limited in Supplement 2 to Attachment 3.1-A and Appendices A-G to Supplement 2 to Attachment 3.1-A.

ATTACHMENT 3.1-B identifies the services provided to each covered group of the medically needy; specifies all limitations on the amount, duration, and scope of those items; and specifies the ambulatory services provided under this plan and any limitations on them. It also lists the additional coverage (that is in excess of established service limits) for pregnancy-related services and services for conditions that may complicate the pregnancy.

TN No. 95-16

Approval Date 01/31/96

Effective Date 01/01/95

Supersedes

TN No. 93-06

HCFA ID: 7982E

Revision: HCFA-PM-91-4  
August, 1991

(BPD)

OMB No.: 0938-

# STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

## Citation

§3.1(a)(2)

Amount, Duration, and Scope of Services: Medically  
Needy (Continued)

§1905(a)(26)  
and §1934

☒ Program of All-Inclusive Care for the Elderly (PACE) services,  
as described and limited in Supplement 6 to Attachment 3.1-A.

Attachment 3.1-B identifies services provided to each covered group of the medically needy. (Note: Other programs to be offered to Medically Needy beneficiaries would specify all limitations on the amount, duration and scope of those services. As PACE provides services to the frail elderly population without such limitation, this is not applicable for this program. In addition, other programs to be offered to Medically Needy beneficiaries would also list the additional coverage-that is in excess of established service limits-for pregnancy-related services for conditions that may complicate the pregnancy. As PACE is for the frail elderly population, this also is not applicable for this program.)

TN No. 06-06

Approval Date 01/30/07

Effective Date 01/01/07

Supersedes

TN No. 99-01

HCFA ID: 7982E

Revision: HCFA-PM-93-2  
March, 1993

(BPD)

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

State of VIRGINIA

---

Citation

3.1 Amount, Duration, and Scope of Services (Continued)

	(a)	(3)	<u>Other Required Special Groups: Qualified Medicare Beneficiaries</u>	
1902(a)(10)(E)(i) and clause (VIII) of the matter following (F), and 1905(p)(3) of the Act				Medicare cost sharing for qualified Medicare beneficiaries described in §1905(p) of the Act is provided only as indicated in item 3.2 of this plan.
1902(a)(10)(E)(ii) and 1905(s) of the Act	(a)	(4)	(i)	<u>Other Required Special Groups: Qualified Disabled and Working Individuals</u>  Medicare Part A premiums for qualified disabled and working individuals described in §1902(a)(10)(E)(ii) of the Act are provided as indicated in item 3.2 of this plan.
1902(a)(10)(E)(iii) and 1905(p)(3)(A)(ii) of the Act			(ii)	<u>Other Required Special Groups: Specified Low-Income Medicare Beneficiaries</u>  Medicare Part B premiums for specified low-income Medicare beneficiaries described in §1902(a)(10)(E)(iii) of the Act are provided as indicated in item 3.2 of this plan.
§1902(a)(10)(E)(iv)(I); §1905(p)(3)(A)(ii) and 1933 of the Act			(iii)	<u>Other Required Special Groups: Qualifying Individuals-1</u> Medicare Part B premiums for qualifying individuals described in § 1902(a)(10)(E)(iv)(I) and subject to 1933 of the Act are provided as indicated in item 3.2 of this plan.

---

TN No. 97-22

Approval Date 04/24/01

Effective Date 01/01/98

Supersedes

TN No. 93-06

HCFA ID: 7982E

Revision: HCFA-PM-93-2  
March, 1993

(BPD)

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

State of VIRGINIA

1902(a)(1)(E)(iv)  
II;  
1905(p)(3)(A)(iv)(II);  
1905(p)(3) of the Act

(iv) Other Required Special groups:  
Qualifying Individuals – 2

The portion of the amount of increase to the Medicare Part B premium attributable to the Home Health provisions for qualifying individuals described in 1902(a)(10)(E)(iv)(II) and subject to 1933 of the Act are provided as indicated in item 3.2 of this plan.

1925 of the Act

(a) (5) Other Required Special Groups:  
Families Receiving Extended Medicaid Benefits

Extended Medicaid benefits for families described in 1925 of the Act are provided as indicated in item 3.5 of this plan.

TN No. 97-22

Approval Date 04/24/01

Effective Date 01/01/98

Supersedes

TN No. 93-04

HCFA ID: 7982E

Revision: HCFA-PM-93-2  
March, 1993

(BPD)

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

State of VIRGINIA

§1902(a)(10)(E)  
(iv)(II);  
§1905(p)(3)(A)  
(iv)(II);  
1905(p)(3) of the  
Act

- (v) **Other Required Special Groups:**  
**Qualifying Individuals-2**  
The portion of the amount of increase to the Medicare Part B premium attributable to the Home Health provisions for qualifying individuals described §1902(a)(10)(E)(iv)(II) and subject to §1933 of the Act are provided as indicated in item 3.2 of this plan.

42 CFR 431.625

(vi) **Other Medicaid Recipients**

The Medicaid agency pays Medicare Part B premiums to make Medicare Part B coverage available to the following individuals:

☒ All individuals who are a) receiving benefits under titles I, IV-A, X, XIV, or XVI (AABD or SSI); b) receiving State supplements under title XVI; or c) within a group listed at 42 CFR 431.625(d)(2).

☐ Individuals receiving title II or Railroad Retirement benefits.

☐ Medically needy individuals (FFP is not available for this group).

(2) **Other Health Insurance**

§1902(a)(30) and  
of 1905(a) the Act

- ☒ The Medicaid agency pays insurance premiums for medical or any other type of remedial care to maintain a third party resource for Medicaid covered services provided to eligible individuals (except those over 65 years of age and disabled individuals, entitled to Medicare Part A but not enrolled in Medicare Part B).

H.I.P.P. project

TN No. 97-22Approval Date 04/24/01Effective Date 01/01/98

Supersedes

TN No. 93-04

HCFA ID: 7982E

Revision: HCFA-PM-93-2  
March, 1993

(BPD)

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

State of VIRGINIA

<u>Citation</u>	3.1(a)(9)	Amount, Duration, and Scope of Services: EPSDT Services (continued)
42 CFR 441.60	<u>/</u> <u>/</u>	The Medicaid agency has in effect agreements with continuing care providers. Described below are the methods employed to assure the providers' compliance with their agreements.**
42 CFR 440.240 and 440.250	(a)(10)	Comparability of Services
1902(a) and 1902 (a)(10), 1902(a)(52), 1903(v), 1915(g), 1925(b)(4), and 1932 of the Act		Except for those items or services for which sections 1902(a), 1902(a)(10), 1903(v), 1915, 1925, and 1932 of the Act, 42 CFR 440.250, and section 245A of the Immigration and Nationality Act, permit exceptions:
		(i) Services made available to the categorically needy are equal in amount, duration, and scope for each categorically needy person.
		(ii) The amount, duration, and scope of services made available to the categorically needy are equal to or greater than those made available to the medically needy.
		(iii) Services made available to the medically needy are equal in amount, duration, and scope for each person in a medically needy coverage group.
	<u>/X/</u>	(iv) Additional coverage for pregnancy-related service and services for conditions that may complicate the pregnancy are equal for categorically and medically needy.

\*\* Describe here.

TN No. 03-07Approval Date 10/28/03Effective Date 08/13/03

Supersedes

TN No. 93-94

HCFA ID: 7982E

Revision: HCFA-PM-93-2  
March, 1993

(BPD)

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

State of VIRGINIA

Citation

42 CFR Part 440,  
Subpart B  
42 CFR 441.15  
AT-79-90  
AT-80-34

3.1 (b) Home health services are provided in accordance with the requirements of 42 CFR 441.15.

- (1) Home health services are provided to all categorically needy individuals 21 years of age or over.
- (2) Home health services are provided to all categorically needy individuals under 21 years of age.

☒ Yes

☐ Not applicable. The State plan does not provide for skilled nursing facility services for such individuals.

- (3) Home health services are provided to the medically needy:

☒ Yes, to all.

☐ Yes, to all individuals age 21 or over; SNF services are provided.

☐ Yes, to individuals under age 21; SNF services are provided.

☐ No; SNF services are not provided.

☐ Not applicable; the medically needy are not included under this plan.

TN No. 79-10

Approval Date 12/18/79

Effective Date 10/01/79

Supersedes

TN No. \_\_\_\_\_

HCFA ID: 7982E



Revision: HCFA-PM-91-4  
August, 1991

(BPD)

OMB No.: 0938-

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

State of VIRGINIA

---

Citation

3.1 Amount, Duration, and Scope of Services (Continued)

42 CFR 431.53

(c) (1) Assurance of Transportation

Provision is made for assuring necessary transportation of recipients to and from providers. Methods used to assure such transportation are described in ATTACHMENT 3.1-D.

42 CFR 483.10

(c) (2) Payment for Nursing Facility Services

The State includes in nursing facility services at least the items and services specified in 42 CFR 483.10(f)(11).

---

TN No. 17-026

Approval Date 01/11/18

Effective Date 10/19/17

Supersedes

TN No. 94-09

HCFA ID: 7982E

Revision: HCFA-PM-91-4  
August, 1991

(BPD)

OMB No.: 0938-

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

State of VIRGINIA

---

Citation

42 CFR 440.260

3.1 (d) Methods and Standards to Assure Quality of Services

The standards established and the methods use dot assure high quality care are described in ATTACHMENT 3.1-C.

---

TN No. 76-12

Approval Date 12/15/76

Effective Date 10/01/76

Supersedes

TN No. N/A

HCFA ID: 7982E

Revision: HCFA-AT-80-38  
May 22, 1980

(BPP)

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

State of VIRGINIA

---

Citation

42 CFR 441.20  
AT-78-90

3.1 (e) Family Planning Services

The requirements of 42 CFR 441.20 are met regarding freedom from coercion or pressure of mind and conscience, and freedom of choice of method to be used for family planning.

---

TN No. 76-12

Approval Date 12/15/76

Effective Date 10/01/76

Supersedes

TN No.

Revision: HCFA-PM-87-5  
April, 1987

(BERC)

OMB No.: 0938-0193

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

State of VIRGINIA

Citation

42 CFR 441.30  
AT-78-90

3.1 (f) (1) Optometric Services

Optometric services (other than those provided under §435.531 and 436.531) are not now but were previously provided under the plan. Services of the type an optometrist is legally authorized to perform are specifically included in the term "physicians' services" under this plan and are reimbursed whether furnished by a physician or an optometrist.

☐ Yes.

☐ No. The conditions described in the first sentence apply but the term "physicians' services" does not specifically include services of the type an optometrist is legally authorized to perform.

☐ Not applicable. The conditions in the first sentence do not apply.

(2) Organ Transplant Procedures

Organ Transplant procedures are provided.

☐ No.

☒ Yes. Similarly situated individuals are treated alike and any restrictions on the facilities that may, or practitioners who may, provide those procedures is consistent with the accessibility of high quality care to individuals eligible for the procedures under this plan. Standards for the coverage of organ transplant procedures are described at ATTACHMENT 3.1-E.

1903(i)(1) of the  
Act, P.L. 99-272  
(§9507)

TN No. 86-07Approval Date 07/16/87Effective Date 01/01/87

Supersedes

TN No. 76-12

HCFA ID: 1008P/0011P

Revision: HCFA-PM-87-4  
March, 1987

(BERC)

OMB No.: 0938-0193

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

State of VIRGINIA

Citation

42 CFR  
431.110(b)  
AT-78-90

3.1 (g) Participation by Indian Health Service Facilities

Indian Health Service facilities are accepted as providers, in accordance with 42 CFR 431.110(b), on the same basis as other qualified providers.

1902(e)(9) of the  
Act, P.L. 99-509  
(§9408)

(h) Respiratory Care Services for Ventilator-Dependent Individuals

Respiratory care services, as defined in §1902(e)(9)(C) of the Act, are provided under the plan to individuals who--

- (1) Are medically dependent on a ventilator for life support at least six hours per day;
- (2) Have been so dependent as inpatients during a single stay or a continuous stay in one or more hospitals, SNFs or ICFs for the lesser of--
  - ☐ 30 consecutive days;
  - ☐ \_\_ days (the maximum number of inpatient days allowed under the State plan);
- (3) Except for home respiratory care, would require respiratory care on an inpatient basis in a hospital, SNF, or ICF for which Medicaid payments would be made;
- (4) Have adequate social support services to be cared for at home; and
- (5) Wished to be cared for at home.

☐ Yes. The requirements of the §1902(e)(9) of the Act are met.

☒ Not applicable. These services are not included in the plan.

TN No. 87-11Approval Date 12/11/87Effective Date 07/01/87

Supersedes

TN No. \_\_\_\_\_

HCFA ID: 1008P/0011P

Revision: HCFA-PM-93-2  
March, 1993

(MB)

OMB No.: 0938-

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**State of VIRGINIA

---

Citation

1902(a)(10)(E)(i)  
and 1905(p)(1) of  
the Act

3.2. Coordination of Medicaid with Medicare and Other Insurance(a) Premiums(1) Medicare Part A and Part B(i) Qualified Medicare Beneficiary (QMB)

The Medicaid agency pays Medicare Part A premiums (if applicable) and Part B premiums for individuals in the QMB group defined in Item A.25 of Attachment 2.2-A, by the following method:

☒ Group premium payment arrangement for Part A

☒ Buy-In agreement for

☐ Part A ☒ Part B

☐ The Medicaid agency pays premiums, for which the beneficiary would be liable, for enrollment in an HMO participating in Medicare.

---

TN No. 95-16Approval Date 01/31/96Effective Date 11/01/95

Supersedes

TN No. 93-06

HCFA ID: 7982E

Revision: HCFA-PM-93-2  
March, 1993

(MB)

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

State of VIRGINIA

---

Citation

1902(a)(10)(E)(ii)  
and 1905(s) of the  
Act

(ii) Qualified Disabled and Working  
Individual (QDWI)

The Medicaid agency pays Medicare Part A premiums under a group premium payment arrangement, subject to any contribution required as described in Attachment 4.18-E, for individuals in the QDWI group defined in item A.26 of ATTACHMENT 2.2-A of this plan.

1905(s) of the Act

(iii) Specified Low-Income Medicare  
Beneficiary (SLMB)

The Medicaid agency pays Medicare Part B premiums under the State buy-in process for individuals in the SLMB group defined in item A.27 of ATTACHMENT 2.2-A of this plan.

§1902(a)(10)(E)(iv)  
(I),  
§1905(p)(3)(A)(ii)  
and §1933 of the  
Act

(iv) Qualifying Individual -1 (QI-1)  
The Medicaid agency pays Medicare Part B premiums under the State buy-in process for individuals described in §1902(a)(10)(E)(iv)(I) and subject to §1933 of the Act.

§1902(a)(10)(E)(iv)  
(II),  
§1905(p)(3)(A)(ii),  
and §1933 of the  
Act

(v) Qualifying Individual 2 (QI-2)  
The Medicaid agency pays the portion of the amount of increase to the Medicare Part B premium attributable to the Home Health Provision to the individuals described in 1902(a)(10)(E)(iv)(II) and subject to §1933 of the Act.

---

TN No. 97-22

Approval Date 04/24/01

Effective Date 01/01/98

Supersedes

TN No. 93-06

HCFA ID: 7982E

Revision: HCFA-PM-93-2  
March, 1993

(MB)

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

State of VIRGINIA

Citation

42 CFR 431.625

(iv) Other Medicaid Recipients

The Medicaid agency pays Medicare Part B premiums to make Medicare Part B coverage available to the following individuals:

- ☒ All individuals who are a) receiving benefits under titles I, IV-A, X, XIV, or XVI (AABD or SSI); b) receiving State supplements under title XVI; or c) within a group listed at 42 CFR 431.625(d)(2).
- ☐ Individuals receiving title II or Railroad Retirement benefits.
- ☐ Medically needy individuals (FFP is not available for this group).

§1902(a)(30) and  
of 1905(a) the Act

(2) Other Health Insurance

- ☒ The Medicaid agency pays insurance premiums for medical or any other type of remedial care to maintain a third party resource for Medicaid covered services provided to eligible individuals (except those over 65 years of age and disabled individuals, entitled to Medicare Part A but not enrolled in Medicare Part B).

H.I.P.P. project

TN No. 95-16

Approval Date 01/31/96

Effective Date 01/01/93

Supersedes

TN No. 93-06

HCFA ID: 7982E



Revision: HCFA-PM-93-2  
March, 1993

(MB)

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

State of VIRGINIA

Citation

§1902(a)(30),  
1902(n), 1905(a),  
and 1916 of the  
Act

(b) Deductibles/Coinsurance

(1) Medicare Part A and B

Supplement 2 to Attachment 4.19-B describes the methods and standards for establishing payment rates for services covered under Medicare, and/or the methodology for payment of Medicare deductible and coinsurance amounts, to the extent available for each of the following groups.

§1902(a)(10)(E)(i)  
)  
and 1905(p)(3) of  
the Act

(i) Qualified Medicare Beneficiaries (QMBS)

The Medicaid agency pays Medicare Part A and Part B deductibles and coinsurance amounts for QMBs (subject to any nominal Medicaid copayment) for all services available under Medicare.

1902(a)(10),  
1902(a)(30), and  
1905(a) of the Act

(ii) Other Medicaid Recipients

The Medicaid agency pays Medicaid services also covered under Medicare and furnished to recipients entitled to Medicare (subject to any nominal Medicaid copayment). For services furnished to individuals who are described in §3.2(a)(1)(iv), payment is made as follows:

42 CFR 431.625

☐ For the entire range of services available under Medicare.

☒ Only for the amount, duration, and scope of services otherwise available under this plan.

§1902(a)(10),  
1902(a)(30),  
1905(a), and  
1905(p)  
of the Act

(iii) Dual Eligible--QMB plus

The Medicaid agency pays Medicare Part A and Part B deductible and coinsurance amounts for all services available under Medicare and pays for all Medicaid services furnished to individuals eligible both as QMBs and categorically or medically needy (subject to any nominal Medicaid copayment).

TN No. 95-16

Approval Date 01/31/96

Effective Date 11/01/95

Supersedes

TN No. 93-06

HCFA ID: 7982E

Revision: HCFA-PM-91-8  
October, 1991

(MB)

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

State of VIRGINIA

<u>Citation</u>	<u>Condition or Requirement</u>
1906 of the Act	<p>(c) <u>Premiums, Deductibles, Coinsurance and Other Cost Sharing Obligations</u></p> <p>The Medicaid agency pays all premiums, deductibles, coinsurance and other cost sharing obligations for items and services covered under the State plan (subject to any nominal Medicaid copayment) for eligible individuals in employer-based cost-effective group health plans.</p> <p>When coverage for eligible family members is not possible unless ineligible family members enroll, the Medicaid agency pays premiums for enrollment of other family members when cost-effective. In addition, the eligible individual is entitled to services covered by the State plan which are not included in the group health plan. Guidelines for determining cost effectiveness are described in §4.22(h).</p>
1906(A) of the Act	<p>(c)-1 <u>Premiums, Deductibles, Coinsurance and Other Cost Sharing Obligations.</u></p> <p>Pursuant to §1906(A) of the Act, the Medicaid agency pays all premiums, deductibles, coinsurance and other cost sharing obligations for items and services covered under the State plan, as specified in the qualified employer-sponsored coverage, without regard to limitations specified in section 1916 or section 1916A of the Act, for eligible individuals under age 19 who have access to and elect to enroll in such coverage. The eligible individual is entitled to services covered by the State plan which are not included in the employer-sponsored coverage. For qualified employer-sponsored coverage, the employer must contribute at least 40 percent of the premium cost.</p> <p>When coverage for eligible family members under age 19 is not possible unless an ineligible family member enrolls, the Medicaid agency Pays premiums for enrollment of the ineligible family member and, at the option of the parent or legal guardian, other family members that are eligible coverage under the employer-sponsored plan. The agency also pays deductibles, coinsurance and other cost sharing obligations for items and services covered under the State plan for the ineligible family member. Attachment 4.22-C of this plan provides a detailed description of this program</p>
1902(a)(10)(F) of the Act	<p>(d) <input type="checkbox"/> The Medicaid agency pays premiums for individuals described in item 19 of Attachment 2.2-A.</p>

TN No. 10-17  
Supersedes  
TN No. 93-02

Approval Date 01/21/11Effective Date 10/01/10

HCFA ID: 7982E

Revision: HCFA-AT-80-38  
May 22, 1980

(BPP)

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

State of VIRGINIA

---

Citation

42 CFR 441.101  
42 CFR 431.620  
(c) and (d)  
AT-79-29

3.3 Medicaid for Individuals Age 65 or Over in Institutions for Mental Diseases

Medicaid is provided for individuals 65 years of age or older who are patients in a institutions for mental diseases.

☒ Yes. The requirements of 42 CFR Part 441, Subpart C, and 42 CFR 431.620(c) and (d) are met.

☐ Not applicable. Medicaid is not provided to aged individuals in such institutions under this plan.

---

TN No. 76-12

Approval Date 12/15/76

Effective Date 10/01/76

Supersedes

TN No. \_\_\_\_\_

Revision: HCFA-AT-80-38  
May 22, 1980

(BPP)

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

State of VIRGINIA

---

Citation

42 CFR 441.252  
AT-78-99

3.4 Special Requirements Applicable to Sterilization Procedures

All requirements of 42 CFR Part 441, Subpart F are met.

---

TN No. 79-1

Supersedes

TN No.           

Approval Date 04/05/79

Effective Date 03/31/79

Revision: HCFA-PM-91-4  
August, 1991

(BPD)

OMB No.: 0938-

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

State of VIRGINIA

Citation

1902(a)(52) and  
1925 of the Act

3.5 Families Receiving Extended Medicaid Benefits

(a) Services provided to families during the first 6-month period of extended Medicaid benefits under §1925 of the Act are equal in amount, duration, and scope to services provided to categorically needy AFDC recipients as described in ATTACHMENT 3.1-A (or may be greater if provided through a caretaker relative employer's health insurance plan).

(b) Services provided to families during the second 6-month period of extended Medicaid benefits under §1925 of the Act are--

☒ Equal in amount, duration and scope to services provided to categorically needy AFDC recipients as described in ATTACHMENT 3.1-A (or may be greater if provided through a caretaker relative employer's health insurance plan).

☐ Equal in amount, duration and scope to services provided to categorically needy AFDC recipients, (or may be greater if provided through a caretaker relative employer's health insurance plan) minus any one or more of the following acute services:

☐ Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.

☐ Medical or remedial care provided by licensed practitioners.

☐ Home health services.

TN No. 93-04

Approval Date 01/03/94

Effective Date 06/16/93

Supersedes

TN No. 90-29

HCFA ID: 7982E

Revision: HCFA-PM-91-4  
August, 1991

(BPD)

OMB No.: 0938-

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**State of VIRGINIA

---

Citation3.5 Families Receiving Extended Medicaid Benefits

- ☐ Private duty nursing services.
- ☐ Physical therapy and related services.
- ☐ Other diagnostic, screening, preventive, and rehabilitation services.
- ☐ Inpatient hospital services and nursing facility services for individuals 65 years of age or over in an institution for mental diseases.
- ☐ Intermediate care facility services for the mentally retarded.
- ☐ Inpatient psychiatric services for individuals under age 21.
- ☐ Hospice services.
- ☐ Respiratory care services.
- ☐ Any other medical care and any other type of remedial care recognized under State law and specified by the Secretary.

TN No. 93-04Approval Date 01/03/94Effective Date 06/16/93

Supersedes

TN No. 87-11

HCFA ID: 7982E

Revision: HCFA-PM-91-4  
August, 1991

(BPD)

OMB No.: 0938-

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

State of VIRGINIA

Citation3.5 Families Receiving Extended Medicaid Benefits (Continued)

- (c) ☐ The agency pays the family's premiums, enrollment fees, deductibles, coinsurance, and similar costs for health plans offered by the caretaker's employer as payments for medical assistance--
- ☐ 1st 6 months                      ☐ 2nd 6 months
- ☐ The agency requires caretakers to enroll in employers' health plans as a condition of eligibility.
- ☐ 1st 6 months                      ☐ 2nd 6 months
- (d) ☐ (1) The Medicaid agency provides assistance to families during the second 6-month period of extended Medicaid benefits through the following alternative methods:
- ☐ Enrollment in the family option of an employer's health plan.
- ☐ Enrollment in the family option of a State employee health plan.
- ☐ Enrollment in the State health plan for the uninsured.
- ☐ Enrollment in an eligible health maintenance organization (HMO) with a prepaid enrollment of less than 50 percent Medicaid recipients (except recipients of extended Medicaid).

TN No. 93-04Approval Date 01/03/94Effective Date 06/16/93

Supersedes

TN No. 90-21

HCFA ID: 7982E

Revision:

OMB No.: 0938-

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

State of VIRGINIA

---

Citation

3.5 Families Receiving Extended Medicaid Benefits (Continued)

Supplement 2 to ATTACHMENT 3.1-A specifies and describes the alternative health care plan(s) offered, including requirements for assuring that recipients have access to services of adequate quality.

(2) The agency--

(i) Pays all premiums and enrollment fees imposed on the family for such plan(s).



(ii) Pays all deductibles and coinsurance imposed on the family for such plan(s).

---

TN No. 90-24

Approval Date 01/14/91

Effective Date 11/07/90

Supersedes

TN No. 90-21



Revision: HCFA-PM-87-4  
March, 1987

(BERC)

OMB No.: 0938-0193

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

State of VIRGINIA

---

Citation

SECTION 4 - GENERAL PROGRAM ADMINISTRATION

42 CFR 431.15  
AT-79-29

4.1 Methods of Administration

The Medicaid agency employs methods of administration found by the Secretary of Health and Human Services to be necessary for the proper and efficient operation of the plan.

---

TN No. 87-11

Supersedes

TN No. \_\_\_\_\_

Approval Date 12/11/87

Effective Date 07/01/87

HCFA ID: 1010P/0012P

Revision: HCFA-AT-80-38  
May 22, 1980

(BPP)

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

State of VIRGINIA

---

Citation

42 CFR 431.202  
AT-79-29

4.2 Hearings for Applicants and Recipients

The Medicaid agency has a system of hearings that meets all the requirements of 42 CFR Part 431, Subpart E.

OBRA 90  
 (§4716)

No termination of coverage under §1925 shall be effective earlier than 10 days after the date of mailing of the notice required by §1925(b)(3)(B).

---

TN No. 90-28

Approval Date 02/01/91

Effective Date 11/05/90

Supersedes

TN No.

Revision: HCFA-AT-87-9  
August, 1987

(BERC)

OMB No.: 0938-0193

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

State of VIRGINIA

---

Citation

4.3 Safeguarding Information on Applicants and Recipients

42 CFR 431.301  
AT-79-29

Under State statute which imposes legal sanctions, safeguards are provided that restrict the use or disclosure of information concerning applicants and recipients to purposes directly connected with the administration of the plan.

52 FR 5967

All other requirements of 42 CFR Part 431, Subpart F are met.

---

TN No. 92-01

Approval Date 03/27/92

Effective Date 02/26/92

Supersedes

TN No. 87-18

HCFA ID: 1010p/0012p

Revision: HCFA-AT-87-14  
March, 1987

(BERC)

OMB No.: 0938-0193

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**State of VIRGINIA

---

Citation

42 CFR Part 431  
Subpart P  
55 FR 22166  
(May 31, 1990)  
1903(u)(1)(D) of  
the Act, P.L.  
99-509 (§9407)

Medicaid Quality Control

- a. A system of quality control is implemented in accordance with 42 CFR Part 431, Subpart P.
- b. The State operates a claims processing assessment system that meets the requirements of 42 CFR 431.808, 42 CFR 431.818, CFR 431.830, 42 CFR 431.832, 42 CFR 431.834, and 42 CFR 431.836.

\_\_\_\_\_ Yes.

☒ Not applicable. The State has an approved Medicaid Management Information System (MMIS)

---

TN No. 17-026

Supersedes

TN No. 87-11Approval Date 01/11/18Effective Date 10/19/17

HCFA ID: 1010P/0012P

Revision: HCFA-AT-87-14  
March, 1987

(BERC)

OMB No.: 0938-0193

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

State of VIRGINIA

---

<u>Citation</u>	
§ 1902(a)(28) of the <i>Act</i> (P.L. 111-148, § 6505)	§ 4.44. Medicaid Prohibition on Payments to Institutions or Entities Located Outside of the United States.
	<u>X</u> The State shall not provide any payments for items or services provided under the State Plan or under a waiver to any financial institution or entity located outside of the United States.

TN No. 11-01Approval Date 05/31/11Effective Date 01/01/11

Supersedes

TN No. NEW PAGE

HCFA ID: 1010P/0012P

Revision: HCFA-PM-88-10  
September, 1988

(BERC)

OMB No.: 0938-0193

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

State of VIRGINIA

---

Citation

42 CFR 455.12  
AT-78-90  
48 FR 3742  
52 FR 48817

4.5 Medicaid Agency Fraud Detection and Investigation Program

The Medicaid agency has established and will maintain methods, criteria, and procedures that meet all requirements of 42 CFR 455.13 through 455.21 and 455.23 for prevention and control of program fraud and abuse.

---

TN No. 88-17

Supersedes

TN No. 83-07

Approval Date 03/07/89

Effective Date 01/01/89

HCFA ID: 1010P/0012P

Revision: HCFA-PM-88-10  
September, 1988

(BERC)

OMB No.: 0938-0193

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**State of VIRGINIA

---

§1902(a)(64) of  
the Act  
P.L. 105-33

**4.5a    Medicaid Agency Fraud Detection and Investigation Program**

The Medicaid agency has established a mechanism to receive reports from beneficiaries and others and compile data concerning alleged instances of waste, fraud, and abuse relating to the operation of this title.

---

TN No. <u>99-10</u>	Approval Date <u>02/01/00</u>	Effective Date <u>10/13/99</u>
Supersedes		
TN No. <u>N/A</u>		HCFA ID:    1010P/0012P

Page 36b  
**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**  
State of VIRGINIA

---

4.5b Medicaid Recovery Audit Contractor Program

<u>Citation</u> § 1902(a)(42)(B)(i) of the Social Security Act	<p>_____ The State has established a program under which it will contract with one or more recovery audit contractors (RACs) for the purpose of identifying underpayments and overpayments of Medicaid claims under the State plan and under any waiver of the State plan.</p>
§ 1902(a)(42)(B)(ii)(I) of the Act	<p><u>X</u> The State is seeking a two (2) year exception to establishing such a program until July 1, 2026, for the following reasons: Virginia submitted a request for an exception with SPA VA-22-0019 in August 2022 and was granted an exception, with an expiration date of July 1, 2024. The state is seeking an extension to its current exception, as VA still maintains a large managed care population in the state. DMAS transitioned to a 95% managed care program environment in 2021, such that the claims-eligible RAC review has been rendered largely obsolete. Additionally, a search to secure a vendor to operate an efficient RAC program, in this new environment, proved unviable and cost inefficient for Virginia Medicaid.</p>
§ 1902(a)(42)(B)(ii)(II)(aa) of the Act	<p>_____ The State/Medicaid agency has contracts of the type(s) listed in § 1902(a)(42)(B)(ii)(I) of the Act. All contracts meet the requirements of the statute. RACs are consistent with the statute.</p> <p>Place a check mark to provide assurance of the following:</p> <p>_____ The State will make payments to the RAC(s) only from amounts recovered.</p> <p>_____ The State will make payments to the RAC(s) on a contingent basis for collecting overpayments.</p> <p>The following payment methodology shall be used to determine State payments to Medicaid RACs for identification and recovery of overpayments (e.g., the percentage of the contingency fee):</p> <p>_____ The State attests that the contingency fee rate paid to the Medicaid RAC will not exceed the highest rate paid to Medicare RACs, as published in the <i>Federal Register</i>.</p> <p>_____ The State attests that the contingency fee rate paid to the Medicaid RAC will exceed the highest rate paid to Medicare RACs, as published in the <i>Federal Register</i>. The State will only submit for FFP up to the amount equivalent to that published rate.</p>



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

State of VIRGINIA

§ 1902 (a)(42)(B)(ii)(II) (bb) of the Act	<u>      </u>	The contingency fee rate paid to the Medicaid RAC that will exceed the highest rate paid to Medicare RACs, as published the <i>Federal Register</i> . The State will submit a justification for that rate and will submit for FFP for the full amount of the contingency fee.
§ 1902 (a)(42)(B)(ii)(III) of the Act	<u>  X  </u>	The following payment methodology shall be used to determine State payments to Medicaid RACs for the identification of underpayments (e.g., amount of flat fee, the percentage of the contingency fee):
§ 1902 (a)(42)(B)(ii)(IV) (aa) of the Act		<b>The payment methodology will be based upon the percentage of the contingency fee.</b>
	<u>  X  </u>	The State has an adequate appeal process in place for entities to appeal any adverse determination made by the Medicaid RAC(s).
§ 1902(a)(42)(B)(ii)(IV)(bb) of the Act	<u>  X  </u>	The State assures that the amounts expended by the State to carry out the program will be amounts expended as necessary for the proper and efficient administration of the State plan or a waiver of the plan.
§ 1902 (a)(42)(B)(ii)(IV)(cc) of the Act	<u>  X  </u>	The State assures that the recovered amounts will be subject to a State's quarterly expenditure estimates and funding of the State's share.
	<u>  X  </u>	Efforts of the Medicaid RAC(s) will be coordinated with other contractors or entities performing audits of entities receiving payments under the State plan or waiver in the State, and/or State and Federal law enforcement entities and the CMS Medicaid Integrity Program.

TN No. 15-014

Supersedes

TN No. 10-19Approval Date 02/29/16Effective Date 10/07/15

HCFA ID: 1010P/0012P

Revision: HCFA-AT-80-38  
May 22, 1980

(BPP)

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

State of VIRGINIA

---

Citation

42 CFR 431.16  
AT-79-29

4.6 Reports

The Medicaid agency will submit all reports in the form and with the content required by the Secretary, and will comply with any provisions that the Secretary finds necessary to verify and assure the correctness of the reports. All requirements of 42 CFR 431.16 are met.

---

TN No. 77-6

Supersedes

TN No.           

Approval Date 03/09/78

Effective Date 10/01/77

Revision: HCFA-AT-80-38  
May 22, 1980

(BPP)

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

State of VIRGINIA

---

Citation

42 CFR 431.17  
AT-79-29

4.7 Maintenance of Records

The Medicaid agency maintains or supervises the maintenance of records necessary for the proper and efficient operation of the plan, including records regarding applications, determination of eligibility, the provision of medical assistance, and administrative costs, and statistical, fiscal and other records necessary for reporting and accountability, and retains these records in accordance with Federal requirements. All requirements of 42 CFR 431.17 are met.

---

TN No. 77-6

Supersedes

TN No.           

Approval Date 03/09/78

Effective Date 10/01/77

Revision: HCFA-AT-80-38 (BPP)  
May 22, 1980

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

State of VIRGINIA

---

Citation

42 CFR 431.18(b)  
AT-79-29

4.8 Availability of Agency Program Manuals

Program manuals and other policy issuances that affect the public, including the Medicaid agency's rules and regulations governing eligibility, need, and amount of assistance, recipient rights and responsibilities, and services offered by the agency are maintained in the State office and in each local and district office for examination, upon request, by individuals for review, study, or reproduction. All requirements of 42 CFR 431.18 are met.

---

TN No. 74-1

Approval Date 12/16/74

Effective Date 03/29/74

Supersedes

TN No. \_\_\_\_\_

Revision: HCFA-AT-80-38  
May 22, 1980

(BPP)

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

State of VIRGINIA

---

Citation

42 CFR 433.37  
AT-78-90

4.9 Reporting Provider Payments to Internal Revenue Service

These are procedures implemented in accordance with 42 CFR 433.37 for identification of providers of services by social security number or by employer identification number and for reporting the information required by the Internal Revenue Code (26 U.S.C. 6041) with respect to payment for services under the plan.

---

TN No. 74-01

Supersedes

TN No.           

Approval Date 12/16/74

Effective Date 03/29/74

Revision: HCFA-PM-91-10  
December, 1991

(MB)

# STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

## Citation

42 CFR 431.51  
AT-78-90  
46 FR 48524  
48 FR 23212  
1902(a)(23)  
of the Act  
P.L. 100-93  
(Section 8(f))  
P.L. 100-203  
(Section 4113)

### 4.10 Free Choice of Providers

- (a) Except as provided in paragraph (b), the Medicaid agency assures that an individual eligible under the plan may obtain Medicaid services from any institution, agency, pharmacy, person or organization that is qualified to perform the services, including an organization that provides these services or arranges for their availability on a prepayment basis.
- (b) Paragraph (a) does not apply to services furnished to an individual--
  - (1) Under an exception allowed under 42 CFR 431.54, subject to the limitations in paragraph (c), or
  - (2) Under a waiver approved under 42 CFR 431.55, subject to the limitations in paragraph (c), or
  - (3) By an individual or entity excluded from participation in accordance with section 1902(p) of the Act.
  - (4) by individuals or entities who have been convicted of a felony under Federal or State law and for which the State determines that the offense is inconsistent with the best interests of the individual eligible to obtain Medicaid services, or
  - (5) Under an exception allowed under 42 CFR 438.50 or subject to the limitations in paragraph (c).
- (c) Enrollment of an individual eligible for medical assistance in a primary care case management system described in section 1915(b)(1), a health maintenance organization, or a similar entity shall not restrict the choice of the qualified person from whom the individual may receive emergency services or services under section 1905(a)(4)(c).

§1902(a)(23) of  
the Social  
Security Act  
P.L. 105-33

§1932(a)(1)  
§1905(t)

TN No. 03-07  
Supersedes  
TN No. 99-10

Approval Date 10/28/03

Effective Date 08/13/03

HCFA ID: 1010P/0012P

Revision: HCFA-AT-80-38  
May 22, 1980

(BPP)

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

State of VIRGINIA

Citation

42 CFR 431.610  
AT-78-90  
AT-80-34

4.11 Relations with Standard-Setting and Survey Agencies

- (a) The State agency utilized by the Secretary to determine qualification of institutions and suppliers of services to participate in Medicare is responsible for establishing and maintaining health standards for private or public institutions (exclusive of Christian Science sanatoria) that provide services to Medicaid recipients. This agency is the Department of Health.
- (b) The State authority(ies) responsible for establishing and maintaining standards, other than those relating to health, for public or private institutions that provide services to Medicaid recipients is (are): Department of Health, Department of Mental Health and Mental Retardation, State Corporation Commission, Office of State Fire Marshall.
- (c) ATTACHMENT 4.11-A describes the standards specified in paragraphs (a) and (b) above, that are kept on file and made available to the Health Care Financing Administration on request.

TN No. 74-1

Approval Date 12/16/74

Effective Date 03/29/74

Supersedes

TN No. \_\_\_\_\_

Revision: HCFA-AT-80-38  
May 22, 1980

(BPP)

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

State of VIRGINIA

---

Citation

42 CFR 431.610  
AT-78-90  
AT-89-34

4.11 (d) The Department of Health (agency) which is the State agency responsible for licensing health institutions, determines if institutions and agencies meet the requirements for participation in the Medicaid program. The requirements in 42 CFR 431.610(e), (f) and (g) are met.

---

TN No. 74-1

Supersedes

TN No.           

Approval Date 12/16/74

Effective Date 03/29/74



Revision: HCFA-AT-80-38  
May 22, 1980

(BPP)

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

State of VIRGINIA

Citation

42 CFR  
431.105(b)  
AT-78-90

4.12 Consultation to Medical Facilities

- (a) Consultative services are provided by health and other appropriate State agencies to hospitals, nursing facilities, home health agencies, clinics and laboratories in accordance with 42 CFR 431.105(b).
- (b) Similar services are provided to other types of facilities providing medical care to individuals receiving services under the programs specified in 42 CFR 431.105(b).



Yes, as listed below:

- HURA and RHI Projects
- Neighborhood Health Projects
- Multiple Handicap Projects
- Children and Youth Projects
- Maternal and Infant Care Projects
- Dental Health Projects
- Cerebral Palsy Centers
- Family Planning Clinics
- Child Development Clinics
- Crippled Children Programs



Not applicable. Similar services are not provided to other types of medical facilities.

TN No. 77-3Approval Date 02/17/78Effective Date 10/01/77

Supersedes

TN No. \_\_\_\_\_

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

State of VIRGINIA

Citation4.13 Required Provider Agreement

With respect to agreements between the Medicaid agency and each provider furnishing services under the plan:

- |                                    |   |
|------------------------------------|---|
| 42 CFR 431.107                     | (a) For all providers, the requirements of 42 CFR 431.107 and 42 CFR Part 442, Subparts A and B (if applicable) are met.  |
| 42 CFR Part 483<br>1919 of the Act | (b) For providers of NF services, the requirements of 42 CFR Part 483, Subpart B, and §1919 of the Act are also met. (*plus additional requirements described below)                                      |
| 42 CFR Part 483,<br>Subpart I      | (c) For providers of ICF/IID services, the requirements of participation in 42 CFR Part 483, Subpart I are also met.  |
| 1920 of the Act                    | (d) For each provider that is eligible under the plan to furnish ambulatory prenatal care to pregnant women during a presumptive eligibility period, all the requirements of §1920(b)(2) and (c) are met. |
- ☒ Not applicable. Ambulatory prenatal care is not provided to pregnant women during a presumptive eligibility period.

\*NOTE: As a condition of participation in the Virginia Medical Assistance Program all nursing facilities must agree that when an individual is discharged to a hospital, the nursing facility from which the individual is discharged shall ensure that the individual shall be given an opportunity to be readmitted to the facility at the time of the next available vacancy.

The only acceptable reasons for failure to readmit a specific individual who has been discharged to a hospital shall be the individual is certified for a level of care not provided by the facility, the individual is judged by a physician to be a danger to himself or others, or the individual, who at as an outstanding payment to the nursing facility for which he is responsible in accordance with Medicaid regulations.

TN No. 17-026Approval Date 01/11/18Effective Date 10/19/17

Supersedes

TN No. 93-04

HCFA ID: 7982E

Revision: HCFA-PM-91-9  
October, 1991

(MB)

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

State of VIRGINIA

Citation

1902(a)(58)  
1902(w)

4.13 (e) For each provider receiving funds under the plan, all the requirements for advance directives of Section 1902(w) are met:

- (1) Hospitals, nursing facilities, providers of home health care or personal care services, hospice programs, managed care organizations, prepaid inpatient health plans, prepaid ambulatory health plans (unless PAHP excludes providers in 42 CFR 489.102), and health insuring organizations are required to do the following:
  - (a) Maintain written policies and procedures with respect to all adult individuals receiving medical care by or through the provider or organization about their rights under State law to make decisions concerning medical care, including the right to accept or refuse medical or surgical treatment and the right to formulate advance directives.
  - (b) Provide written information to all adult individuals on their policies concerning implementation of such rights;
  - (c) Document in the individual's medical records whether or not the individual has executed an advance directive;
  - (d) Not condition the provision of care or otherwise discriminate against an individual based on whether or not the individual has executed an advance directive;
  - (e) Ensure compliance with requirements of State law (whether statutory or recognized by the courts) concerning advance directives; and

TN No. 03-07Approval Date 10/28/03Effective Date 08/13/03

Supersedes

TN No. 93-04

Revision: HCFA-PM-91-9  
October, 1991

(MB)

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

State of VIRGINIA

Citation

- (f) Provide (individually or with others) for education for staff and the community on issues concerning advance directives.
- (2) Providers will furnish the written information described in paragraph (1)(a) to all adult individuals at the time specified below:
  - (a) Hospitals at the time an individual is admitted as an inpatient.
  - (b) Nursing facilities when the individual is admitted as a resident.
  - (c) Providers of home health care or personal care services before the individual comes under the care of the provider;
  - (d) Hospice program at the time of initial receipt of hospice care by the individual from the program; and
  - (e) Managed care organizations, health insuring organizations, prepaid inpatient health plans, and prepaid ambulatory health plans (as applicable) at the time of enrollment of the individual with the organization.
- (3) Attachment 4.34A describes law of the State (whether statutory or as recognized by the courts of the State) concerning advance directives.
  - ☐ Not applicable. No State law or court decision exist regarding advance directives.
- (4) The Department of Medical Assistance Services (DMAS) shall conduct provider screening according to the requirements of Subpart E of 42 CFR Part 455. DMAS shall terminate or deny enrollment to any provider in accordance with the requirements of 42CFR 455.416.

TN No. 18-002Approval Date 03/27/18Effective Date 01/01/18

Supersedes

TN No. 03-07

Revision: HCFA-PM-91-10  
December, 1991

(MB)

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

State of VIRGINIA

Citation

42 CFR 431.60  
42 CFR 456.2  
50 FR 15312  
1902(a)(30)(C)  
and 1902(d) of the  
Act, P.L. 99-509  
(§ 9431)

4.14 Utilization/Quality Control

- (a) A Statewide program of surveillance and utilization control has been implemented that safeguards against unnecessary or inappropriate use of Medicaid services available under this plan and against excess payments, and that assesses the quality of services. The requirements of 42 CFR Part 456 are met:

☒ Directly.

☐ By undertaking medical and utilization review requirements through a contract with a Utilization and Quality Control Peer Review Organization (PRO) designated under 42 CFR Part 462. The contract with the PRO--

- (1) Meets the requirements of §434.6(a);
- (2) Includes a monitoring and evaluation plan to ensure satisfactory performance;
- (3) Identifies the services and providers subject to PRO review;
- (4) Ensures that PRO review activities are not inconsistent with the PRO review of Medicare services; and
- (5) Includes a description of the extent to which PRO determinations are considered conclusive for payment purposes.

1932©(2) and  
1902(d) of the Act  
P.L. 99-509  
(sec 9431)

☐ A qualified External Quality Review Organization performs an annual External Quality Review that meets the requirements of 42 CFR 438 Subpart E each managed care organization, prepaid inpatient health plan, and health insuring organizations under contract, except where exempted by the regulation..

TN No. 03-07Approval Date 10/28/03Effective Date 08/13/03

Supersedes

TN No. 97-04

HCFA ID: 1036P/001

Revision: HCFA-PM-85-3  
May, 1985

(BERC)

OMB No.: 0938-0193

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**State of VIRGINIA

---

Citation

42 CFR 456.2  
50 FR 15312

4.14 (b) The Medicaid agency meets the requirements of 42 CFR Part 456, Subpart C, for control of the utilization of inpatient hospital services.

☐ Utilization and medical review are performed by a Utilization and Quality Control Peer Review Organization designated under 42 CFR Part 462 that has a contract with the agency to perform those reviews.

☐ Utilization review is performed in accordance with 42 CFR Part 456, Subpart H, that specifies the conditions of a waiver of the requirements of Subpart C for:

☐ All hospitals (other than mental hospitals).

☐ Those specified in the waiver.

☒ No waivers have been granted.

---

TN No. 85-13Approval Date 05/29/87Effective Date 08/16/85

Supersedes

TN No.

Revision: HCFA-PM-85-7  
July, 1985

(BERC)

OMB No.: 0938-0193

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**State of VIRGINIA

---

Citation

42 CFR 456.2  
50 FR 15312

4.14 (c) The Medicaid agency meets the requirements of 42 CFR Part 456, Subpart D, for control of utilization of inpatient services in mental hospitals.

☐ Utilization and medical review are performed by a Utilization and Quality Control Peer Review Organization designated under 42 CFR Part 462 that has a contract with the agency to perform those reviews.

☐ Utilization review is performed in accordance with 42 CFR Part 456, Subpart H, that specifies the conditions of a waiver of the requirements of Subpart D for :

☐ All mental hospitals.

☐ Those specified in the waiver.

☒ No waivers have been granted.

☐ Not applicable. Inpatient services in mental hospitals are not provided under this plan.

---

TN No. 85-14Approval Date 09/05/85Effective Date 09/30/85

Supersedes

TN No. \_\_\_\_\_

HCFA ID: 0048P/0002P

Revision: HCFA-PM-85-3  
May, 1985

(BERC)

OMB No.: 0938-0193

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**State of VIRGINIA

---

Citation

42 CFR 456.2  
50 FR 15312

4.14 (d) The Medicaid agency meets the requirements of 42 CFR Part 456, Subpart E, for the control of utilization of skilled nursing facility services.

☐ Utilization and medical review are performed by a Utilization and Quality Control Peer Review Organization designated under 42 CFR Part 462 that has a contract with the agency to perform those reviews.

☐ Utilization review is performed in accordance with 42 CFR Part 456, Subpart H, that specifies the conditions of a waiver of the requirements of Subpart E for:

☐ All skilled nursing facilities.

☐ Those specified in the waiver.

☒ No waivers have been granted.

---

TN No. 97-04Approval Date 04/15/97Effective Date 01/01/97

Supersedes

TN No. 85-13

HCFA ID: 0048P/0002P



Revision: HCFA-PM-85-3  
May, 1985

(BERC)

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

State of VIRGINIA

Citation

- §4.14    ☒    (e)    The Medicaid agency meets the requirements of 42 CFR Part 456, Subpart F, for control of the utilization of intermediate care facility services is provided through:
- ☐    Facility-based review.
  - ☒    Direct review by personnel of the medical assistance unit of the State agency.
  - ☒    Personnel under contract to the medical assistance unit of the State agency.
  - ☐    Utilization and Quality Control Peer Review Organizations.
  - ☐    Another method as described in ATTACHMENT 4.14-A.
  - ☐    Two or more of the above methods. ATTACHMENT 4.14-B describes the circumstances under which each method is used.
  - ☐    Not Applicable. Intermediate care facility services are not provided under this plan.

Note:    The program will allow a maximum of ten (10) administrative days for placement and transfer from NF to community in order to make an orderly transfer or placement possible without potential harm or trauma to the patient in accordance with 42 CFR 456.4.

Note:    One of the semiannual utilization reviews required by 42 CFR 456.434(b)(1) for intermediate care recipients will be conducted by the Virginia Department of Health as part of the inspection of care visit. The second utilization review will be conducted by personnel of the Medical Assistance unit of the State agency.

TN No.    97-04

Approval Date    04/15/97

Effective Date    01/01/97

Supersedes

TN No.    89-27

Revision: HCFA-PM-91-10  
December, 1991

(MB)

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

State of VIRGINIA

Citation

4.14 Utilization/Quality Control (Continued)

42 CFR  
438.356(e)

For each contract, the State must follow an open competitive procurement process that is in accordance with State law and regulations and consistent with 45 CFR Part 74 as it applies to State procurement of Medicaid services.

42 CFR 438.354  
42 CFR  
438.356(b) and  
(d)

The State must ensure that an External Quality Review Organization and its subcontractors performing the External Quality Review or External Quality Review-related activities meets the competence and independence requirements.

\_\_\_\_\_ Not applicable.

TN No. 03-07

Approval Date 10/28/03

Effective Date 08/13/03

Supersedes

TN No. 97-04

HCFA ID: 1010P/0012P

Revision: HCFA-PM-92-2  
March, 1992

(HSQB)

OMB No.:

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

State of VIRGINIA

---

Citation

42 CFR Part 456  
Subpart I, and  
1902(a)(31) and  
1903(g) of the  
Act

4.15 Inspection of Care in Intermediate Care Facilities for the Mentally Retarded, Facilities Providing Inpatient Psychiatric Services for Individuals Under 21, and Mental Hospitals

☐ The State has contracted with a Peer Review Organization (PRO) to perform inspection of care for:

☐ ICFs/MR;

☐ Inpatient psychiatric facilities for recipients under age 21; and

☐ Mental Hospitals.

42 CFR Part 456  
Subpart A and  
1902(a)(30) of  
the Act

☒ All applicable requirements of 42 CFR Part 456, Subpart I, are met with respect to periodic inspections of care and services.\*

☐ Not applicable with respect to intermediate care facilities for the mentally retarded services; such services are not provided under this plan.

☐ Not applicable with respect to services for individuals age 65 or over in institutions for mental disease; such services are not provided under this plan.

☒ Not applicable with respect to inpatient psychiatric services for individuals under age 21; such services are not provided under this plan.

\*NOTE: Inspections of Care (IOC) in Intermediate Care Facilities for the Mentally Retarded and Institutions for Mental Diseases are completed through contractual arrangements with the Virginia Department of Health.

TN No. 93-04

Approval Date 01/03/94

Effective Date 06/16/93

Supersedes

TN No. 89-27

Revision: HCFA-AT-80-38  
May 22, 1980

(BPP)

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

State of VIRGINIA

---

Citation

42 CFR 4.16 Relations with State Health and Vocational Rehabilitation Agencies and Title V Grantees  
431.615(c)  
AT-78-90

The Medicaid agency has cooperative arrangements with State health and vocational rehabilitation agencies and with title V grantees, that meet the requirements of 42 CFR 431.615.

ATTACHMENT 4.16-A describes the cooperative arrangements with the health and vocational rehabilitation agencies.

---

TN No. 74-1

Approval Date 12/16/74

Effective Date 03/29/74

Supersedes

TN No. \_\_\_\_\_

Revision: HCFA-AT-82-29  
December, 1982

(BPP)

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**State of VIRGINIA

---

Citation

42 CFR 433.36(c)  
AT-78-90  
47 FR 43644

4.17 Liens and Recoveries

Liens are imposed against an individual's property.

☒

No.

☐

Yes.

- (a) Liens are imposed against an individual's property before his or her death because of Medicaid claims paid or to be paid on behalf of that individual following a court judgement which determined that benefits were incorrectly paid for that individual.

☐

Item (a) is not applicable. No such lien is imposed.

☐

Item (a) applies only to an individual's real property;

☐

Item (a) applies only to an individual's personal property; or

☐

Item (a) applies to both an individual's real and personal property.

- (b) Liens are placed against the real property of an individual before his or her death because of Medicaid claims paid or to be paid for that individual in accordance with 42 CFR 433.36(g)(1) and (g)(2).

☐

Item (b) is not applicable. No such lien is imposed.

---

TN No. 95-09Approval Date 02/20/96Effective Date 11/01/95

Supersedes

TN No. 83-02

Revision: HCFA-AT-82-29  
December, 1982

(BPP)

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

State of VIRGINIA

---

Citation

42 CFR 433.36(c)  
AT-78-90  
47 FR 43644

4.17 (c) Adjustments or recoveries for Medicaid claims correctly paid are as follows. See Attachment 4.17-C.

(1) For permanently institutionalized individuals, adjustments, or recoveries are made from the individual's estate.

(2) For any individual who received medical assistance at age 55 or older, recovery of payments are made for nursing facility services, home and community-based services, and related hospital and prescription drug services.

☒ (i) Payments are recovered for other Medicaid services provided to individuals at age 55.

All services covered under the Plan.

☐ (ii) Payments are recovered for other Medicaid services provided to individuals at age \_\_\_\_.

Not applicable.

(3) If an individual covered under a qualified long-term care partnership insurance policy pursuant to § 32.1-325 of the *Code of Virginia* received benefits for which assets or resources were disregarded as provided for in 12VAC30-40-290(6) (State Plan Attachment 2.6-A, Supplement 8c), the Commonwealth does not seek adjustment or recovery from the individual's estate for the amount of assets or resources disregarded.

(d) No money payment under another program are reduced as a means of recovering Medicaid claims incorrectly paid.

---

TN No. 09-10

Approval Date 10/06/09

Effective Date 07/01/09

Supersedes

TN No. 06-08

Revision: HCFA-AT-82-29  
December, 1982

(BPP)

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

State of VIRGINIA

---

(e) Liens. See Attachment 4.17-A--

(1) Specifies the process for determining that an institutionalized individual cannot reasonably be expected to be discharged from the medical institution and return home. The description of the process meets the requirements of 42 CFR 433.36(d).

The Commonwealth does not impose liens therefore this section is not applicable.

(2) Specifies the criteria by which a son or daughter can establish that he or she has been providing care under 42 CFR 433.36(f).

The Commonwealth does not impose liens therefore this section is not applicable.

(3) Definitions: individual's home; equity interest in home; residing in home for at least one or two year, on a continuing basis; discharge from the medical institution and return home; and lawfully residing.

The Commonwealth does not impose liens therefore this section is not applicable.

---

TN No. 09-10

Approval Date 10/06/09

Effective Date 07/01/09

Supersedes

TN No. 95-09

Revision: HCFA-AT-82-29  
December, 1982

(BPP)

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

State of VIRGINIA

---

(f) Estate Recoveries.

Attachment 4.17-C (12 VAC 30-20-141) specifies the policy for estate recoveries.

---

TN No. 09-10

Approval Date 10/06/09

Effective Date 07/01/09

Supersedes

TN No. 95-09



Revision: HCFA-PM-91-4  
August, 1991

(BPD)

OMB No.: 0938-

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

State of VIRGINIA

---

THIS PAGE IS INTENTIONALLY LEFT BLANK

---

TN No. 20-0009

Approval Date 03/29/20

Effective Date 03/13/20

Supersedes

TN No. 03-07

Revision: HCFA-PM-91-4  
August, 1991

(BPD)

OMB No.: 0938-

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

State of VIRGINIA

---

THIS PAGE INTENTIONALLY LEFT BLANK

---

TN No. 20-0009

Approval Date 03/29/20

Effective Date 03/13/20

Supersedes

TN No. 03-07

HCFA ID: 7982E

Revision: HCFA-PM-91-4  
August, 1991

(BPD)

OMB No.: 0938-

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

State of VIRGINIA

---

THIS PAGE INTENTIONALLY LEFT BLANK

---

TN No. 20-0009

Approval Date 03/29/20

Effective Date 03/13/20

Supersedes

TN No. 93-04

HCFA ID: 7982E

Revision: HCFA-PM-91-4  
August, 1991

(BPD)

OMB No.: 0938-

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

State of VIRGINIA

---

THIS PAGE INTENTIONALLY LEFT BLANK

---

TN No. 20-0009

Approval Date 03/29/20

Effective Date 03/13/20

Supersedes

TN No. 93-04

HCFA ID: 7982E

Revision: HCFA-PM-91-4  
August, 1991

(BPD)

OMB No.: 0938-

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

State of VIRGINIA

---

THIS PAGE INTENTIONALLY LEFT BLANK

---

TN No. 93-04

Approval Date 01/03/94

Effective Date 06/16/93

Supersedes

TN No. 92-14

HCFA ID: 7982E

Revision: HCFA-PM-91-4  
August, 1991

(BPD)

OMB No.: 0938-

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

State of VIRGINIA

---

THIS PAGE INTENTIONALLY LEFT BLANK

---

TN No. 20-0009

Approval Date 03/29/20

Effective Date 03/13/20

Supersedes

TN No. 93-04

HCFA ID: 7982E

Revision: HCFA-PM-91-4  
August, 1991

(BPD)

OMB No.: 0938-

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

State of VIRGINIA

---

THIS PAGE INTENTIONALLY LEFT BLANK

---

TN No. 20-0009

Approval Date 03/29/20

Effective Date 03/13/20

Supersedes

TN No. 93-04

HCFA ID: 7982E

Revision: HCFA-PM-91-4  
August, 1991

(BPD)

OMB No.: 0938-

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

State of VIRGINIA

---

THIS PAGE INTENTIONALLY LEFT BLANK

---

TN No. 20-0009

Approval Date 03/29/20

Effective Date 03/13/20

Supersedes

TN No. 93-04



Revision: HCFA-PM-91-4  
August, 1991

(BPD)

OMB No.: 0938-

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

State of VIRGINIA

---

THIS PAGE INTENTIONALLY LEFT BLANK

---

TN No. 20-0009

Approval Date 03/29/20

Effective Date 03/13/20

Supersedes

TN No. 93-04

Revision: HCFA-PM-91-4  
August, 1991

(BPD)

OMB No.: 0938-

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

State of VIRGINIA

---

THIS PAGE INTENTIONALLY LEFT BLANK

---

TN No. 20-0009

Approval Date 03/29/20

Effective Date 03/13/20

Supersedes

TN No. 93-04

HFCA ID: 7982E

Revision: HCFA-PM-91-4  
August, 1991

(BPD)

OMB No.: 0938-

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**State of VIRGINIA

---

Citation4.19 Payment for Services

42 CFR 447.252  
1902(a)(13) and  
1923  
of the Act

- (a) The Medicaid agency meets the requirements of 42 CFR Part 447, Subpart C, and §1902(a)(13) and 1923 of the Act with respect to payment for inpatient hospital services.

ATTACHMENT 4.19-A describes the methods and standards used to determine rates for payment for inpatient hospital services.

☐ Inappropriate level of care days are covered and are paid under the State Plan at lower rates than other inpatient hospital services, reflecting the level of care actually received, in a manner consistent with §1861(v)(1)(G) of the Act.

☒ Inappropriate level of care days are not covered.

---

TN No. 93-04  
Supersedes  
TN No. 90-07

Approval Date 01/03/94Effective Date 06/16/93

Revision: HCFA-PM-93-6  
August, 1993

(M)

OMB No.: 0938-

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

State of VIRGINIA

Citation

42 CFR 447.201  
42 CFR 447.302  
52 FR 28648  
1902(a)(13)(E)  
1903(a)(1) and  
(n), 1920, and  
1926 of the Act

§4.19 (b) In addition to the services specified in paragraphs 4.19(a), (d), (k), (l), and (m), the Medicaid agency meets the following requirements:

- (1) Section 1902(a)(13)(E) of the Act regarding payment for services furnished by Federally qualified health centers (FQHCs) under §1905(a)(2)(C) of the Act. The agency meets the requirements of §6303 of the State Medicaid Manual (HFCA-Pub. 45-6) regarding payment for FQHC services. ATTACHMENT 4.19-B describes the method of payment and how the agency determines the reasonable costs of the services (for example, cost reports, cost or budget reviews, or sample surveys).
- (2) Sections 1902(a)(13)(E) and 1926 of the Act, and 42 CFR Part 447, Subpart D, with respect to payment for all other types of ambulatory services provided by rural health clinics under the plan.

ATTACHMENT 4.19-B describes the methods and standards used for the payment of each of these services except for inpatient hospital, nursing facility services and services in intermediate care facilities for the mentally retarded that are described in other attachments.

1902(a)(10) and  
1902(a)(30)  
of the Act

SUPPLEMENT 2 TO ATTACHMENT 4.19-B describes general methods and standards used for establishing payment for Medicare Part A and B deductible/coinsurance.

TN No. 93-04  
Supersedes  
TN No. 90-09

Approval Date 01/03/94

Effective Date 06/16/93

Revision: HCFA-AT-80-38  
May 22, 1980

(BPP)

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

State of VIRGINIA

---

Citation

42 CFR 447.40  
AT-78-90

4.19 (c) Payment is made to reserve a bed during a recipient's temporary absence from an inpatient facility.

☒ Yes. The State's policy is described in ATTACHMENT 4.19-C.

☐ No.

---

TN No. 77-5

Approval Date 03/09/78

Effective Date 09/16/77

Supersedes

TN No. \_\_\_\_\_

Revision: HCFA-PM-87-9  
August, 1987

(BERC)

OMB No.: 0938-0193

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

State of VIRGINIA

Citation

42 CFR 447.252  
47 FR 47964  
48 FR 56046  
42 CFR 447.280  
47 FR 31518  
52 FR 28141

4.19 (d)



(1)

The Medicaid agency meets the requirements of 42 CFR Part 447, Subpart C, with respect to payments for skilled nursing and intermediate care facility services.

ATTACHMENT 4.19-D describes the methods and standards used to determine rates for payment for skilled nursing and intermediate care facility services.

(2)

The Medicaid agency provides payment for routine skilled nursing facility services furnished by a swing-bed hospital.



At the average rate per patient day paid to SNFs for routine services furnished during the previous calendar year.



At a rate established by the State, which meets the requirements of 42 CFR Part 447, Subpart C, as applicable.



Not applicable. The agency does not provide payment for SNF services to a swing-bed hospital.

(3)

The Medicaid agency provides payment for routine intermediate care facility services furnished by a swing-bed hospital.



At the average rate per patient day paid to ICFs, other than ICF's for the mentally retarded, for routine services furnished during the previous calendar year.



At a rate established by the State, which meets the requirements of 42 CFR Part 447, Subpart C, as applicable.



Not applicable. The agency does not provide payment for ICF services to a swing-bed hospital.



(4)

§4.19(d)(1) of this plan is not applicable with respect to intermediate care facility services; such services are not provided under this State plan.

TN No. 87-18Approval Date 07/20/88Effective Date 12/01/87

Supersedes

TN No. 84-01

HCFA ID: 1010P/0012P

Revision: HCFA-AT-80-38  
May 22, 1980

(BPP)

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

State of VIRGINIA

---

Citation

42 CFR 447.45(c)  
AT-79-50

4.19 (e)

The Medicaid agency meets all requirements of 42 CFR 447.45 for timely payment of claims.

ATTACHMENT 4.19-E specifies, for each type of service, the definition of a claim for purposes of meeting these requirements.

---

TN No. 79-11

Supersedes

TN No. \_\_\_\_\_

Approval Date 12/08/79

Effective Date 08/23/79

Revision: HCFA-PM-87-4  
March, 1987

(BERC)

OMB No.: 0938-0193

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**State of VIRGINIA

---

Citation

42 CFR 447.15  
AT-78-90  
AT-80-34  
48 FR 5730

4.19 (f) The Medicaid agency limits participation to providers who meet the requirements of 42 CFR 447.15.

No provider participating under this plan may deny services to any individual eligible under the plan on account of the individual's inability to pay a cost sharing amount imposed by the plan in accordance with 42 CFR 431.55(g) and 447.53. This service guarantee does not apply to an individual who is able to pay, nor does an individual's inability to pay eliminate his or her liability for the cost sharing change.

---

TN No. 87-11Approval Date 12/11/87Effective Date 07/01/87

Supersedes

TN No. \_\_\_\_\_

HCFA ID: 1010P/0012P



Revision: HCFA-AT-80-38  
May 22, 1980

(BPP)

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

State of VIRGINIA

---

Citation

42 CFR 447.201  
42 CFR 447.202  
AT-78-90

4.19 (g)

The Medicaid agency assures appropriate audit of records when payment is based on costs of services or on a fee plus cost of materials.

---

TN No. 79-06

Approval Date 10/11/79

Effective Date 09/30/79

Supersedes

TN No.

Revision: HCFA-AT-80-38  
May 22, 1980

(BPP)

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

State of VIRGINIA

---

Citation

42 CFR 447.201	4.19	(h)	The Medicaid agency meets the requirements of 42 CFR
42 CFR 447.203			447.203 for documentation and availability of payment rates.
AT-80-60			

---

TN No. 95-16

Approval Date 01/31/96

Effective Date 11/01/95

Supersedes

TN No. 79-06

Revision: HCFA-AT-80-38  
May 22, 1980

(BPP)

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

State of VIRGINIA

---

Citation

42 CFR 447.201  
42 CFR 447.204  
AT-78-90

4.19 (i)

The Medicaid agency's payments are sufficient to enlist enough provider's so that services under the plan are available to recipients at least to the extent that those services are available to the general population.

---

TN No. 79-06

Approval Date 10/11/79

Effective Date 9/30/79

Supersedes

TN No.

Revision: HCFA-AT-91-4  
August, 1991

(BPD)

OMB No.: 0938-

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

State of VIRGINIA

---

Citation

- |                               |      |     |  |
|-------------------------------|------|-----|--|
| 42 CFR 447.201<br>and 447.205 | 4.19 | (j) | The Medicaid agency meets the requirements of 42 CFR 447.205 for public notice of any changes in Statewide method or standards for setting payment rates.  |
| 1903(v) of the Act            |      | (k) | The Medicaid agency meets the requirements of §1903(v) of the Act with respect to payment for medical assistance furnished to qualified aliens who entered the U.S. on or after August 22, 1996, who are not eligible for Medicaid for 5 years after their entry and non-qualified aliens, including illegal aliens and legal non-immigrants who are otherwise eligible. Payment is made only for care and services that are necessary for the treatment of an emergency condition, as defined in §1903(v) of the Act. |

---

TN No. 97-15

Approval Date 12/22/27

Effective Date 07/01/97

Supersedes

TN No. 93-04

HCFA ID: 7982E

Revision: HCFA-AT-91-4  
August, 1991

(BPD)

OMB No.: 0938-

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**State of VIRGINIA

---

citation

1903(I)(14) of the  
Act

4.19 (I) The Medicaid agency meets the requirements of 1903(i)(14) of the Act with respect to payment for physician services furnished to children under 21 and pregnant women. Payment for physician services furnished by a physician to a child or a pregnant woman is made only to physicians who meet one of the requirements listed under this section of the Act.

---

TN No. 97-16Approval Date 01/31/96Effective Date 11/01/95

Supersedes

TN No. N/A

HCFA ID: 7982E

Revision: HCFA-PM-94-8  
October, 1994

(BERC)

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

State of VIRGINIA

Citation

§1928(c)(2)(I)(C)(ii) §4.19(m) Medicaid Reimbursement for Administration of Vaccines under the Pediatric Immunization Program.

(I) A provider may impose a charge for the administration of a qualified pediatric vaccine as stated in 1928(c)(2)(C)(ii) of the Act. Within this overall provision, Medicaid reimbursement to providers will be administered as follows:

(ii) The State:

☐ sets a payment rate at the level of the regional maximum established by the DHHS Secretary.

☐ is a Universal Purchase State and sets a payment rate at the level of the regional maximum established in accordance with State law.

☒ sets a payment rate below the level of the regional maximum established by the DHHS Secretary.

☐ is a Universal Purchase State and sets a payment rate below the level of the regional maximum established by the Universal Purchase State.

The State pays the following rate for the administration of a vaccine:

\$11.00 per vaccine administration

§1926 of the Act (iii) Medicaid beneficiary access to immunizations is assured through the following methodology:

The Commonwealth will demonstrate access to such services by the Commonwealth's fee per vaccine administration being higher than that of a major insurance company.

TN No. 94-20

Approval Date 10/01/94

Effective Date 10/01/94

Supersedes

TN No. N/A

Revision: HCFA-AT-80-38  
May 22, 1980

(BPP)

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

State of VIRGINIA

---

Citation

42 CFR 447.25(b)  
AT-78-90

4.20 Direct Payments to Certain Recipients for Physicians' or Dentists' Services

Direct payments are made to certain recipients as specified by, and in accordance with, the requirements of 42 CFR 447.25.

☐ Yes, for ☐ physicians' services  
☐ dentists' services

ATTACHMENT 4.20-A specifies the conditions under which such payments are made.

☒ Not applicable. No direct payments are made to recipients.

---

TN No. 77-5  
Supersedes  
TN No. \_\_\_\_\_

Approval Date 03/09/77

Effective Date 09/16/77

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

State of VIRGINIA

Citation

42 CFR 447.10(c)  
AT-78-90  
46 FR 42699

4.21 Prohibition Against Reassignment of Provider Claims

Payment for Medicaid services furnished by any provider under this plan is made only in accordance with the requirements of 42 CFR 447.10.

OBRA 90  
(§4708)

In the case of services furnished (during periods that do not exceed 14 continuous days in the case of an informal reciprocal arrangement or 90 continuous days (or such longer period as the Secretary may provide) in the case of an arrangement involving per diem, or other fee-for-time compensation) by or incident to the services of one physician to the patient of another physician who submits the claim for such services, payment shall be made to the physician submitting the claim (as if the services were furnished by, or incident to, the physician's services), but only if the claim identifies (in a manner specified by the Secretary) the physician who furnished the services.

TN No. 90-28Approval Date 02/01/91Effective Date 11/05/90

Supersedes

TN No. \_\_\_\_\_



Revision: HCFA-PM-94-1  
February, 1994

(MB)

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

State of VIRGINIA

Citation

42 CFR 433.137

4.22 Third Party Liability

(a) The Medicaid agency meets all requirements of:

- (1) 42 CFR 433.138 and 433.139
- (2) 42 CFR 433.145 through 433.148
- (3) 42 CFR 433.151 through 433.154
- (4) Sections 1902(a)(25)(H) and (I) of the Act.

1902(a)(25)(H)  
and (I) of the Act

(b) ATTACHMENT 4.22-A --

42 CFR 433.138(f)

- (1) Specifies the frequency with which the data exchanges required in §433.138(d)(1), (d)(3) and (d)(4) and the diagnosis and trauma code edits required in §433.138(e) are conducted;

42 CFR 433.138  
(g)(1)(ii) and  
(2)(ii)

- (2) Describes the methods the agency uses for meeting the follow-up requirements contained in §433.138(g)(1)(i) and (g)(2)(i);

42 CFR 433.138  
(g)(3)(i) and (iii)

- (3) Describes the methods the agency uses for following up on information obtained through the State motor vehicle accident report file data exchange required under §433.138(d)(4)(ii) and specifies the time frames for incorporation into the eligibility case file and into its third party data base and third party recovery unit of all information obtained through the follow-up that identifies legally liable third party resources; and

42 CFR 433.138  
(g)(4)(i) through  
(iii)

- (4) Describes the methods the agency uses for following up on paid claims identified under §433.13(a) (methods include a procedure for periodically identifying those trauma codes that yield the highest third party collections and giving priority to following up on those codes) and specifies the time frames for incorporation into the eligibility case file and into its third party data base and third party recovery unit of all information obtained through the follow-up that identifies legally liable third party resources.

TN No. 94-17

Approval Date 11/04/94

Effective Date 07/01/94

Supersedes

TN No. 90-09

Revision: HCFA-PM-94-1  
February, 1994

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

State of VIRGINIA

---

### Citation

- |                                  |  |
|----------------------------------|--|
| 42 CFR 433.139<br>(b)(3)(ii) (A) | <input checked="" type="checkbox"/> (c) Providers are required to bill liable third parties when services covered under the plan are furnished to an individual on whose behalf child support enforcement is being carried out by the State IV-D agency.   |
|                                  | (d) ATTACHMENT 4.22-B specifies the following:   |
| 42 CFR 433.139<br>(b)(3)(ii)(C)  | ( ) The method used in determining a provider's compliance with the third party billing requirements at § 433.139(b) (3) (ii) (C).   |
| 42 CFR 433.139<br>(f)(2)         | (2) The threshold amount or other guideline used in determining whether to seek recovery or reimbursement from a liable third party, or the process by which the agency determines that seeking recovery of reimbursement would not be cost effective.   |
| 42 CFR 433.139<br>(f)(3)         | (3) The dollar amount or time period the State uses to accumulate billings from a particular liable third party in making the decision to seek recovery of reimbursement.  |
| 1902(a)(25) of<br>the Act        | (4) The Medicaid agency assures that the state has in effect the laws that require third parties to comply with the provisions, including those which require third parties to provide the state with coverage, eligibility, and claims data, under section 1902(a)(25) of the social security act, and specifies the compliance with 1902(a)(25)(E) and 1902fa)(25)(F). |
| 1902(a)(25)(I) of<br>the Act     | (5) The Medicaid agency ensures that laws are in effect that bar liable third-party payers from refusing payment for an item or service solely on the basis that such item or service did not receive prior authorization under the third-party payer's rules. These laws comply with the provisions of the Consolidated Appropriations Act, 2025 (P.L. 119-4).          |
| 42 CFR 447.20                    | (e) The Medicaid agency ensures that the provider furnishing a service for which a third party is liable follows the restrictions specified in 42 CFR 447.20.  |

Revision: HCFA-PM-94-1  
February, 1994

(MB)

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

State of VIRGINIA

Citation

42 CFR  
433.151(a)

4.22 (Continued)

- (f) The Medicaid agency has written cooperative agreements for the enforcement of rights to and collection of third party benefits assigned to the State as a condition of eligibility for remedial assistance with the following: (Check as appropriate.)

☒ State title IV-D agency. The requirements of 42 CFR 433.152(b) are met.

☐ Other appropriate State agency(s)--

☐ Other appropriate agency(s) of another State--

☐ Courts and law enforcement officials.

1902(a)(60) of the  
Act

- (g) The Medicaid agency assures that the State has in effect the laws relating to medical child support under §1908 of the Act.

1906 of the Act

- (h) The Medicaid agency specifies the guidelines used in determining the cost effectiveness of an employer-based group health plan by selecting one of the following.

☐ The Secretary's method as provided in the State Medicaid Manual, Section 3910.

☒ The State provides methods for determining cost effectiveness on Attachment 4.22-C.

- (i) The State has in effect laws that require third parties to comply with the provisions, including those which require third parties to provide the State with coverage, eligibility and claims data, of 1902(a)(25)(I) of the Social Security Act.

TN No. 07-04

Approval Date 11-27-07

Effective Date 07-01-07

Supersedes

TN No. 94-17

Revision: HCFA-AT-84-2  
January, 1984

(BERC)

OMB No.: 0938-0193

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**State of VIRGINIA

---

Citation

42 CFR Part 434.4  
48 FR 54013

4.23 Use of Contracts

The Medicaid agency has contracts of the type(s) listed in 42 CFR Part 434. All contracts meet the requirements of 42 CFR Part 434.

☐ Not applicable. The State has no such contracts.

---

TN No. 84-02Approval Date 05/10/84Effective Date 04/15/84

Supersedes

TN No.

Revision: Pen and Ink Change  
HCFA PM 87-14 10/87  
HCFA-AT-79-77  
September 5, 1979

(BPP)

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

State of VIRGINIA

---

Citation

42 CFR Part 442,  
Subparts C and E  
AT-78-90  
AT-79-18  
AT-80-25  
AT-80-34  
AT-80-61  
52 CFR 32544

4.24 Standards for Payments for Nursing Facility and Intermediate Care Facility for the Mentally Retarded Services

With respect to nursing facilities and intermediate care facilities for the mentally retarded, all applicable requirements of 42 CFR Part 442, Subparts B and C are met.



Not applicable to intermediate care facilities for the mentally retarded; such services are not provided under this plan.

---

TN No. 95-16  
Supersedes  
TN No. 79-13

Approval Date 01/31/96

Effective Date 11/01/95

Revision: HCFA-AT-80-38  
May 22, 1980

(BPP)

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

State of VIRGINIA

---

Citation

42 CFR 431.702

4.25 Program for Licensing Administrators of Nursing Homes

The State has a program that, except with respect to Religious Nonmedical Health Care Institutions, meets the requirements of 42 CFR Part 431, Subpart N, for the licensing of nursing home administrators.

---

TN No. 01-10

Approval Date 03/22/02

Effective Date 12/17/01

Supersedes

TN No. 74-01



Revision: HCFA-PM-93-3  
March, 1992

(MB)

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**  
State of VIRGINIA

---

1927(g)(1)(B)  
42 CFR 456.703

- (c) The DUR program shall assess data use against predetermined standards whose source materials for their development are consistent with peer-reviewed medical literature which has been critically reviewed by unbiased independent experts and the following compendia:

American Hospital Formulary Service Drug Information  
United States Pharmacopeia-Drug Information  
MICROMEDICS (as updated monthly)  
Drug Facts and Comparisons (as updated monthly)  
Drug Information Handbook (2003, 2004 as amended)

1927(g)(1)(D)

- (d) DUR is not required for drugs dispensed to residents of nursing facilities that are in compliance with drug regimen review procedures set forth in 42 CFR 483.60. The State has never-the-less chosen to include nursing home drugs in:

- ☐ Prospective DUR  
☒ Retrospective DUR

1927(g)(2)(A)(i)

- (e) (1) The DUR program includes prospective review of drug therapy at the point of sale or point of distribution before each prescription is filled or delivered to the Medicaid recipient.

---

TN No. 19-017  
Supersedes  
TN No. 05-05

Approval Date 03/04/20

Effective Date 12/31/19



Revision: HCFA-PM-93-3  
March, 1992

(MB)

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

State of VIRGINIA

## Citation

1927(g)(2)(A)(i)

42 CFR

456.705(b), (1)-(7)

- (2) Prospective DUR includes screening each prescription filled or delivered to an individual receiving benefits for potential drug therapy problems due to:
- Therapeutic duplication
  - Drug disease contraindications
  - Drug-drug interactions
  - Drug-interactions with non-prescription or over-the-counter drugs
  - Incorrect dosage or duration of drug treatment
  - Drug allergy interactions
  - Clinical abuse/misuse

1927(g)(2)(A)(ii)

42 CFR

456.705(c) and (d)

- (3) Prospective DUR includes counseling for Medicaid recipients based on standards established by State law and maintenance of patient profiles.
- (4) Prospective DUR may also include electronic messages as well as rejection of claims at point-of-sale pending appropriate designated interventions by the dispensing pharmacist or prescribing physician.
- (5) Designated interventions may include provider override, obtaining prior authorization via communication to a call center staffed with appropriate clinicians, or written communication to prescribers.

1927(g)(2)(B)

42 CFR

456.709(a)

- (f) (1) The DUR program includes retrospective DUR through its mechanized drug claims processing and information retrieval system or otherwise which undertakes ongoing periodic examination of claims data and other records to identify:
- Patterns of fraud and abuse
  - Gross overuse
  - Inappropriate or medically unnecessary care among physicians, pharmacists, Medicaid recipients, or associated with specific drugs or groups of drugs.

TN No. 19-017Approval Date 03/04/20Effective Date 12/31/19

Supersedes

TN No. 05-05

Revision: HCFA-PM-93-3  
March, 1992

(MB)

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

State of VIRGINIA

## Citation

1927(g)(2)(C)

42 CFR

to 456.709(b)

(2) The DUR program assesses data on drug use against explicit

predetermined standards including but not limited monitoring for:

- Therapeutic appropriateness
- Over-utilization and underutilization
- Appropriate use of generic products
- Therapeutic duplication
- Drug disease contraindications
- Drug-drug interactions
- Incorrect dosage/duration of drug treatment
- Clinical abuse/misuse

1927(g)(2)(D)

data

42 CFR 456.711

(3) The DUR program through its State DUR Board, using

provided by the Board, provides for active and ongoing educational outreach programs to educate practitioners and pharmacists on common drug therapy problems to improve prescribing and dispensing practices.

(4) In situations of conflict with these criteria, DMAS, pursuant to the DUR Board's criteria and requirements, shall reject or deny presented claims and require the dispensing pharmacist to intervene as specified through electronic messages in the point-of-sale system before the claim will be approved for payment<sup>2</sup>

(5) Designated interventions may include provider override, obtaining prior authorization via communication to a call center staffed with appropriate clinicians, or written communication to prescribers

1927(g)(3)(A)

42 CFR

456.716(a)

(g) (1) The DUR program has established a State DUR Board either:

☒ Directly

☐ Contract with a private organization

TN No. 19-017Approval Date 03/04/20Effective Date 12/31/19

Supersedes

TN No. New Page

Revision: HCFA-PM-93-3  
March, 1992

(MB)

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

State of VIRGINIA

Citation

1927(g)(3)(B)  
42 CFR 456.716

(A) And (B)

(2) The DUR Board membership includes health professionals (one-third licensed actively practicing pharmacists and one-

third but no more than 51 percent licensed and actively practicing physicians) with knowledge and experience in one

or more of the following:

- Clinically appropriate prescribing of covered outpatient drugs.
- Clinically appropriate dispensing and monitoring of covered outpatient drugs.
- Drug use review, evaluation and intervention.
- Medical quality assurance.

1927(g)(3)(C)  
42 CFR 456.716(d)

(3) The activities of the DUR Board include:

- Prospective DUR
- Retrospective DUR
- Application of Standards as defined in §1927(g)(2)(C), and
- Ongoing interventions for physicians and pharmacists targeted toward therapy problems or individuals identified in the course of retrospective DUR

1927(g)(3)(C)  
42 CFR 456.711  
(a)-(d)

(4) The interventions include in appropriate instances:

- Information dissemination
- Written, oral, and electronic reminders
- Face-to-Face and telephonic discussions
- Intensified monitoring/review of prescribers/dispensers
- Rejected or denied claims, as appropriate, to prevent the violation of the DUR Board's predetermined criteria
- Provider override, obtaining prior authorization via communication to a call center staffed with appropriate clinicians, or written communication to prescribers.

1927(g)(3)(D)

(h) The State assures that it will prepare and submit an annual report

42 CFR 456.712

to the Secretary, which incorporates a report from the State DUR Board, and that the State will adhere to the plans, steps, and procedures as described in the report.

TN No. 19-017

Approval Date 03/04/20

Effective Date 12/31/19

Supersedes

TN No. New Page

Revision: HCFA-PM-93-3  
March, 1992

(MB)

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

State of VIRGINIA

---

The Medicaid agency ensures that predetermined criteria and standards have been recommended by the DUR Board and approved by either BMAS or the director, acting on behalf of the BMAS, pursuant to Virginia Code § 32.1-324 and that they are based upon documentary evidence of the DUR Board.

The activities of the DUR Board and the Medicaid fraud control programs are and shall be maintained as separate.

The DUR Board shall refer suspected cases of fraud or abuse to the appropriate fraud and abuse control unit with the Medicaid agency.

- |  |     |   |
|--|-----|---|
| 1927(h)(1)<br><br>42 CFR 456.722             | (i) | (1) The State establishes, as its principal means of processing claims for covered outpatient drugs under this title, a point-of-sale electronic claims management system to perform online: <ul style="list-style-type: none"> <li>- real time eligibility verification</li> <li>- claims data capture</li> <li>- adjudication of claims. Such adjudication may include the rejection or denial of claims found to be in conflict with DUR criteria. Should such rejection or denial occur during the adjudication process, the dispensing pharmacist shall have the opportunity to resolve the conflict and re-submit the claim for re-adjudication.</li> <li>- Assistance to pharmacists, etc., applying for and</li> <li>- receiving payment</li> </ul> |
| 1927(g)(2)(A)(i)<br><br>42 CFR<br>456.705(b) |     | (2) Prospective DUR is performed using an electronic point of sale drug claims processing system.   |
| 1927(j)(2)<br><br>42 CFR<br>456.703(c)       | (j) | Hospitals which dispense covered outpatient drugs are exempted pursuant to federal law from the drug utilization review requirements of this section when facilities use drug formulary systems and bill the Medicaid program no more than the hospital's purchasing cost for such covered outpatient drugs   |

---

TN No. 19-017

Approval Date 03/04/20

Effective Date 12/31/19

Supersedes

TN No. New Page

Revision: HCFA-AT-80-38  
May 22, 1980

(BPP)

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

State of VIRGINIA

---

Citation

42	CFR	4.27	<u>Disclosure of Survey Information and Provider of Contractor Evaluation</u>
431.155(c)			
AT-78-90			
AT-79-74			

The Medicaid agency has established procedures for disclosing pertinent findings obtained from surveys and provider and contractor evaluations that meet all the requirements in 42 CFR 431.115.

---

TN No. 79-13

Approval Date 12/18/79

Effective Date 10/15/79

Supersedes

TN No.

Revision: HCFA-PM-93-1  
January, 1993

(BPD)

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

State of VIRGINIA

Citation

42 CFR 431.152;  
AT-79-18  
61 FR 32348;  
Secs.  
1902(a)(28)(D)(i)  
and 1919(e)(7) of  
the Act; P.L.  
100-203 (Sec.  
4211(c)).

Appeals Process

- a) The Medicaid agency has established appeals procedures for NFs and ICF/IIDs as specified in 42 CFR 431.153 and 431.154.
- b) The State provides an appeals system that meets the requirements of 42 CFR 431 Subpart E, 42 CFR 483.15, and 42 CFR 483 Subpart E, and 12VAC30-110-10 through 12VAC30-110-370 for residents who wish to appeal a notice of intent to transfer or discharge from a NF and for individuals adversely affected by the preadmission screening or resident review requirements of 42 CFR 483 Subpart C.

TN No. 17-026

Approval Date 01-11-18

Effective Date 10/19/17

Supersedes

TN No. 93-15

Revision: HCFA-AT-80-38  
May 22, 1980

(BPP)

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

State of VIRGINIA

Citation

§1902(a)(4)(C) of  
the Act,  
P.L. 95-559, §14  
AT-79-42

4.29 Conflict of Interest Provisions

The Medicaid agency meets the requirements of §1902(a)(4)(C) of the Act concerning the prohibition against acts, with respect to any activity under the plan, that are prohibited by §§207 or 208 of title 18, United States Code.

1902(a)(4)(D) of  
the Act  
P.L. 105-33  
1932(d)(3)  
42 CFR 438.58

The Medicaid agency meets the requirements of 1902(a)(4)(d) OF THE Act concerning the safeguards against conflicts of interest that are at least as stringent as the safeguards that apply under section 27 of the Office of Federal Procurement Policy Act (41 U.S.C. 423).

TN No. 03-07  
Supersedes  
TN No. 99-10

Approval Date 10/28/03Effective Date 08/13/03

Revision: HCFA-AT-80-38  
May 22, 1980

(BPP)

OMB No.: 0938-0193

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**State of VIRGINIA

---

Citation

42 CFR 1002.203  
AT-79-54  
48 FR 3742  
51 FR 34772

4.30 Exclusion of Providers and Suspension of Practitioners and Other  
Individuals

(a) All requirements of 42 CFR Part 1002, Subpart B are met.



The agency, under the authority of State law, imposes  
broader sanctions.

---

TN No. 79-05Approval Date 10/11/79Effective Date 06/30/79

Supersedes

TN No.



Revision: HCFA-AT-87-14  
October, 1987

(BERC)

OMB No.: 0938-0193

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

State of VIRGINIA

Citation

1902(p) of the  
Act, P.L. 100-93  
(Sec.7)

(b) The Medicaid agency meets the requirements of--

(1) §1902(p) of the Act by excluding from participation--

(A) At the State's discretion, any individual or entity for any reason for which the Secretary could exclude the individual or entity from participation in a program under title XVIII in accordance with §1128, 1128A, or 1866(b)(2).

(B) Any MCO (as defined in §1903(m) of the Act) or an entity furnishing services under a waiver approved under §1915(b)(1) of the Act, that--

(i) Could be excluded under §1128(b)(8) relating to owners and managing employees who have been convicted of certain crimes or received other sanctions, or

(ii) Has, directly or indirectly, a substantial contractual relationship (as defined by the Secretary) with an individual or entity that is described in §1128(b)(8)(B) of the Act.

1932(d)(1)  
42 CFR 438.610

(2) An MCO, HIHP, PAHP, or PCCM may not have prohibited affiliations with individuals (as defined in 42 CFR 438.610(b)) suspended, or otherwise excluded from participating in procurement activities under the Federal Acquisition Regulation or from participating in non-procurement activities under regulations issued under Executive Order No. 12549 or under guidelines implementing Executive Order No. 12549. If the State finds that an MCO, PCCM, PIHP, or PAHP is not in compliance, the State will comply with the requirements of 42 CFR 438.610(c).

TN No. 03-07Approval Date 10/28/03Effective Date 08/13/03

Supersedes

TN No. 88-02

HCFA ID: 1010P/0012P

Revision: HCFA-AT-87-14  
October, 1987

(BERC)

OMB No.: 0938-0193

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

State of VIRGINIA

Citation

1902(a)(39) of the  
Act,  
P.L. 100-93  
(§8(f))

(2) §1902(a)(39) of the Act by--

- (A) Excluding an individual or entity from participation for the period specified by the Secretary, when required by the Secretary to do so in accordance with §1128 or 1128A of the Act; and
- (B) Providing that no payment will be made with respect to any item or service furnished by an individual or entity during this period.

(c) The Medicaid agency meets the requirements of--

1902(a)(41)  
of the Act  
P.L. 96-272  
(§308(c))

(1) §1902(a)(41) of the Act with respect to prompt notification to HCFA whenever a provider is terminated, suspended, sanctioned, or otherwise excluded from participating under this State plan; and

1902(a)(49) of the  
Act  
P.L. 100-93  
(§5)(a)(4))

(2) §1902(a)(49) of the Act with respect to providing information and access to information regarding sanctions taken against health care practitioners and providers by State licensing authorities in accordance with §1921 of the Act.

42 CFR Parts 1001,  
1002 and 1003

(d) Provider terminations or exclusions shall be in accordance with Code of Virginia §§ 32.1-325(D) and 32.1-325(E).

TN No. 10-16  
Supersedes  
TN No. 88-02

Approval Date 06/15/11Effective Date 07/01/10

HCFA ID: 1010P/0012P

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

State of VIRGINIA

Citation

455.103  
44 FR 41644  
1902(a)(38)  
of the Act  
P.L. 100-93  
(Sec. 8(f))

4.31 Disclosure of Information by Providers and Fiscal Agents

The Medicaid agency has established procedures for the disclosure of information by providers and fiscal agents as specified in 42 CFR 455.104 through 455.106 and sections 1128(b)(9) and 1902(a)(38) of the Act.

435.940 through  
435.960  
52 FR 5967

4.32 Income and Eligibility Verification System

(a) The Medicaid agency has established a system for income and eligibility verification in accordance with the requirements of 42 CFR 435.940 through 435.960.

(b) ATTACHMENT 4.32-A describes, in accordance with 42 CFR 435.958(a)(6), the information that will be requested in order to verify eligibility or the correct payment amount and the agencies and the State(s) from which that information will be requested.

1903(r)(3) of the  
*Act*; 42 CFR §  
435.940 through  
42 CFR § 435.960

(c) The Sate has an eligibility determination system that provides for data matching through the Public Assistance Reporting Information System (PARIS), or any other successor system, including matching with medical assistance programs operated by other states. The information that is requested will be exchanged with states and other entities legally entitled to verify title XIX applicants and individuals eligible for covered title XIX services consistent with applicable PARIS agreements.

TN No. 12-16Approval Date 01/04/13Effective Date 01/01/13

Supersedes

TN No. 88-02

HCFA ID: 1010P/0012P

Revision: HCFA-AT-87-14  
October, 1987

(BERC)

OMB No.: 0938-0193

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**State of VIRGINIA

---

Citation

1902(a)(48)  
of the Act,  
P.L. 99-570  
 (§11005)  
P.L. 100-93  
 (§5(a)(3))

4.33 Medicaid Eligibility Cards for Homeless Individuals

- (a) The Medicaid agency has a method for making cards evidencing eligibility for medical assistance available to an individual eligible under the State's approved plan who does not reside in a permanent dwelling or does not have a fixed home or mailing address.
- (b) ATTACHMENT 4.33-A specifies the method for issuance of Medicaid eligibility cards to homeless individuals.

TN No. 88-02

Supersedes

TN No. 87-11Approval Date 03/18/88Effective Date 01/01/88

HCFA ID: 1010P/0012P

Revision: HCFA-PM-88-10  
September, 1988

(BERC)

OMB No.: 0938-0193

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**State of VIRGINIA

---

Citation

1137 of  
the Act

4.34 Systematic Alien Verification for Entitlements

The State Medicaid agency has established procedures for the verification of alien status through the Immigration & Naturalization Service (INS) designated system, Systematic Alien Verification for Entitlements (SAVE), effective October 1, 1988.

P.L. 99-603  
(§121)

☐ The State Medicaid agency has elected to participate in the option period of October 1, 1987 to September 30, 1988 to verify alien status through the INS designated system (SAVE).

☐ The State Medicaid agency has received the following type(s) of waiver from participation in SAVE.

☐ Total waiver

☐ Alternative system

☐ Partial implementation

---

TN No. 88-17

Supersedes

TN No.           Approval Date 03/07/89Effective Date 01/01/88

HCFA ID: 1010P/0012P

Revision: HCFA-PM-88-10  
September, 1988

(BERC)

OMB No.: 0938-0193

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

State of VIRGINIA

Citation

1919(b)(5)  
1919(e)(1)(2)  
1919(f)(2)

4.34. Program for Nurse Aide training and Nurse Aide Registry.

The State has a program that meets the requirements of 1919(e) of the Act for nurse aide training and registry programs. Specifically:

- (a) successful completion of a geriatric nursing assistant training course approved by the Virginia Department of Education or the Virginia Community Colleges Board; or
- (b) successful completion of a geriatric nursing assistant training course approved by the licensing agency for employees of a specific nursing home; or
- (c) a geriatric nursing assistant equivalency certificate issued by the licensing agency; or
- (d) a statement of acceptance from the licensing agency of an out-of-state, hospital, or home health aide training program based on successful completion by the individual and a review of a copy of the curriculum, including a content summary of the training program; or
- (e) evidence of graduation from a foreign or domestic school of nursing by an individual who has not met the requirements of the Virginia Board of Nurses.

TN No. 90-10Approval Date 07/27/90Effective Date 10/01/90

Supersedes

TN No. 88-21

HCFA ID: 1010P/0012P

Revision: HCFA-PM-88-10  
September, 1988

(BERC)

OMB No.: 0938-0193

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

State of VIRGINIA

Citation

1919(b)(5)  
1919(e)(1)(2)  
1919(f)(2)

4.34. Program for Nurse Aide training and Nurse Aide Registry

- (f) successfully passing the state approved competency evaluation program for geriatric nursing assistants.
- (g) a nursing aide registry that lists all nursing assistants found to be competent and records specific documented state findings or resident neglect or abuse or misappropriation of resident property by individuals listed in the registry. The information in the registry shall be made available to the public and shall include any statement of the individual disputing the findings.
- (h) On or after October 1, 1990, nursing facilities shall not use as a nursing aide (for more than 4 months) any individual who has not successfully completed either a training and competency evaluation program or a competency evaluation program approved by the state. For current employees used as nurse aides as of January 1, 1990, a nursing facility must provide for a competency evaluation program and any preparation necessary for those individuals to complete such a program by October 1, 1990.

TN No. 90-10Approval Date 07/27/90Effective Date 10/01/90

Supersedes

TN No. 88-21

HCFA ID: 1010P/0012P

Revision: HCFA-PM-88-10  
September, 1988

(BERC)

OMB No.: 0938-0193

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

State of VIRGINIA

Citation4.34. Program for Nurse Aide training and Nurse Aide Registry

- (i) The Department of Medical Assistance Services has entered into an interagency with the Virginia Board of Nursing (BON), the Department of Health (DOH), and the Department of Health Professions (DHP) to develop and enforce criteria for nurse aide training and competency evaluations and the nurse aide registry. The principal roles for the above-cited state agencies are as follows:
  - (1) definition of training and competency evaluation requirements (BON);
  - (2) maintenance of a Registry of Certified Nurse Aides (DHP);
  - (3) inspection of facilities and certification of facility compliance (DOH);
  - (4) accounting and billing for state administrative expenditures (DHP);
  - (5) claiming of federal reimbursement for state administrative expenditures from the Medicare program (DOH) and the Medicaid program (DMAS).
- (j) Any nursing facility receiving Medicaid payments on or after October 1, 1990, must satisfy all of the requirements of 1919(b) through (d). No expenditures for nurse aide training and competency evaluation programs will be allocated to Medicare before October 1, 1990.

TN No. 90-10Approval Date 07/27/90Effective Date 10/01/90

Supersedes

TN No. 88-21

HCFA ID: 1010P/0012P



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

State of VIRGINIA

<u>Citation</u>	<u>§4.35 Enforcement of Compliance for Nursing Facilities (NFs). The Commonwealth shall comply with the Medicaid Program requirements of 42 CFR 488, Subpart E.</u>
42 CFR §488.402(f)	(a) Notification of Enforcement Remedies. When taking an enforcement action against a non-State operated NF, the State provides notification in accordance with 42 CFR 488.402(f). <ul style="list-style-type: none"> <li>(i) The notice (except for civil money penalties and State monitoring) specifies the:               <ul style="list-style-type: none"> <li>(1) nature of noncompliance,</li> <li>(2) which remedy is imposed,</li> <li>(3) effective date of the remedy, and</li> <li>(4) right to appeal the determination leading to the remedy.</li> </ul> </li> <li>(ii) The notice for civil money penalties is in writing and contains the information specified in 42 CFR 488.434 and 42 CFR 488.440.</li> <li>(iii) Except for civil money penalties and State monitoring, notice is given at least two calendar days before the effective date of the enforcement remedy for immediate jeopardy situations and at least 15 calendar days before the effective date of the enforcement remedy when immediate jeopardy does not exist. The two and 15-day notice periods begin when the facility receives the notice, but, in no event will the effective date of the enforcement action be later than 20 calendar days after the notice is sent.</li> <li>(iv) Notification of termination is given to the facility and to the public at least two calendar days before the remedy's effective date if the noncompliance constitutes immediate jeopardy and at least 15 calendar days before the remedy's effective date if the noncompliance does not constitute immediate jeopardy. The State must terminate the provider agreement of a NF in accordance with procedures in parts 431 and 442.</li> </ul>
42 CFR §488.434	
42 CFR §488.402(f)(3), (4), (5)	
42 CFR §488.456(c) & (d)	
42 CFR §488.404(b)(1)	(b) Factors to be Considered in Selecting Remedies <ul style="list-style-type: none"> <li>(i) In determining the seriousness of deficiencies, the</li> </ul>

Revision: HCFA-PM-88-10  
September, 1988

(BERC)

OMB No.: 0938-0193

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

State of VIRGINIA

---

State considers the factors specified in 42 CFR 488.404(b)(1) & (2).

---

The State considers additional factors. Attachment 4.35-A describes the State's other factors.

**(c) Application of Remedies**

42 CFR §488.410

(i) If there is immediate jeopardy to resident health or safety, the State terminates the NF's provider agreement within 23 calendar days from the date of the last survey or immediately imposes temporary management to remove the threat within 23 days.

42 CFR §488.417(b)(1)  
§1919(h)(2)(C) of the Act

(ii) The State imposes the denial of payment (or its approved alternative) with respect to any newly admitted individual that has not come into substantial compliance within three months after the last day of the survey.

42 CFR §488.414  
§1919(h)(2)(D)

(iii) The State imposes the denial of payment for new admissions remedy as specified in §488.417 (or its approved alternative) and a State monitor as specified at §488.422, when a facility has been found to have provided substandard quality of care on the last three consecutive standard surveys.

42 CFR §488.408(b)  
§1919(h)(2)(A) of the Act

(iv) The State follows the criteria specified at 42 CFR §488.408(c)(2), §488.408(d)(2), and §488.408(e)(2), when it imposes remedies in place of or in addition to termination.

42 CFR §488.412(a)

(v) When immediate jeopardy does not exist, the State terminates a NF's provider agreement no later than six months from the finding of noncompliance, if the conditions of 42 CFR 488.412(a) are not met.

**(d) Available Remedies**

42 CFR §488.406(b)  
§1919(h)(2)(A) of the Act

(i) The State has established the remedies defined in 42 CFR 488.406(b).

TN No. 17-026Approval Date 01/11/18Effective Date 10/19/17

Supersedes

TN No. 96-07

HCFA ID: 1010P/0012P

Revision: HCFA-PM-88-10  
September, 1988

(BERC)

OMB No.: 0938-0193

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

State of VIRGINIA

Attachment 4.35-B through 4.35-~~K~~ describe the criteria for applying the above remedies, plan of correction, NF appeals, and repeated substandard quality of care.

42 CFR §488.303(b)  
§ 1919 (h)(2)(F) of the Act

(e) State Incentive Programs

\_\_\_\_\_ (1) Public Recognition

\_\_\_\_\_ (2) Incentive Payments

42 CFR §488.452

(f) In the event that the Commonwealth and CMS disagree on findings of noncompliance or application of remedies in a non-State operated NF or a dually participating facility when there is no immediate jeopardy, such disagreement shall be resolved in accordance with the provisions of 42 CFR §488.452.

42 CFR 488.402(c)

(g) The Commonwealth shall have the authority to apply one or more remedies for each deficiency constituting noncompliance or for all deficiencies constituting noncompliance.

42 CFR 488.454(d)

(h) As set forth by 42 CFR §488.454, remedies shall terminate on the date that CMS or the Commonwealth can verify as the date that substantial compliance was achieved and the facility has demonstrated that it could maintain

TN No. 17-026Approval Date 01/11/18Effective Date 10/19/17

Supersedes

TN No. 96-07

HCFA ID: 1010P/0012P

Revision: HCFA-PM-88-10  
September, 1988

(BERC)

OMB No.: 0938-0193

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

State of VIRGINIA

---

substantial compliance once the facility supplies  
documentation acceptable to CMS or the Commonwealth  
n substantial compliance and was capable of  
remaining in compliance.

---

TN No. 17-026

Approval Date 01/11/18

Effective Date 10/19/17

Supersedes

TN No. 96-07

HCFA ID: 1010P/0012P

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

State of VIRGINIA

---

Citation

Act § 1927(b) (2)

§ 4.36 Pharmacy Services Rebate Agreement Terms.

The Commonwealth conforms to § 1927(b) (2) with regard to the reporting of information on the total number of dosage units of each covered outpatient drug dispensed under the plan during the quarter, and in such a manner as specified by the Secretary of HHS and also shall promptly transmit a copy of such report to the Secretary. The Commonwealth also conforms to § 1927(b) (3) (D) with regard to assuring the confidentiality of the disclosure of the identity of a manufacturer or wholesaler and prices charged for drugs by such manufacturer or wholesaler.

---

TN No. 93-14

Approval Date 07/15/93

Effective Date 04/01/93

Supersedes

TN No. 91-01

Revision: HCFA-PM-91-4  
August, 1991

(BPD)

OMB No.: 9038-

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

State of VIRGINIA

---

Citation

1902(a)(11)(C)  
and 1902(a)(53)  
of the Act

§4.37. Required Coordination Between the Medicaid and WIC Programs

The Medicaid agency provides for the coordination between the Medicaid program and the Special Supplemental Food Program for Women, Infants, and Children (WIC) and provides timely notice and referral to WIC in accordance with §1902(a)(53) of the Act.

---

TN No. 93-04

Supersedes

TN No. N/A

Approval Date 01/22/90

Effective Date 06/16/93

HCFA ID: 7982E

Revision: HCFA-PM-91-10  
December, 1991

(BPD)

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

State of VIRGINIA

Citation

42 CFR 483.75;  
42 CFR 483  
Subpart D;  
Secs 1902(a)(28),  
1919(e)(1) and  
(2), and  
1919(f)(2),  
P.L. 100-203  
(Sec. 4211(a)(3));  
P.L. 101-239  
(Secs. 6901(b)(3)  
and (4));  
P.L. 101-508  
(Sec. 4801(a)).

4.38 Nurse Aide Training and Competency Evaluation for Nursing Facilities

- (a) The State assures that the requirements of 42 CFR 483.150(a), which relate to individuals deemed to meet the nurse aide training and competency evaluation requirements, are met.
- ☐ (b) The State waives the competency evaluation requirements for individuals who meet the requirements of 42 CFR 483.150(b)(1).
- ☐ (c) The State deems individuals who meet the requirements of 42 CFR 483.150(b)(2) to have met the nurse aide training and competency evaluation requirements.
- (d) The State specifies any nurse aide training and competency evaluation programs it approves as meeting the requirements of 42 CFR 483.152 and competency evaluation programs it approves as meeting the requirements of 42 CFR 483.154.
- ☒ (e) The State offers a nurse aide training and competency evaluation program that meets the requirements of 42 CFR 483.152.
- ☒ (f) The State offers a nurse aide competency evaluation program that meets the requirements of 42 CFR 483.154.

TN No. 93-04  
Supersedes  
TN No. 90-10

Approval Date 01/03/94Effective Date 06/16/93

Revision: HCFA-PM-91-10  
December, 1991

(BPD)

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

State of VIRGINIA

---

Citation

42 CFR 483.75;  
42 CFR 483  
Subpart D;  
Secs 1902(a)(28),  
1919(e)(1) and  
(2), and  
1919(f)(2),  
P.L. 100-203  
(Sec. 4211(a)(3));  
P.L. 101-239  
(Secs. 6901(b)(3)  
and (4));  
P.L. 101-508  
(Sec. 4801(a)).

- (g) If the State does not choose to offer a nurse aide training and competency evaluation program or nurse aide competency evaluation program, the State reviews all nurse aide training and competency evaluation programs and competency evaluation programs upon request.
- (h) The State survey agency determines, during the course of all surveys, whether the requirements of 483.75(e) are met.
- (i) Before approving a nurse aide training and competency evaluation program, the State determines whether the requirements of 42 CFR 483.152 are met.
- (j) Before approving a nurse aide competency evaluation program, the State determines whether the requirements of 42 CFR 483.154 are met.
- (k) For program reviews other than the initial review, the State visits the entity providing the program.
- (l) The State does not approve a nurse aide training and competency evaluation program or competency evaluation program offered by or in certain facilities as described in 42 CFR 483.151(b)(2) and (3).

---

TN No. 93-04  
Supersedes  
TN No. 90-10

Approval Date 01/03/94

Effective Date 06/16/93



Revision: HCFA-PM-91-10  
December, 1991

(BPD)

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

State of VIRGINIA

Citation

42 CFR 483.75;  
42 CFR 483  
Subpart D;  
Secs 1902(a)(28),  
1919(e)(1) and  
(2), and  
1919(f)(2),  
P.L. 100-203  
(Sec. 4211(a)(3));  
P.L. 101-239  
(Secs. 6901(b)(3)  
and (4));  
P.L. 101-508  
(Sec. 4801(a)).

- (m) The State, within 90 days of receiving a request for approval of a nurse aide training and competency evaluation program or competency evaluation program, either advises the requestor whether or not the program has been approved or requests additional information from the requestor.
- (n) The State does not grant approval of a nurse aide training and competency evaluation program for a period longer than 2 years.
- (o) The State reviews programs when notified of substantive changes (e.g., extensive curriculum modification).
- (p) The State withdraws approval from nurse aide training and competency evaluation programs and competency evaluation programs when the program is described in 42 CFR 483.151(b)(2) or (3).
- ☒ (q) The State withdraws approval of nurse aide training and competency evaluation programs that cease to meet the requirements of 42 CFR 483.152 and competency evaluation programs that cease to meet the requirements of 42 CFR 483.154.
- (r) The State withdraws approval of nurse aide training and competency evaluation programs and competency evaluation programs that do not permit unannounced visits by the State.

TN No. 93-04  
Supersedes  
TN No. 90-10

Approval Date 01/03/94Effective Date 06/16/93

Revision: HCFA-PM-91-10  
December, 1991

(BPD)

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

State of VIRGINIA

Citation

42 CFR 483.75;  
42 CFR 483  
Subpart D;  
Secs 1902(a)(28),  
1919(e)(1) and  
(2), and  
1919(f)(2),  
P.L. 100-203  
(Sec. 4211(a)(3));  
P.L. 101-239  
(Secs. 6901(b)(3)  
and (4));  
P.L. 101-508  
(Sec. 4801(a)).

- (s) When the State withdraws approval from a nurse aide training and competency evaluation program or competency evaluation program, the State notifies the program in writing, indicating the reasons for withdrawal of approval.
- (t) The State permits students who have started a training and competency evaluation program from which approval is withdrawn to finish the program.
- (u) The State provides for the reimbursement of costs incurred in completing a nurse aide training and competency evaluation program or competency evaluation program for nurse aides who become employed by or who obtain an offer of employment from a facility within 12 months of completing such program.
- (v) The State provides advance notice that a record of successful completion of competency evaluation will be included in the State's nurse aide registry.
- (w) Competency evaluation programs are administered by the State or by a State-approved entity which is neither a skilled nursing facility participating in Medicare nor a nursing facility participating in Medicaid.
- ☐ (x) The State permits proctoring of the competency evaluation in accordance with 42 CFR 483.154(d).
- (y) The State has a standard for successful completion of competency evaluation programs.

TN No. 93-04  
Supersedes  
TN No. 90-10

Approval Date 01/03/94Effective Date 06/16/93

Revision: HCFA-PM-91-10  
December, 1991

(BPD)

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

State of VIRGINIA

Citation

42 CFR 483.75;  
42 CFR 483  
Subpart D;  
Secs 1902(a)(28),  
1919(e)(1) and  
(2), and  
1919(f)(2),  
P.L. 100-203  
(Sec. 4211(a)(3));  
P.L. 101-239  
(Secs. 6901(b)(3)  
and (4));  
P.L. 101-508  
(Sec. 4801(a)).

(z) The State includes a record of successful completion of a competency evaluation within 30 days of the date an individual is found competent.

☐ (aa) The State imposes a maximum upon the number of times an individual may take a competency evaluation program (any maximum imposed is not less than 3).

(bb) The State maintains a nurse aide registry that meets the requirements in 42 CFR 483.156.

☐ (cc) The State includes home health aides on the registry.

☐ (dd) The State contracts the operation of the registry to a non State entity.

☐ (ee) ATTACHMENT 4.38 contains the State's description of registry information to be disclosed in addition to that required in 42 CFR 483.156(c)(1)(iii) and (iv).

☐ (ff) ATTACHMENT 4.38-A contains the State's description of information included on the registry in addition to the information required by 42 CFR 483.156(c).

TN No. 93-04Approval Date 01/03/94Effective Date 06/16/93

Supersedes

TN No. 90-10

Revision: HCFA-PM-93-1  
January, 1993

(BPD)

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

State of VIRGINIA

Citation

Secs.  
1902(a)(28)(D)(i)  
and 1919(e)(7) of  
the Act;  
P.L. 100-203  
(Sec. 4211(c));  
P.L. 101-508  
(Sec. 4801(b)).

4.39 Preadmission Screening and Annual Resident Review in  
Nursing Facilities

- (a) The Medicaid agency has in effect a written agreement with the State mental health and mental retardation authorities that meet the requirements of 42 (CFR) 431.621(c).
- (b) The State operates a preadmission screening and annual resident review program that meets the requirements of 42 CFR 483.100-138.
- (c) The State does not claim as "medical assistance under the State Plan" the cost of services to individuals who should receive preadmission screening or annual resident review until such individuals are screened or reviewed.
- (d) With the exception of NF services furnished to certain NF residents defined in 42 CFR 483.118(c)(1), the State does not claim as "medical assistance under the State plan" the cost of NF services to individuals who are found not to require NF services.
- ☒ (e) ATTACHMENT 4.39 specifies the State's definition of specialized services.

TN No. 95-16Approval Date 01/31/96Effective Date 06/01/93

Supersedes

TN No. N/A

Revision: HCFA-PM-93-1  
January, 1993

(BPD)

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

State of VIRGINIA

---

Citation

Secs.  
1902(a)(28)(D)(i)  
and 1919(e)(7) of  
the Act;  
P.L. 100-203  
(Sec. 4211(c));  
P.L. 101-508  
(Sec. 4801(b)).

4.39 (Continued)



- (f) Except for residents identified in 42 CFR 483.118(c)(1), the State mental health authority makes categorical determinations that individuals with certain mental conditions or levels of severity of mental illness would normally require specialized services of such an intensity that a specialized services program could not be delivered by the State in most, if not all, NFs and that a more appropriate placement should be utilized.
- (g) The State describes an categorical determinations it applies in ATTACHMENT 4.39-A.

---

TN No. 93-15

Approval Date 07/26/93

Effective Date 06/01/93

Supersedes

TN No. N/A

Revision: HCFA-PM-93-1  
January, 1993

(BPD)

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

State of VIRGINIA

---

Citation  
Sections

4.40

Survey & Certification Process

§1919(g)(1)  
through (2) and  
§1919(g)(4)  
through (5) of the  
Act; P.L. 100-203  
(4212(a))

(a) The State assures that the requirements of §1919(a)(1)(A) through (C) and §1919(g)(2)(A) through (E)(iii) of the Act which relate to the survey and certification of non-State owned facilities based on the requirements of §1919(b), (c) and (d) of the Act, are met.

§1919(g)(1)(B)

(b) The State conducts periodic education programs for staff and residents (and their representatives). **Attachment 4.40-A** describes the survey and certification educational program.

§1919(g)(1)(C)

(c) The State provides for a process for the receipt and timely review and investigation of allegations of neglect and abuse and misappropriation of resident property by a nurse aide of a resident in a nursing facility or by another individual used by the facility. **Attachmetn 4.40-B** describes the State's process.

§1919(g)(1)(C)

(d) The State agency responsible for surveys and certification of nursing facilities or an agency delegated by the State survey agency conducts the processs for the receipt and timely review and investigation of allegations of neglect and abuse and misappropriation of resident property. If not the State survey agency, what agency?

§1919(g)(1)(C)

(e) The State assures that a nurse aide, found to have neglected or abused a resident or misappropriated resident property in a facility, is notified of the finding. The name and finding is placed on the nurse aide registry.

§1919(g)(1)(C)

(f) The State notifies the appropriate licensure authority of any licensed individual found to have neglected or abused a resident or misappropriated resident property in a facility.

TN No. 93-15

Approval Date 07/26/93

Effective Date 06/01/93

Supersedes

TN No. N/A

Revision: HCFA-PM-93-1  
January, 1993

(BPD)

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

State of VIRGINIA

## Citations

- |                          |     |  |
|--------------------------|-----|--|
| §1919(g)(2)(A)(i)        | (g) | The State has procedures, as provided for at §1919(g)(2)(A)(i), for the scheduling and conduct of standard surveys to assure that the State has taken all reasonable steps to avoid giving notice throughout the scheduling procedures and the conduct of the surveys themselves. Attachment 4.40-C describes the State's procedures.  |
| §1919(g)(2)(A)(ii)       | (h) | The State assures that each facility shall have a standard survey which includes (for a case-mix stratified sample of residents) a survey of the quality of care furnished, as measured by indicators of medical, nursing and rehabilitative care, dietary and nutritional services, activities and social participation, and sanitation, infection control, and the physical environment, written plans of care and audit of resident's assessments, and a review of compliance with resident's rights not later than 15 months after the date of the previous standard survey. |
| §1919(g)(2)(A)(iii)<br>) | (i) | The State assures that the Statewide average interval between standard surveys of nursing facilities does not exceed 12 months.  |
| §1919(g)(2)(A)(iii)<br>) | (j) | The State may conduct a special standard or special abbreviated standard survey within two months of any change of ownership, administration, management, or director of nursing of the nursing facility to determine whether the change has resulted in any decline in the quality of care furnished in the facility.   |
| §1919(g)(2)(B)           | (k) | The State conducts extended surveys immediately or, if not practicable, not later than two weeks following a completed standard survey in a nursing facility which is found to have provided substandard care, or in any other facility, at the Secretary's or State's discretion.   |
| §1919(g)(2)(C)           | (l) | The State conducts standard and extended surveys based upon a protocol, i.e., survey forms, methods, procedures, and guidelines developed by HCFA, using individuals in the survey team who meet minimum qualifications established by the Secretary.  |

TN No. 95-16Approval Date 01/31/96Effective Date 11/01/95

Supersedes

TN No. N/A

Revision: HCFA-PM-93-1  
January, 1993

(BPD)

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

State of VIRGINIA

## Citation

---

§1919(g)(2)(D)	(m)	The State provides for programs to measure and reduce inconsistency in the application of survey results among surveyors. <b>Attachment 4.40-D</b> describes the State's programs.
§1919(g)(2)(E)(i)	(n)	The State uses a multidisciplinary team of professionals including a registered professional nurse.
§1919(g)(2)(E)(ii)	(o)	The State assures that members of a survey team do not serve (or have not served within the previous two years) as a member of the staff or consultant to the nursing facility or has no personal or familial financial interest in the facility being surveyed.
§1919(g)(2)(E)(iii) )	(p)	The State assures that no individual shall serve as a member of any survey team unless the individual has successfully completed a training and test program in survey and certification techniques approved by the Secretary.
§1919(g)(4)	(q)	The State maintains procedures and adequate staff to investigate complaints of violations of requirements by nursing facilities and on-site monitoring. <b>Attachment 4.40-E</b> describes the State's complaint procedures.
§1919(g)(5)	(r)	The State makes available to the public information requesting surveys and certification of nursing facilities including statements of deficiencies, plans of correction, copies of cost reports, statements of ownership and the information disclosed under §1126 of the Act.
©§1919(g)(5)(B)	(s)	The State notifies the State long-term care ombudsman of the State's finding of non-compliance with any of the requirements of subsection (b), (c), and (d) or of any adverse actions taken against a nursing facility.
§1919(g)(5)(C)	(t)	If the State finds substandard quality of care in a facility, the State notifies the attending physician of each resident, with respect to which such finding is made, and the nursing facility administrator licensing board.
§1919(g)(5)(D)	(u)	The State provides the State Medicaid fraud and abuse agency access to all information concerning survey and certification actions.

TN No. 95-16Approval Date 01/31/96Effective Date 11/01/95

Supersedes

TN No. N/A



Revision: HCFA-PM-93-1  
January, 1993

(BPD)

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

State of VIRGINIA

Citation

§4.41. Resident Assessment for Nursing Facilities

§1919(b)(3) and  
§1919(e)(5)

(a) The State specifies the instrument to be used by nursing facilities for conducting a comprehensive, accurate, standardized, reproducible assessment of each resident's functional capacity as required in §1919(b)(3)(A) of the Act.

§1919(e)(5)(A)

(b) The State is using:

☒ The resident assessment instrument designated by CMS as described in Appendix R "Resident Assessment Instrument for Long-Term Care Facilities" of the CMS State Operations Manual; or

§1919(e)(5)(B)

\_\_\_\_\_ A resident assessment instrument that the Secretary has approved as being consistent with the minimum data set of core elements, common definitions, and utilizations guidelines as specified by the Secretary (see sec 4470 of the State Medicaid Manual for the Secretary's approval criteria) [§1919(e)(5)(B)].

TN No. 17-026

Approval Date 01/11/18

Effective Date 10/19/17

Supersedes

TN No. 95-16

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

---

Citation

1902(a)(68) of  
the Act,  
P.L. 109-171  
(section 6032)  
Social Security  
Act (the Act)

**4.42 Employee Education About False Claims Recoveries**

- (a) The Medicaid agency meets the requirements regarding establishment of policies and procedures for the education of employees of entities covered by section 1902(a)(68) of the regarding false claims recoveries and methodologies for oversight of entities' compliance with these requirements.

(1) Definitions.

(A) An "entity" includes a governmental agency, organization, unit, corporation, partnership, or other business arrangement (including any Medicaid managed care organization, irrespective of the form of business structure or arrangement by which it exists), whether for-profit or not-for-profit, which receives or makes payments, under a State Plan approved under title XIX or under any waiver of such plan, totaling at least \$5,000,000 annually.

If an entity furnishes items or services at more than a single location or under more than one contractual or other payment arrangement, the provisions of section 1902(a)(68) apply if the aggregate payments to that entity meet the \$5,000,000 annual threshold. This applies whether the entity submits claims for payments using one or more provider identification or tax identification numbers.

A governmental component providing Medicaid health care items or services for which Medicaid payments are made would qualify as an "entity" (e.g., a state mental health facility or school district providing school-based health services). A government agency which merely administers the Medicaid program, in whole or part (e.g., managing the claims processing system or determining

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

State of VIRGINIA

---

beneficiary eligibility), is not, for these purposes, considered to be an entity.

An entity will have met the \$5,000,000 annual threshold as of January 1, 2007, if it received or made payments in that amount in Federal fiscal year 2006. Future determinations regarding an entity's responsibility stemming from the requirements of section 1902(a)(68) will be made by January 1 of each subsequent year, based upon the amount of payments an entity either received or made under the State Plan during the preceding Federal fiscal year.

(B) An "employee" includes any officer or employee of the entity.

(C) A "contractor" or "agent" includes any contractor, subcontractor, agent, or other person which or who, on behalf of the entity, furnishes, or otherwise authorizes the furnishing of, Medicaid health care items or services, performs billing or coding functions, or is involved in the monitoring of health care provided by the entity.

(2) The entity must establish and disseminate written policies which must also be adopted by its contractors or agents. Written policies may be on paper or in electronic form, but must be readily available to all employees, contractors, or agents. The entity need not create an employee handbook if none already exists.

(3) An entity shall establish written policies for all employees (including management), and of any contractor or agent of the entity, that include detailed information about the False Claims Act and the other provisions named in section 1902(a)(68)(A). The entity shall include in those written policies detailed information about the entity's policies and procedures for detecting and preventing waste, fraud, and abuse. The entity shall also include in any employee handbook a specific

Revision:

(BPD)

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

State of VIRGINIA

---

discussion of the laws described in the written policies, the rights of employees to be protected as whistleblowers and a specific discussion of the entity's policies and procedures for detecting and preventing fraud, waste, and abuse.

(4) The requirements of this law should be incorporated into each State's provider enrollment agreements.

(5) The State will implement this State Plan amendment on January 1, 2007.

(b) Attachment 4.42-A describes, in accordance with section 1902(a)(68) of the Act, the methodology of compliance oversight and the frequency with which the State will re-assess compliance on an ongoing basis.

Revision:

(BPD)

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**  
 State of VIRGINIA

---

<u>Citation</u>	§ 4.43. <u>Cooperation with Medicaid Integrity Program Efforts.</u>
§ 1902(a)(69) of the Act, P.L. 109-171 (section 6034)	The Medicaid agency assures it complies with such requirements determined by the Secretary to be necessary for carrying out the Medicaid Integrity Program established under section 1936 of the Act.

TN No. 08-04  
 Supersedes  
 TN No. New Page

Approval Date 07/24/08Effective Date 04/28/08

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

State of VIRGINIA

	§ 4.46. <u>Provider Screening and Enrollment</u>
<u>Citation</u>	
§§ 1902 (a)(77), (a)(39) and 1902 (kk); P.L. 111-148 and 111-152	The State Medicaid agency gives the following assurances:
42 CFR 455, Subpart E	PROVIDER SCREENING
	<u>XX</u> Assures that the State Medicaid agency complies with the process for screening providers under §§ 1902(a)(39), 1902(a)(77), 1902(kk) of the <i>Act</i> .
42 CFR § 455.410	ENROLLMENT AND SCREENING OF PROVIDERS
	<u>XX</u> Assures enrolled providers will be screened in accordance with 42 CFR §455.400 et. seq.
	<u>XX</u> Assures that the State Medicaid agency requires all ordering or referring physicians or other professionals to be enrolled under the State Plan or under a waiver of the Plan as a participating provider.
42 CFR § 455.412	VERIFICATION OF PROVIDER LICENSES
	<u>XX</u> Assures that the State Medicaid agency has a method for verifying providers licensed by a State and that such providers' licenses have not expired or have no current limitations.
42 CFR § 455.414	REVALIDATION OF ENROLLMENT
	<u>XX</u> Assures that providers will be revalidated regardless of Provider type at least every 5 years.
42 CFR § 455.416	TERMINATION OR DENIAL OF ENROLLMENT
	<u>XX</u> Assures that the State Medicaid agency will comply with § 1902(a)(39) of the Act and with the requirements outlined in 42 CFR § 455.416 for all terminations or denials of provider enrollment.
42 CFR § 455.420	REACTIVATION OF PROVIDER ENROLLMENT
	<u>XX</u> Assures that any reactivation of a provider will include re-Screening and payment of application fees as required by 42 CFR § 455.420.

TN No. 12-03Approval Date 06/07/1201/01/12

Supersedes

TN No. NEW PAGE

HCFA ID:

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

State of VIRGINIA

Citation	
42 CFR § 455.422	APPEAL RIGHTS
	<u>XX</u> Assures that all terminated providers and providers denied enrollment as a result of the requirements of 42 CFR 455.416 will have appeal rights available under procedures established by State law or regulation.
42 CFR § 455.432	SITE VISITS
	<u>XX</u> Assures that pre-enrollment and post-enrollment site visits of Providers who are in 'moderate' or 'high' risk categories will occur.
42 CFR § 455.434	CRIMINAL BACKGROUND CHECKS
	<u>XX</u> Assures that providers, as a condition of enrollment, will be Required to consent to criminal background checks including finger-Prints, if required to do so under State law, or by the level of screening Based on risk of fraud, waste, or abuse for that category of provider.
42 CFR § 455.436	FEDERAL DATABASE CHECKS
	<u>XX</u> Assures that the State Medicaid agency will perform Federal database checks on all providers or any person with an ownership or controlling interest or who is an agent or managing employee of the provider.
42 CFR 455.440	NATIONAL PROVIDER IDENTIFIER
	<u>XX</u> Assures that the State Medicaid agency requires the National Provider Identifier or any ordering or referring physician or other professional to be specified on any claim for payment that is based on an order or referral of the physician or other professional.
42 CFR § 455.450	SCREENING LEVELS FOR MEDICIAD PROVIDERS
	<u>XX</u> Assures that the State Medicaid agency complies with § 1902(a)(77) and § 1902 (kk) of the <i>Act</i> and with the requirements outlined in 42 CFR § 455.450 for screening levels based upon categorical risk level determined for a provider.
42 CFR § 455.460	APPLICATION FEE
	<u>XX</u> Assures that the State Medicaid agency complies with the Requirements for collection of the application fee set forth in § 1866(j)(2)(C) of the <i>Act</i> and 42 CFR § 455.460.

TN No. 12-03

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

Supersedes

TN No. NEW PAGE

HCFA ID:

Revision: HCFA-AT-80-38  
May 22, 1980

(BPP)

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

State of VIRGINIA

Citation	
42 CFR 455.470	TEMPORARY MORATORIUM ON ENROLLMENT OF NEW PROVIDERS OR SUPPLIERS
	<u>XX</u> Assures that the State Medicaid agency complies with any temporary moratorium on the enrollment of new providers or provider types imposed by the Secretary under § 1866(j)(7) and § 1902(kk)(4) of the Act, subject to any determination by the State and written notice to the Secretary that such a temporary moratorium would not adversely impact beneficiaries' access to medical assistance.

TN No. 12-03Approval Date 06/07/12Effective Date 01/01/12

Supersedes

TN No. NEW PAGE



Revision: HCFA-AT-80-38  
May 22, 1980

(BPP)

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**State of VIRGINIA

---

Citation

## SECTION 5 - PERSONNEL ADMINISTRATION

42 CFR 432.10(a)  
AT-78-90  
AT-79-23  
AT-80-34

5.1 Standards of Personnel Administration

- (a) The Medicaid agency has established and will maintain methods of personnel administration in conformity with standards prescribed by the U.S. Civil Service Commission in accordance with §208 of the Intergovernmental Personnel Act of 1970 and the regulations on Administration of the Standards for a Merit System of Personnel Administration, 5 CFR Part 900, Subpart F. All requirements of 42 CFR 432.10 are met.



The plan is locally administered and State-supervised. The requirements of 42 CFR 432.10 with respect to local agency administration are met.

## (b) Affirmative Action Plan

The Medicaid agency has in effect an affirmative action plan for equal employment opportunity that includes specific action steps and timetables and meets all other requirements of 5 CFR Part 900, Subpart F.

---

TN No. 77-3Approval Date 02/17/78Effective Date 10/01/77

Supersedes

TN No.

Revision: HCFA-AT-80-38  
May 22, 1980

(BPP)

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

State of VIRGINIA

---

Citation

5.2 (Reserved)

Revision: HCFA-AT-80-38  
May 22, 1980

(BPP)

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

State of VIRGINIA

---

Citation

42 CFR Part 432,  
Subpart B  
AT-78-90

5.3 Training Programs; Subprofessional and Volunteer Programs

The Medicaid agency meets the requirements of 42 CFR Part 432, Subpart B, with respect to a training program for agency personnel and the training and use of subprofessional staff and volunteers.

---

TN No. 78-2

Supersedes

TN No.           

Approval Date 03/09/78

Effective Date 02/28/78

Revision: HCFA-AT-80-38  
May 22, 1980

(BPP)

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

State of VIRGINIA

---

Citation

SECTION 6 - FINANCIAL ADMINISTRATION

42 CFR 433.32  
AT-79-29

6.1 Fiscal Policies and Administration

The Medicaid agency and, where applicable, local agencies administering the plan, maintains an accounting system and supporting fiscal records adequate to assure that claims for Federal funds are in accord with applicable Federal requirements. The requirements of 42 CFR 433.32 are met.

---

TN No. 76-7

Approval Date 08/11/76

Effective Date 09/30/76

Supersedes

TN No. \_\_\_\_\_

Revision: HCFA-AT-81-

(BPP)

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

State of VIRGINIA

---

Citation

42 CFR 433.34  
47 FR 17490

6.2 Cost Allocation

There is an approved cost allocation plan on file with the Department in accordance with the requirements contained in 45 CFR Part 95, Subpart E.

---

TN No. 82-39

Supersedes

TN No.           

Approval Date 01/22/90

Effective Date 10/01/82

Revision: HCFA-AT-80-38  
May 22, 1980

(BPP)

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

State of VIRGINIA

---

Citation

42 CFR 433.33  
AT-79-29  
AT-80-34

6.3 State Financial Participation

(a) State funds are used in both assistance and administration.



State funds are used to pay all of the non-Federal share of total expenditures under the plan.



There is local participation. State funds are used to pay not less than 40 percent of the non-Federal share of the total expenditures under the plan. There is a method of apportioning Federal and State funds among the political subdivisions of the State on an equalization or other basis which assures that lack of adequate funds from local sources will not result in lowering the amount, duration, scope, or quality of care and services or level of administration under the plan in any part of the State.

(b) State and Federal funds are apportioned among the political subdivisions of the State on a basis consistent with equitable treatment of individuals in similar circumstances throughout the State.

---

TN No. 89-24  
Supersedes  
TN No. 79-02

Approval Date 04/26/90

Effective Date 02/15/90

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

State of VIRGINIA

Citation

§1902(a)(25) of  
the Act  
42 CFR Part 43 B,  
Subparts D and F

§6.4. Hospital Credit Balance Reporting.

Hospitals shall be required to report Medicaid credit balances on a quarterly basis no later than 30 days after the close of each quarter. For a credit balance arising on a Medicaid claim within three years of the date paid by the DMAS, the hospital shall either submit a check for the balance due or an adjustment claim with the Credit Balance Report. For credit balances arising on claims over three years old, the hospital shall submit a check for the balance due. Interest at the maximum rate allowed shall be assessed for those credit balances (overpayments) which are identified on the quarterly report but not reimbursed with the submission of the form. Interest will begin to accrue 30 days after the end of the quarter and will continue to accrue until the over payment has been refunded or adjusted. A penalty shall be imposed for failure to submit the form timely as follows:

- a. Hospitals which have not submitted their Medicaid credit balance data within the required 30 days after the end of a quarter shall be notified in writing. If the required report is not submitted within the next 30 days, there will be a 20% reduction in the Medicaid per diem payment.
- b. If the required report is not submitted within the next 30 days (60 days after the due date), the per diem payments shall be reduced to -0- until the report is received.
- c. If the credit balance has not been refunded within 90 days of the end of a quarter, it shall be recovered, with interest, through the use of a negative balance transaction on the weekly remittance.
- d. A periodic audit shall be conducted of hospitals' quarterly submission of Medicaid credit balance data. Hospitals shall maintain an audit trail back to the underlying accounts receivable records supporting each quarterly report.

TN No. 94-05Approval Date 02/01/95Effective Date 10/01/95

Supersedes

TN No. N/A

Revision: HCFA-PM-91-4  
August, 1991

(BPD)

OMB No.: 0938-

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**State of VIRGINIA

---

Citation

## SECTION 7 - GENERAL PROVISIONS

42 CFR 430.12(c)

7.1 Plan Amendments

The plan will be amended whenever necessary to reflect new or revised Federal statutes or regulations or material change in State law, organization, policy or State agency operation.

---

TN No. 93-04Approval Date 01/03/94Effective Date 06/16/93

Supersedes

TN No. 79-02

HCFA ID: 7982E



Revision: HCFA-PM-91-4  
August, 1991

(BPD)

OMB No.: 0938-

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

State of VIRGINIA

---

Citation

45 CFR Parts 80  
and 84

7.2 Nondiscrimination

In accordance with title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et. seq.), §504 of the Rehabilitation Act of 1973 (29 U.S.C. 70b), and the regulations at 45 CFR Parts 80 and 84, the Medicaid agency assures that no individual shall be subjected to discrimination under this plan on the grounds of race, color, national origin, or handicap.

The Medicaid agency has methods of administration to assure that each program or activity for which it receives Federal financial assistance will be operated in accordance with title VI regulations. These methods for title VI are described in ATTACHMENT 7.2-A.

---

TN No. 93-04

Approval Date 01/03/94

Effective Date 06/16/93

Supersedes

TN No. 79-02

HCFA ID: 7982E

Revision: HCFA-PM-91-4  
August, 1991

(BPD)

OMB No.: 0938-

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

State of VIRGINIA

---

Citation

RESERVED

---

TN No. 95-16

Approval Date 01/31/96

Effective Date 11/01/95

Supersedes

TN No. 93-04

HCFA ID: 7982E

Revision: HCFA-PM-91-4  
August, 1991

(BPD)

OMB No.: 0938-

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

State of VIRGINIA

---

Citation

42 CFR 430.12(b)

7.4 State Governor's Review

The Medicaid agency will provide opportunity for the Office of the Governor to review amendments, long-range program planning projections, and other periodic reports thereon, excluding periodic statistical, budget and fiscal reports. Any comments made will be transmitted to the Health Care Financing Administration with such documents.

☒ Not applicable. The Governor--

☒ Does not wish to review any plan material.

☐ Wishes to review only the plan material specified in the enclosed document.

I hereby certify that I authorized to submit this plan on behalf of

Department of Medical Assistance Services  
(Designated Single State Agency)

Date 12/13/1995

/s/ Joseph Teehey/R. Metcalf  
(Signature)  
Robert M. Metcalf

Director  
(Title)

---

TN No. 95-16

Approval Date 01/31/96

Effective Date 11/01/95

Supersedes

TN No. 93-04

HCFA ID: 7982E

Revision:

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

State of VIRGINIA

---

THIS PAGE IS INTENTIONALLY LEFT BLANK

---

TN No. 24-0023

Approval Date **03/27/2025**

Effective Date 10/01/24

Supersedes

TN No. 01-05

: