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State Name: Virginia

State Plan Amendment (SPA) #: 22-0002

This file contains the following documents in the order listed:

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

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



Medicaid and CHIP Operations Group

March 7, 2022

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

RE: Virginia State Plan Amendment 22-0002

Dear Ms. Kimsey:

The Centers for Medicare & Medicaid Services (CMS) has reviewed Virginia's Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 22-0002, Non-Emergency Medical Transportation.

This amendment will allow Virginia to add an attestation that the Department of Medical Assistance Services (DMAS) meets all the minimum requirements for Non-Emergency Medical Transportation (NEMT) providers and individual drivers under Section 1902(a)(87) of the Social Security Act - also known as Section 209 of the Medicaid Coverage of Certain Medical Transportation Under the Consolidated Appropriations Act of 2021 (P.L. 116-260).

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing Title 42 of the Code of Federal Regulations §440.170. This letter is to inform you that Virginia Medicaid SPA 22-0002 was approved on March 7, 2022, with an effective date of January 1, 2022. Enclosed are the approved SPA page and signed CMS-179 form.

If you have any questions, please contact Margaret Kosherzenko at 215-861-4288 or via email at Margaret.Kosherzenko@cms.hhs.gov.

Sincerely,



James G. Scott, Director
Division of Program Operations

Enclosures

cc: Emily McClellan

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

1. TRANSMITTAL NUMBER
2 2 — 0 0 0 2

2. STATE
VA

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT XIX XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
1/1/2022

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR 440.170

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2022 \$ 0
b. FFY 2023 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 3.1-D, revised page 1

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Same as box #7.

9. SUBJECT OF AMENDMENT
Non-Emergency Medical Transportation

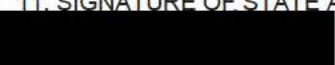
10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:
Secretary of Health and Human Resources

11. SIGNATURE OF STATE AGENCY OFFICIAL


12. TYPED NAME
Karen Kimsey

13. TITLE
Director

14. DATE SUBMITTED
12/30/2021

15. RETURN TO
Department of Medical Assistance Services
600 East Broad Street, #1300
Richmond VA 23219

Attn: Policy, Regulations, and Manuals Supervisor

FOR CMS USE ONLY

16. DATE RECEIVED
February 8, 2022

17. DATE APPROVED
03/07/2022

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
01/01/2022

19. SIGN 

20. TYPED NAME OF APPROVING OFFICIAL
James G. Scott

21. TITLE OF APPROVING OFFICIAL
Director, Division of Program Operations

22. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

METHODS OF PROVIDING TRANSPORTATION**12 VAC 30-50-530.**

1. DMAS will ensure necessary transportation for recipients to and from providers of covered medical services. DMAS shall cover transportation to covered medical services under the following circumstances:
 - A. Emergency air and ground ambulance transportation shall be covered as medical services under applicable federal Medicaid regulations. All other modes of transportation shall be covered as medical services under 42 CFR § 431.53 and any other applicable federal Medicaid regulations. These modes include, but shall not be limited to, non-emergency air travel, non-emergency ground ambulance, stretcher vans, wheelchair vans, common user bus (intra-city and inter-city), volunteer drivers, and taxicabs. DMAS may contract directly with providers of transportation or with brokers of transportation services, or both. DMAS may require that brokers not have a financial interest in transportation providers with whom they contract.
 - B. Medicaid provided transportation shall only be available when recipients have no other means of transportation available.
 - C. Recipients shall be furnished transportation services which are the most economical to adequately meet the recipients' medical needs.
 - D. Ambulances, wheelchair vans, taxicabs, and other modes of transportation must be licensed to provide services in the Commonwealth by the appropriate state and/or local licensing agency. Volunteer/registered drivers must be licensed to operate a motor vehicle in the Commonwealth and must maintain automobile insurance.
2. DMAS will ensure necessary non-emergency transportation for full-benefit, dual eligible recipients to obtain medically necessary, non-covered Medicare Part D prescription drugs.
3. DMAS attests that all the minimum requirements outlined in 1902(a)(87) of the Social Security Act are met.