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State Name: Virginia

State Plan Amendment (SPA) #: 24-0005

This file contains the following documents in the order listed:

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

### **DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services 601 E. 12th St., Room 355 Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

May 14, 2024

Cheryl J. Roberts, Director Department of Medical Assistance Services 600 East Broad Street, Suite 1300 Richmond, VA 23219

Re: Virginia State Plan Amendment 24-0005

Dear Director Roberts:

The Centers for Medicare & Medicaid Services (CMS) has reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0005. This amendment updates the state plan language referenced in the section, Other Licensed Providers. The SPA removes the reference to ophthalmologists, as these are physicians and are covered under the Physician Services section of the state plan, clarifies that optometrists and opticians are licensed providers and lists each type of other licensed provider that can enroll with the Virginia Department of Medical Assistance Services.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations Title 42 of the Code of Federal Regulations (CFR) §440.60. This letter is to inform you that Virginia Medicaid SPA 24-0005 was approved on May 14, 2024, with an effective date of January 1, 2024.

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

Sincerely,

Ruth A. Hughes, Acting Director Division of Program Operations

**Enclosures** 

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES  TO: CENTER DIRECTOR     CENTERS FOR MEDICAID & CHIP SERVICES     DEPARTMENT OF HEALTH AND HUMAN SERVICES  5. FEDERAL STATUTE/REGULATION CITATION  42 CFR 440.60  7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1- A&B, Supplement 1, revised page 10 & new page 10.0	1. TRANSMITTAL NUMBER  2 4 — 0 0 0 5 V A  3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT XIX XXI  4. PROPOSED EFFECTIVE DATE  1/1/2024  6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a FFY 2024 \$ 0 b. FFY 2025 \$ 0  8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 3.1- A&B, Supplement 1, page 10
9. SUBJECT OF AMENDMENT Other Licensed Practitioners	
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	
D D	5. RETURN TO epartment of Medical Assistance Services 00 East Broad Street, #1300 ichmond VA 23219
AO TITLE	ttn: Policy, Regulations, and Manuals Supervisor
FOR CMS USE ONLY	
16. DATE RECEIVED 11 03/18/2024	7. DATE APPROVED <b>05/14/2024</b>
PLAN APPROVED - ONE COPY ATTACHED	
18. EFFECTIVE DATE OF APPROVED MATERIAL 19. 01/01/2024	9. SIGNATURE
20. TYPED NAME OF APPROVING OFFICIAL 2	1. TITLE OF APPROVING OFFICIAL
Ruth A. Hughes	Acting Director, Division of Program Operations
22. REMARKS	

Revision: HFCA-PM-91-4 (BPD) Attachment 3.1- A&B

August, 1991

Supplement 1
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OMB No. 0938-

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

State of VIRGINIA

# AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY and MEDICALLY NEEDY

- 6. Medical care by other licensed practitioners within the scope of their practice as defined by State Law.
  - A. Podiatrists' Services.
  - 1. Covered Podiatry services are defined as reasonable and necessary diagnostic, medical, or surgical treatment of disease, injury, or defects of the human foot. These services must be within the scope of the license of the podiatrists' profession and defined by State law.
  - 2. The following services are not covered: preventive health care, including routine foot care; treatment of structural misalignment not requiring surgery; cutting or removal of corns, warts, or calluses; experimental procedures; acupuncture.
  - 3. The Program may place appropriate limits on a service based on medical necessity and/or for utilization control.
- B. Optometrists' Services.
  - 1. Diagnostic examination and optometric treatment procedures and services by licensed optometrists and opticians acting within their scope of practice as defined under state law are covered. Routine refractions are limited to once in 24 months. This limitation may be exceeded based on medical necessity.
- C. Chiropractors' Services
  - 1. Not provided.
- D. In accordance with 42 CFR 440.60, licensed practitioners may provide medical care or any other type of remedial care or services, other than physician services, within the scope of practice as defined under state law. These practitioners are limited to the following:

Licensed Practitioners:

- 1. Nurse practitioners
- 2. Physician assistants
- 3. Nurse anesthetists
- 4. Clinical nurse specialists
- 5. Respiratory therapists
- 6. Licensed midwives/certified professional midwives

TN No. <u>24-0005</u> Approval Date: <u>05/14/2024</u> Effective Date: <u>1/01/2024</u>

Supersedes TN No. 23-0014

Revision: HFCA-PM-91-4 (BPD) Attachment 3.1- A&B August, 1991 Supplement 1

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OMB No. 0938-

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

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## AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY and MEDICALLY NEEDY

- 7. Licensed clinical psychologists
- 8. Licensed professional counselors
- 9. Licensed clinical social workers
- 10. Licensed substance abuse treatment practitioners
- 11. Licensed marriage and family therapists
- 12. Licensed behavior analysts
- 13. Licensed school psychologists

#### Non-Licensed Practitioners:

1. Residents/supervisees working under the supervision of a licensed clinical psychologist, licensed professional counselor, licensed clinical social worker, licensed substance abuse treatment practitioner or licensed marriage and family therapist in accordance with state law.

#### E. Pharmacist, Pharmacy Intern and Pharmacy Technician Services

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

TN No. 24-0005 Approval Date: 05/14/2024 Effective Date: 1/01/2024

Supersedes TÑ No. 23-0014