

Table of Contents

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**

1. TRANSMITTAL NUMBER _____	2. STATE _____
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT XIX XXI	
4. PROPOSED EFFECTIVE DATE	
6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY _____ \$ _____ b. FFY _____ \$ _____	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

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


5. FEDERAL STATUTE/REGULATION CITATION

9. SUBJECT OF AMENDMENT

10. GOVERNOR'S REVIEW (Check One)

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

OTHER, AS SPECIFIED:
Secretary of Health and Human Resources

11. SIGNATURE OF STATE AGENCY OFFICIAL


12. TYPED NAME

13. TITLE

14. DATE SUBMITTED

15. RETURN TO

FOR CMS USE ONLY

16. DATE RECEIVED
03/18/2024

17. DATE APPROVED
05/14/2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
01/01/2024

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL
Ruth A. Hughes

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

22. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

**AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY
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

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**

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.