



COMMONWEALTH of VIRGINIA
Office of the Governor

John Littel
Secretary of Health and Human Resources

June 12, 2023

James G. Scott, Director
Division of Program Operations
Medicaid & CHIP Operations Group
Centers for Medicare and Medicaid Services
601 E. 12th St., Room 355
Kansas City, MO 64106

Dear Mr. Scott:

Attached for your review and approval is amendment 23-013, entitled "Case Management for Assisted Living Facility Residents" to the Plan for Medical Assistance for the Commonwealth. I request that your office approve this change as quickly as possible.

Sincerely,

A handwritten signature in blue ink that reads "John E. Littel".

John E. Littel

Attachment

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

Transmittal Summary

SPA 23-013

I. IDENTIFICATION INFORMATION

Title of Amendment: Case Management for Assisted Living Facility Residents

II. SYNOPSIS

Basis and Authority: The Code of Virginia (1950) as amended, § 32.1-325, grants to the Board of Medical Assistance Services the authority to administer and amend the Plan for Medical Assistance. The Code of Virginia (1950) as amended, § 32.1-324, authorizes the Director of the Department of Medical Assistance Services (DMAS) to administer and amend the Plan for Medical Assistance according to the Board's requirements.

Purpose: This SPA will allow DMAS to remove outdated case management language for assisted living facility residents from the state plan. DMAS has not provided this service for several years, so the state plan needs to be updated accordingly.

Substance and Analysis: The section of the State Plan that is affected by this amendment is "Case Management Services"

Impact: None.

Tribal Notice: Please see attached.

Prior Public Notice: N/A

Public Comments and Agency Analysis: N/A

Tribal Notice – Case Management for Assisted Living Facility Residents

Lee, Meredith (DMAS)

Thu 6/1/2023 2:11 PM

To: TribalOffice@MonacanNation.com <TribalOffice@MonacanNation.com>; Ann Richardson <chiefannerich@aol.com>; Gerald Stewart <jerry.stewart@cit-ed.org>; pamelathompson4@yahoo.com (pamelathompson4@yahoo.com) <pamelathompson4@yahoo.com>; rappahannocktrib@aol.com (rappahannocktrib@aol.com) <rappahannocktrib@aol.com>; Reggie Stewart <regstew007@gmail.com>; Gray, Robert <robert.gray@pamunkey.org>; tribaladmin <tribaladmin@monacannation.com>; Sam Bass (samflyingeagle48@yahoo.com) <samflyingeagle48@yahoo.com>; chiefstephenadkins@gmail.com <chiefstephenadkins@gmail.com>; Frank Adams <Board.R1D@DGIF.VIRGINIA.GOV>; bradbybrown@gmail.com <bradbybrown@gmail.com>; tabitha.garrett@ihs.gov <tabitha.garrett@ihs.gov>; Kara.Kearns@ihs.gov <Kara.Kearns@ihs.gov>; Mia.Eubank@ihs.gov <Mia.Eubank@ihs.gov>

📎 1 attachments (166 KB)

Tribal Notice Letter, signed.pdf;

Dear Tribal Leaders and Indian Health Programs:

Attached is a Tribal Notice letter from Virginia Medicaid Director, Cheryl Roberts, indicating that the Department of Medical Assistance Services (DMAS) plans to submit a State Plan Amendment (SPA) to the federal Centers for Medicare and Medicaid Services. This SPA will allow DMAS to remove outdated case management language for assisted living facility residents from the state plan. DMAS has not provided this service for several years, so the state plan needs to be updated accordingly.

If you would like a copy of the SPA documents or proposed text changes, or if you have any questions, please let us know.

Thank you! -- Meredith Lee

Meredith Lee

Division of Policy, Regulation, and Member Engagement

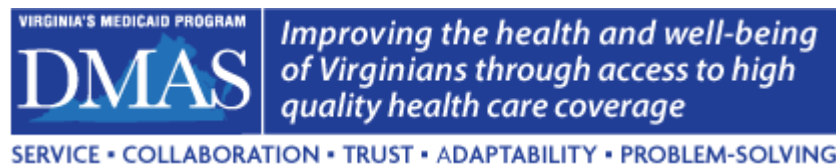
Policy, Regulations, and Manuals Supervisor

Department of Medical Assistance Services

Hours: 6:00 am - 4:30 pm (Monday-Thursday); out of the office on Fridays

meredith.lee@dmass.virginia.gov

(804) 371-0552





COMMONWEALTH of VIRGINIA

Department of Medical Assistance Services

CHERYL J. ROBERTS
DIRECTOR

SUITE 1300
600 EAST BROAD STREET
RICHMOND, VA 23219
804/786-7933
800/343-0634 (TDD)
www.dmas.virginia.gov

June 1, 2023

SUBJECT: Notice of Opportunity for Tribal Comment – State Plan Amendment related to Case Management for Assisted Living Facility Residents.

Dear Tribal Leader and Indian Health Programs:

This letter is to notify you that the Department of Medical Assistance Services (DMAS) is planning to amend the Virginia State Plan for Medical Assistance with the Centers for Medicare and Medicaid Services (CMS). Specifically, DMAS is providing you notice about a State Plan Amendment (SPA) that the Agency will file with CMS in order to remove outdated case management language for assisted living facility residents from the state plan. DMAS has not provided this service for several years, so the state plan needs to be updated accordingly.

The tribal comment period for this SPA is open through July 1, 2023. You may submit your comments directly to Meredith Lee, DMAS Policy, Regulation, and Member Engagement Division, by phone (804) 371-0552, or via email: Meredith.Lee@dmas.virginia.gov. Finally, if you prefer regular mail, you may send your comments or questions to:

Virginia Department of Medical Assistance Services
Attn: Meredith Lee
600 East Broad Street
Richmond, VA 23219

Please forward this information to any interested party.

Sincerely,

A handwritten signature in black ink, appearing to read "Cheryl J. Roberts".

Cheryl J. Roberts
Director

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

CASE MANAGEMENT SERVICES

~~§7. Case Management for Recipients of Auxiliary Grants. (12 VAC 30-50-470)~~

~~A. Target Group: Recipients of Optional State Supplements (Auxiliary Grants) as defined in 12VAC30-40-350 (Attachment 2.6B), who reside in licensed adult care residences.~~

~~B. Areas of State in which services will be provided:~~

~~Entire State.~~

~~Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than Statewide.~~

~~C. Comparability of Services:~~

~~Services are provided in accordance with section 1902(a)(10)(B) of the Act.~~

~~Services are not comparable in amount, duration, and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.~~

~~D. Definition of Services:~~

~~The case management services will provide assessment, service location, coordination and monitoring for aged, blind and disabled individuals who are applying for or receiving an optional state supplement (Auxiliary Grant) to pay the cost of residential or assisted living care in a licensed adult care residence in order to facilitate access to and receipt of the most appropriate placement. In addition, the case management services will provide for periodic reassessment to determine whether the placement continues to meet the needs of the recipient of optional state supplement (Auxiliary Grant) and to arrange for transfer to a more appropriate placement or arrange for supplemental services as the needs of the individual change.~~

TN No. 94-02

Approval Date 06-13-96

Effective Date 06-01-94

Supersedes

TN No. NEW

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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~~E. — Qualifications of Providers. A qualified case manager for recipients of Auxiliary Grants must be a qualified employee of a human service agency as required in §63.1-25.1 of the Code of Virginia. To qualify as a provider of case management for Auxiliary Grant recipients, the human service agency:~~

~~(1) — must employ or contract for case managers who have experience or have been trained in establishing, and in periodically reviewing and revising, individual community care plans and in the provision of case management services to elderly persons and to disabled adults;~~

~~(2) — must have signed an agreement with the Department of Medical Assistance Services to deliver case management services to aged, blind and disabled recipients of optional state supplements (Auxiliary Grants);~~

~~(3) — shall have written procedures for assuring the quality of case management services, and~~

~~(4) — must ensure that claims are submitted for payment only when the services were performed by case managers meeting these qualifications. The case manager must possess a combination of work experience in human services or health care and relevant education which indicates that the individual possesses the following knowledge, skills, and abilities at entry level. These must be documented on the job application form or supporting documentation.~~

~~1. — Knowledge of:~~

~~a. — Aging;~~

~~b. — The impact of disabilities and illnesses on elderly and non-elderly persons;~~

~~c. — Conducting client assessments (including psychosocial, health and functional factors) and their uses in care planning;~~

~~d. — Interviewing ————— techniques;~~

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CASE MANAGEMENT SERVICES

- ~~e. Consumers' rights;~~
 - ~~f. Local human and health service delivery systems, including support services and public benefits eligibility requirements;~~
 - ~~g. The principles of human behavior and interpersonal relationships;~~
 - ~~h. Effective oral, written, and interpersonal communication principles and techniques;~~
 - ~~i. General principles of record documentation;~~
 - ~~j. Service planning process and the major components of a service plan.~~
2. Skills in:
- ~~a. Negotiating with consumers and service providers;~~
 - ~~b. Observing, recording and reporting behaviors;~~
 - ~~c. Identifying and documenting a consumer's needs for resources, services and other assistance;~~
 - ~~d. Identifying services within the established services system to meet the consumer's needs;~~
 - ~~e. Coordinating the provision of services by diverse public and private providers;~~
 - ~~f. Analyzing and planning for the service needs of elderly or disabled persons;~~

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3. ~~Abilities to:~~
 - a. ~~Demonstrate a positive regard for consumers and their families;~~
 - b. ~~Be persistent and remain objective;~~
 - c. ~~Work as a team member, maintaining effective inter and intra agency working relationships;~~
 - d. ~~Work independently, performing position duties under general supervision;~~
 - e. ~~Communicate effectively, verbally and in writing;~~
 - f. ~~Develop a rapport and to communicate with different types of persons from diverse cultural backgrounds;~~
 - g. ~~Interview.~~
4. ~~Individuals meeting all the above qualifications shall be considered a qualified case manager; however, it is preferred that the case manager possess a minimum of an undergraduate degree in a human services field, or be a licensed nurse. In addition, it is preferable that the case manager have two years of experience in the human services field working with the aged or disabled.~~
5. ~~To obtain DMAS payment, the case management provider must maintain in a resident's record a copy of the resident's assessment, plan of care, all reassessments, and documentation of all contacts, including but not limited to face to face contacts with the resident, made in regard to the resident.~~
- F. ~~The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of §1902(a)(23) of the Act.~~

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- ~~G. Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.~~
- ~~H. Payment for case management services are limited to no more than one visit during each calendar quarter. In order to bill for case management services during a calendar quarter, the case manager must comply with the documentation requirements of E [.5.] above and have documented contact with the resident during that quarter.~~

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

1. TRANSMITTAL NUMBER

2. STATE

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT

XIX

XXI

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

4. PROPOSED EFFECTIVE DATE

5. FEDERAL STATUTE/REGULATION CITATION

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY _____ \$ _____

b. FFY _____ \$ _____

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

9. SUBJECT OF AMENDMENT

10. GOVERNOR'S REVIEW (Check One)

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

OTHER, AS SPECIFIED:
Secretary of Health and Human Resources

11. SIGNATURE OF STATE AGENCY OFFICIAL

Cheryl Roberts

12. TYPED NAME

13. TITLE

14. DATE SUBMITTED

15. RETURN TO

FOR CMS USE ONLY

16. DATE RECEIVED

17. DATE APPROVED

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

21. TITLE OF APPROVING OFFICIAL

22. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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CASE MANAGEMENT SERVICES

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