



COMMONWEALTH of VIRGINIA
Office of the Governor

John Littel
Secretary of Health and Human Resources

August 29, 2023

Todd McMillion
Director
Department of Health and Human Services
Centers for Medicare and Medicaid Services
233 North Michigan Ave., Suite 600
Chicago, Illinois 60601

Dear Mr. McMillion:

Attached for your review and approval is amendment 23 008, entitled "Targeted Case Management for Persons with Traumatic Brain Injury" 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
CMS, Region II

Transmittal Summary

SPA 23-008

I. IDENTIFICATION INFORMATION

Title of Amendment: Targeted Case Management for Persons with Traumatic Brain Injury

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: In accordance with House Bill 680 of the 2022 legislative session and the 2022 Appropriations Act, DMAS is revising the state plan to include a provision for the payment of targeted case management for individuals with severe brain injury.

Substance and Analysis: The sections of the State Plan for Medical Assistance that are affected by this action are “Case Management Services” and “Methods and Standards for Establishing Payment Rate-Other Types of Care”

Impact: The expected increase in annual aggregate expenditures is \$1,964 in state general funds and \$3,719 in federal funds in federal fiscal year 2023.

Tribal Notice: Please see attached.

Prior Public Notice: See attached.

Public Comments and Agency Analysis: See attached.

Tribal Notice –Targeted Case Management for Persons with Traumatic Brain Injury

Lee, Meredith (DMAS)

Mon 4/10/2023 2:52 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) <chiefstephenadkins@gmail.com>;Frank Adams <Board.R1D@DGIF.VIRGINIA.GOV>;bradbybrown@gmail.com (bradbybrown@gmail.com) <bradbybrown@gmail.com>;tabitha.garrett@ihs.gov (tabitha.garrett@ihs.gov) <tabitha.garrett@ihs.gov>;kara.kearns@ihs.gov (kara.kearns@ihs.gov) <kara.kearns@ihs.gov>;Mia Eubank (mia.eubank@ihs.gov) <mia.eubank@ihs.gov>

📎 1 attachments (227 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 implement a new targeted case management service for individuals who have severe brain injury.

More specifically, in accordance with [House Bill 680](#) of the 2022 legislative session, and the [2022 Appropriations Act](#), DMAS is revising the state plan to add case management services for individuals who have severe brain injury. Implementation planning is underway to begin provider enrollment activities and service delivery in state fiscal year 2023.

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

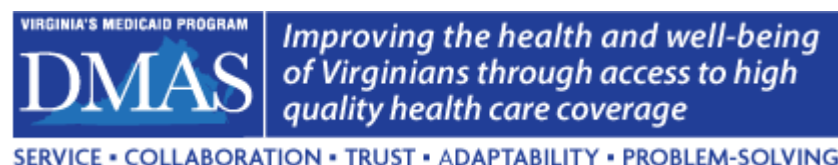
Policy, Regulations, and Manuals Supervisor

Department of Medical Assistance Services

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

meredith.lee@dmas.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

April 10, 2023

SUBJECT: Notice of Opportunity for Tribal Comment – State Plan Amendment related to New Targeted Case Management for Persons with Traumatic Brain Injury.

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 implement a new targeted case management service for individuals who have severe brain injury.

In accordance with [House Bill 680](#) of the 2022 legislative session, and the [2022 Appropriations Act](#), DMAS is revising the state plan to add case management services for individuals who have severe brain injury. Implementation planning is underway to begin provider enrollment activities and service delivery in state fiscal year 2023.

The tribal comment period for this SPA is open through May 10, 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



Department of Planning and Budget
An official website Here's how you know



Find a Commonwealth Resource



Agency

Department of Medical Assistance Services

Board

Board of Medical Assistance Services

[Edit Notice](#)

General Notice

Public Notice: Intent to Amend State Plan - Targeted Case Management for Individuals with Traumatic Brain Injury

Date Posted: 6/28/2023

Expiration Date: 12/28/2023

Submitted to Registrar for publication: YES

[2 Day Comment Forum](#) closed. Began on 6/28/2023 and ended 6/30/2023

**LEGAL NOTICE
COMMONWEALTH OF VIRGINIA
DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
NOTICE OF INTENT TO AMEND**

(Pursuant to §1902(a)(13) of the *Act (U.S.C. 1396a(a)(13))*)

THE VIRGINIA STATE PLAN FOR MEDICAL ASSISTANCE

This Notice was posted on June 28, 2023

The Virginia Department of Medical Assistance Services (DMAS) hereby affords the public notice of its intention to amend the Virginia State Plan for Medical Assistance to provide for changes to the *Methods and Standards for Establishing Payment Rates — Other Types of Care (12 VAC 30-80)*.

This notice is intended to satisfy the requirements of 42 C.F.R. § 447.205 and of § 1902(a)(13) of the *Social Security Act*, 42 U.S.C. § 1396a(a)(13). A copy of this notice is available for public review from Meredith Lee, DMAS, 600 Broad Street, Suite 1300, Richmond, VA 23219, or via e-mail at: Meredith.Lee@dmas.virginia.gov.

DMAS is specifically soliciting input from stakeholders, providers and beneficiaries, on the potential impact of the proposed changes discussed in this notice. Comments or inquiries may be submitted, in writing, within 30 days of this notice publication to Meredith Lee and such comments are available for review at the same address. Comments may also be submitted, in writing, on the Town Hall public comment forum attached to this notice.

This notice is available for public review on the Regulatory Town Hall (<https://townhall.virginia.gov>) on the General Notices page, found at: <https://townhall.virginia.gov/L/generalnotice.cfm>

Methods & Standards for Establishing Payment Rates-Other Types of Care (12 VAC 30-80)

In accordance with [House Bill 680](#) of the 2022 legislative session and the [2022 Appropriations Act](#), DMAS is revising the state plan to include a provision for the payment of targeted case management for individuals with severe brain injury.

The expected increase in annual aggregate expenditures is \$1,964 in state general funds and \$3,719 in federal funds in federal fiscal year 2023, and \$170,657 in state general funds and \$306,754 in federal funds in federal fiscal year 2024.

Contact Information

Name / Title:	Meredith Lee / <i>Policy, Regulations, and Manuals Supervisor</i>
Address:	Policy, Regulation, and Member Engagement Division 600 E. Broad Street, Suite 1300 Richmond, 23219
Email Address:	<u>Meredith.Lee@dmas.virginia.gov</u>
Telephone:	(804)371-0552 FAX: (804)786-1680 TDD: (800)343-0634

This general notice was created by Meredith Lee on 06/28/2023 at 1:06pm



Find a Commonwealth Resource



Public comment forums

Make your voice heard! Public comment forums allow all Virginia's citizens to participate in making and changing our state regulations.

[See our public comment policy](#)

Currently showing **99** comment forums closed within the last 60 days

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- [Recently opened](#)
- [Active Forums](#)
- [More filter options](#)

Regulatory Activity Forums (75)

[Guidance Document Forums \(24\)](#)

Actions (25)

Periodic Reviews (27)

Petitions for Rulemaking (6)

General Notices (17)

Board of Medical Assistance Services

[View Comments](#)

Public Notice: Intent to Amend State Plan - Targeted Case Management for Individuals with Traumatic Brain Injury

[General Notice](#)

Public Notice: Intent to Amend State Plan - Targeted Case Management for Individuals with Traumatic Brain Injury

Closed: 6/30/23 0 comments

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

CASE MANAGEMENT SERVICES

Target Group (42 Code of Federal Regulations 441.18(a)(8)(i) and 441.18(a)(9)):
Medicaid eligible individuals age 18 and older who meet the DMAS definition of traumatic brain injury (TBI). The Medicaid eligible individual shall have a physician or primary care physician documented diagnosis of a severe traumatic brain injury. Individuals under the age of 21 may receive case management services through other state plan options, including developmental disability case management, mental health and addictions treatment case management, treatment foster care case management or early intervention case management for those aged below three years who meet the criteria to receive case management services. In addition, if applicable, members may receive care management supports from the managed care organizations based on the identified traumatic brain injury condition. Brain damage secondary to other neurological insults (e.g., infection of the brain, stroke, brain tumor, Alzheimer's disease, and similar neuro-degenerative diseases) shall not be covered. The TBI shall be severe as indicated by a T-score of 50 or above on the Mayo-Portland Adaptability Inventory (MPAI-4).

Target group includes individuals transitioning to a community setting. Case-management services will be made available for up to 180 days consecutive days of a covered stay in a medical institution. (The target group does not include individuals between ages 22 and 64 who are served in Institutions for Mental Disease or individuals who are inmates of public institutions). (State Medicaid Directors Letter (SMDL), July 25, 2000)

Areas of State in which services will be provided (§1915(g)(1) of the Act):

Entire State
 Only in the following geographic areas: **[Specify areas]**

Comparability of services (§§1902(a)(10)(B) and 1915(g)(1))

Services are provided in accordance with §1902(a)(10)(B) of the Act.
 Services are not comparable in amount duration and scope (§1915(g)(1)).

Definition of services (42 CFR 440.169): Targeted case management services are defined as services furnished to assist individuals, eligible under the State Plan, in gaining access to needed medical, social, educational and other services. Targeted Case Management includes the following assistance: An individual receiving Brain Injury Services (BIS) case management services shall have an individual service plan that requires a minimum of one BIS case management service activity each month and at least one face-to-face contact with the individual at least every 90 calendar days.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

CASE MANAGEMENT SERVICES

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- ❖ Comprehensive assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social or other services, including services provided as an EPSDT service if applicable. These assessment activities include:
 - Taking client history;
 - Identifying the individual's needs and completing related documentation;
 - Gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the eligible individual; and
 - Periodic reassessments include evaluating and updating the individual's progress toward meeting the individual service plan objectives and shall occur as needed and at a minimum every 90 calendar days during a review of the individual service plan with the individual.

 - ❖ Development (and periodic revision) of a specific individual service plan that is based on the information collected through the assessment that:
 - Specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;
 - Includes activities such as ensuring the active participation of the eligible individual, and working with the individual (or the individual's authorized health care decision maker) and others to develop those goals; and
 - Identifies a course of action to respond to the assessed needs of the eligible individual.

 - ❖ Referral and related activities (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including activities that help link the individual with medical, social, educational providers, or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the individual service plan;
 - Enhancing and linking to community integration through increased opportunities for community access and involvement, such as opportunities to learn living skills to promote community adjustment to the maximum extent possible, vocational, civic, recreational services, and the use of other local community resources available to the general public;

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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- Making collateral contacts with the individual's significant others with properly authorized releases to promote implementation of the individual's individual service plan and community adjustment;
 - Assisting the individual directly to locate, develop, or obtain needed services, resources, and appropriate public benefits to promote implementation of the individual's individual service plan and community adjustment; and
 - Assuring the coordination of services and service planning within a provider agency, with other providers, and with other human service agencies and systems, such as local health and social services departments.
- ❖ Monitoring and follow-up activities:
- Activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the eligible individual's needs, and which may be with the individual, family members, service providers, or other entities or individuals and conducted as frequently as necessary, and including at least one annual monitoring, to determine whether the following conditions are met:
 - Services are being furnished in accordance with the individual's individual service plan;
 - Services in the individual service plan are adequate; and
 - Changes in the needs or status of the individual are reflected in the individual service plan. Monitoring and follow-up activities include making necessary adjustments in the individual service plan and service arrangements with providers.
 - On an annual basis, the person-centered individual service plan is conducted to review current status and changes from previous years. It also includes a review of provider plans. As needed outside the annual review, the case manager may convene a meeting to re-evaluate the appropriateness of the plan if the individual's needs have changed. Case Managers conduct reviews every 90 calendar days of their services plans and effectiveness of that plan to determine if it remains appropriate and if modifications are needed.

X Case management includes contacts with non-eligible individuals that are directly related to identifying the eligible individual's needs and care, for the purposes of helping the eligible

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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CASE MANAGEMENT SERVICES

individual access services; identifying needs and supports to assist the eligible individual in obtaining services; providing case managers with useful feedback, and alerting case managers to changes in the eligible individual's needs. (42 CFR 440.169(e))

Qualifications of providers (42 CFR 441.18(a)(8)(v) and 42 CFR 441.18(b)):

The enrolled provider shall:

- Be accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF) or other similar accreditation agency.
- Guarantee that individuals have access to emergency services on a 24-hour basis.
- Demonstrate the ability to serve individuals in need of comprehensive services regardless of the individual's ability to pay or eligibility for Medicaid reimbursement.
- Have the administrative and financial management capacity to meet state and federal requirements.
- Have the ability to document and maintain individual case records in accordance with state and federal requirements.
- Where applicable, shall not also operate a direct care Home and Community Based Services option in a locality where the individuals receiving case management also receive HCBS, in accordance with 42 CFR 441.301(c)(1)(vi).

Case management services shall be provided by a professional or professionals who meet the following criteria:

- At least a bachelor's degree from an accredited college or university or
- Licensure by the Commonwealth as a registered nurse and
- Be a Qualified Brian Injury Support Provider (QBISP) or Certified Brian Injury Specialist (CBIS)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

CASE MANAGEMENT SERVICES

Freedom of choice (42 CFR 441.18(a)(1)):

The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

1. Eligible individuals will have free choice of any qualified Medicaid provider within the specified geographic area identified in this plan.
2. Eligible individuals will have free choice of any qualified Medicaid providers of other medical care under the plan.

Freedom of Choice Exception (§1915(g)(1) and 42 CFR 441.18(b)):

N/A Target group consists of eligible individuals with developmental disabilities or with chronic mental illness. Providers are limited to qualified Medicaid providers of case management services capable of ensuring that individuals with developmental disabilities or with chronic mental illness receive needed services:

Access to Services (42 CFR 441.18(a)(2), 42 CFR 441.18(a)(3), 42 CFR 441.18(a)(6)):

The State assures the following:

- Case management (including targeted case management) services will not be used to restrict an individual's access to other services under the plan.
- Individuals will not be compelled to receive case management services, condition receipt of case management (or targeted case management) services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of case management (or targeted case management) services; and
- Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plan.

Payment (42 CFR 441.18(a)(4)):

Payment for case management or targeted 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.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

CASE MANAGEMENT SERVICES

Case Records (42 CFR 441.18(a)(7)):

Providers maintain case records that document for all individuals receiving case management as follows: (i)The name of the individual; (ii) The dates of the case management services; (iii)The name of the provider agency (if relevant) and the person providing the case management service; (iv) The nature, content, units of the case management services received and whether goals specified in the care plan have been achieved; (v) Whether the individual has declined services in the care plan; (vi) The need for, and occurrences of, coordination with other case managers; (vii) A timeline for obtaining needed services; (viii) A timeline for reevaluation of the plan.

Limitations:

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities are an integral and inseparable component of another covered Medicaid service (State Medicaid Manual (SMM) 4302.F).

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities constitute the direct delivery of underlying medical, educational, social, or other services to which an eligible individual has been referred, including for foster care programs, services such as, but not limited to, the following: research gathering and completion of documentation required by the foster care program; assessing adoption placements; recruiting or interviewing potential foster care parents; serving legal papers; home investigations; providing transportation; administering foster care subsidies; making placement arrangements. (42 CFR 441.18(c))

FFP only is available for case management services or targeted case management services if there are no other third parties liable to pay for such services, including as reimbursement under a medical, social, educational, or other program except for case management that is included in an individualized education program or individualized family service plan consistent with §1903(c) of the Act. (§§1902(a)(25) and 1905(c))

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATE- OTHER TYPES OF CARE

Reimbursement for Targeted Case Management for Individuals with Traumatic Brain Injuries

1. Targeted case management for individuals with traumatic brain injuries, as described in Attachment 3.1 A & B, Supplement 2, page 48 shall be reimbursed at a monthly rate based on the agency fee schedule. A rate model shall be developed to establish the fee schedules rate so that payment shall be consistent with economy, efficiency, quality of care, and sufficient to enlist enough providers. The same rates shall be paid to governmental and private providers. The agency's rates were set as of July 1, 2023, and are effective for services on or after that date. All rates are published on the DMAS website at www.dmas.virginia.gov.
2. Case management for individuals with traumatic brain injuries shall not be billed when it is an integral part of another Medicaid service.
3. Case management defined for another target group shall not be billed concurrently with this case management service.
4. Each entity receiving payment for this service will be required to furnish the following to the Medicaid agency, upon request:
 - a. Data on the hourly utilization of this service furnished Medicaid members; and,
 - b. Cost information by practitioner furnishing this service.
5. Future rate updates will be based on information obtained from providers and other data sources such as but not limited to the Bureau of Labor and Statistics (BLS) data.

TN No. 23-0008

Approval Date _____

Effective Date 7-1-2023

Supersedes

TN No. New Page

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

1. TRANSMITTAL NUMBER ____ _	2. STATE ____
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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)	
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	<input type="checkbox"/> 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	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

State of VIRGINIA

CASE MANAGEMENT SERVICES

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

CASE MANAGEMENT SERVICES

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

CASE MANAGEMENT SERVICES

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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CASE MANAGEMENT SERVICES

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- Guarantee that individuals have access to emergency services on a 24-hour basis.
- Demonstrate the ability to serve individuals in need of comprehensive services regardless of the individual's ability to pay or eligibility for Medicaid reimbursement.
- Have the administrative and financial management capacity to meet state and federal requirements.
- Have the ability to document and maintain individual case records in accordance with state and federal requirements.
- Where applicable, shall not also operate a direct care Home and Community Based Services option in a locality where the individuals receiving case management also receive HCBS, in accordance with 42 CFR 441.301(c)(1)(vi).

Case management services shall be provided by a professional or professionals who meet the following criteria:

- At least a bachelor's degree from an accredited college or university or
- Licensure by the Commonwealth as a registered nurse and
- Be a Qualified Brain Injury Support Provider (QBISP) or Certified Brain Injury Specialist (CBIS)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

CASE MANAGEMENT SERVICES

Freedom of choice (42 CFR 441.18(a)(1)):

The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

1. Eligible individuals will have free choice of any qualified Medicaid provider within the specified geographic area identified in this plan.
2. Eligible individuals will have free choice of any qualified Medicaid providers of other medical care under the plan.

Freedom of Choice Exception (§1915(g)(1) and 42 CFR 441.18(b)):

N/A Target group consists of eligible individuals with developmental disabilities or with chronic mental illness. Providers are limited to qualified Medicaid providers of case management services capable of ensuring that individuals with developmental disabilities or with chronic mental illness receive needed services:

Access to Services (42 CFR 441.18(a)(2), 42 CFR 441.18(a)(3), 42 CFR 441.18(a)(6)):

The State assures the following:

- Case management (including targeted case management) services will not be used to restrict an individual's access to other services under the plan.
- Individuals will not be compelled to receive case management services, condition receipt of case management (or targeted case management) services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of case management (or targeted case management) services; and
- Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plan.

Payment (42 CFR 441.18(a)(4)):

Payment for case management or targeted 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.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

CASE MANAGEMENT SERVICES

Case Records (42 CFR 441.18(a)(7)):

Providers maintain case records that document for all individuals receiving case management as follows: (i) The name of the individual; (ii) The dates of the case management services; (iii) The name of the provider agency (if relevant) and the person providing the case management service; (iv) The nature, content, units of the case management services received and whether goals specified in the care plan have been achieved; (v) Whether the individual has declined services in the care plan; (vi) The need for, and occurrences of, coordination with other case managers; (vii) A timeline for obtaining needed services; (viii) A timeline for reevaluation of the plan.

Limitations:

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities are an integral and inseparable component of another covered Medicaid service (State Medicaid Manual (SMM) 4302.F).

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities constitute the direct delivery of underlying medical, educational, social, or other services to which an eligible individual has been referred, including for foster care programs, services such as, but not limited to, the following: research gathering and completion of documentation required by the foster care program; assessing adoption placements; recruiting or interviewing potential foster care parents; serving legal papers; home investigations; providing transportation; administering foster care subsidies; making placement arrangements. (42 CFR 441.18(c))

FFP only is available for case management services or targeted case management services if there are no other third parties liable to pay for such services, including as reimbursement under a medical, social, educational, or other program except for case management that is included in an individualized education program or individualized family service plan consistent with §1903(c) of the Act. (§§1902(a)(25) and 1905(c))

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATE- OTHER TYPES OF CARE

Reimbursement for Targeted Case Management for Individuals with Traumatic Brain Injuries

1. Targeted case management for individuals with traumatic brain injuries, as described in Attachment 3.1 A & B, Supplement 2, page 48 shall be reimbursed at a monthly rate based on the agency fee schedule. A rate model shall be developed to establish the fee schedules rate so that payment shall be consistent with economy, efficiency, quality of care, and sufficient to enlist enough providers. The same rates shall be paid to governmental and private providers. The agency's rates were set as of July 1, 2023, and are effective for services on or after that date. All rates are published on the DMAS website at www.dmas.virginia.gov.
2. Case management for individuals with traumatic brain injuries shall not be billed when it is an integral part of another Medicaid service.
3. Case management defined for another target group shall not be billed concurrently with this case management service.
4. Each entity receiving payment for this service will be required to furnish the following to the Medicaid agency, upon request:
 - a. Data on the hourly utilization of this service furnished Medicaid members; and,
 - b. Cost information by practitioner furnishing this service.
5. Future rate updates will be based on information obtained from providers and other data sources such as but not limited to the Bureau of Labor and Statistics (BLS) data.

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