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Periodic Review and Small Business Impact Review Report of Findings

Agency name	DEPT OF MEDICAL ASSISTANCE SERVICES
Virginia Administrative Code (VAC) Chapter citation(s)	12 VAC 30-130
VAC Chapter title(s)	Amount, Duration, and Scope of Selected Services
Date this document prepared	8/1/2022

This information is required for executive branch review and the Virginia Registrar of Regulations, pursuant to the Virginia Administrative Process Act (APA), Executive Order 14 (as amended, July 16, 2018), the Regulations for Filing and Publishing Agency Regulations (1VAC7-10), and the **Form and Style Requirements for the Virginia Register of Regulations and Virginia Administrative Code**.

Acronyms and Definitions

Define all acronyms used in this Report, and any technical terms that are not also defined in the "Definitions" section of the regulation.

ARTS = Addiction and Recovery Treatment Services
CMM = Client Medical Management Program
DMAS = Department of Medical Assistance Services
HIPP = Health Insurance Premium Payment Program
NFs = Nursing Facilities

Legal Basis

Identify (1) the promulgating agency, and (2) the state and/or federal legal authority for the regulatory change, including the most relevant citations to the Code of Virginia or Acts of Assembly chapter number(s), if applicable. Your citation must include a specific provision, if any, authorizing the promulgating agency to regulate this specific subject or program, as well as a reference to the agency's overall regulatory authority.

The Code of Virginia § 32.1-325, grants to the Board of Medical Assistance Services the authority to administer and amend the Plan for Medical Assistance and to promulgate regulations. The Code of Virginia § 32.1-324, grants the Director of the Department of Medical Assistance Services (DMAS) the authority of the Board when it is not in session.

Alternatives to Regulation

Describe any viable alternatives for achieving the purpose of the regulation that were considered as part of the periodic review. Include an explanation of why such alternatives were rejected and why this regulation is the least burdensome alternative available for achieving its purpose.

This periodic review focuses on DMAS regulations related to multiple covered services including long-stay acute care hospitals, preadmission screening and annual resident review, drug utilization review, drug utilization review in nursing facilities (NFs), criteria for intermediate care for individuals with intellectual disabilities, the DMAS-225 adjustment process, Health Insurance Premium Payment Program (HIPP), Client Medical Management Program (CMM), treatment foster care case management, pharmacy service authorization, marketing, Addiction and Recovery Treatment Services (ARTS), and Peer Recovery Support Services.

These regulations are essential because they ensure that individuals have access to covered programs and services, with comprehensive health care delivery. There are no viable alternatives for achieving the purpose of the regulations.

Public Comment

Summarize all comments received during the public comment period following the publication of the Notice of Periodic Review, and provide the agency response. Be sure to include all comments submitted: including those received on Town Hall, in a public hearing, or submitted directly to the agency. Indicate if an informal advisory group was formed for purposes of assisting in the periodic review.

DMAS submitted its Periodic Review Report of Findings to the Town Hall on June 13, 2022. The comment period began on July 4, 2022 and ended on July 25, 2022. No public comments were received.

Effectiveness

Pursuant to § 2.2-4017 of the Code of Virginia, indicate whether the regulation meets the criteria set out in Executive Order 14 (as amended, July 16, 2018), including why the regulation is (a) necessary for the protection of public health, safety, and welfare, and (b) is clearly written and easily understandable.

The primary advantage of the Amount, Duration, and Scope of Selected Services is to facilitate access to a multitude of covered services to improve and maintain health and well-being. The regulations are necessary for the protection of public health, safety, and welfare of Medicaid members. The regulation is clearly written and easily understandable.

Decision

Explain the basis for the promulgating agency's decision (retain the regulation as is without making changes, amend the regulation, or repeal the regulation).

DMAS is not recommending any changes to these regulations because they remain essential and have no negative impact.

Small Business Impact

As required by § 2.2-4007.1 E and F of the Code of Virginia, discuss the agency's consideration of: (1) the continued need for the regulation; (2) the nature of complaints or comments received concerning the regulation; (3) the complexity of the regulation; (4) the extent to which the regulation overlaps, duplicates, or conflicts with federal or state law or regulation; and (5) the length of time since the regulation has been evaluated or the degree to which technology, economic conditions, or other factors have changed in the area affected by the regulation. Also, discuss why the agency's decision, consistent with applicable law, will minimize the economic impact of regulations on small businesses.

The regulations are not anticipated to have an adverse impact on small businesses.
