



Virginia Regulatory Town Hall

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Exempt Action Final Regulation Agency Background Document

Agency name	DEPT OF MEDICAL ASSISTANCE SERVICES
Virginia Administrative Code (VAC) citation	12 VAC 30-10, 30-20, 30-50, 30-110, 30-120, 30-130, 30-141 and 30-150
Regulation title	State Plan Under Title XIX, Administration of Medical Assistance Services, Amount, Duration and Scope of Medical and Remedial Services, Eligibility and Appeals, Waivered Services, Amount, Duration and Scope of Selected Services, Family Access to Medical Insurance Security (FAMIS), and Uninsured Medical Catastrophe Fund
Action title	Office of the Attorney General: Regulatory Reform Task Force Final Exempt Action
Final agency action date	
Document preparation date	

When a regulatory action is exempt from executive branch review pursuant to § 2.2-4002 or § 2.2-4006 of the Virginia Administrative Process Act (APA), the agency is encouraged to provide information to the public on the Regulatory Town Hall using this form.

Note: While posting this form on the Town Hall is optional, the agency must comply with requirements of the Virginia Register Act, the *Virginia Register Form, Style, and Procedure Manual*, and Executive Orders 36 (06) and 58 (99).

Summary

Please provide a brief summary of all regulatory changes, including the rationale behind such changes. Alert the reader to all substantive matters or changes. If applicable, generally describe the existing regulation.

The section(s) of the State Plan for Medical Assistance that are affected by this action are State Plan Under Title XIX (12 VAC 30-10), Administration of Medical Assistance Services (12 VAC 30-20), Amount, Duration and Scope of Medical and Remedial Services (12 VAC 30-50), Eligibility and Appeals (12 VAC 30-110), Waivered Services (12 VAC 30-120), Amount, Duration and Scope of Selected Services (12 VAC 30-130), Family Access to Medical Insurance Security (FAMIS) (12 VAC 30-141), and Uninsured Medical Catastrophe Fund (12 VAC 30-150).

Except as noted below, each change in this action is in direct response to the recommendations of the Regulatory Reform Task Force of the Office of the Attorney General. The mission of the Task Force is to review Virginia's regulatory framework to find those regulations that can be improved, updated or

amended in order to (1) better involve the people in their government, (2) ensure that regulations do not unnecessarily hinder free enterprise and (3) ensure that regulations do not place undue costs on Virginia taxpayers. Pursuant to that mission the Task Force reviewed the entirety of DMAS’ extensive regulations and made the recommendations set forth below. This package addresses only those changes that do not involve Agency discretion and are therefore appropriate for a final exempt action. The Task Force recommended a number of changes for 12 VAC 30-120 (Waivered Services), which are being addressed in a separate regulatory package streamlining and harmonizing the bulk of the waiver program regulations. There are a handful of Task Force recommended changes requiring Agency discretion; such changes are not appropriate for a final exempt action and will be addressed in a subsequent Fast-Track regulation. In addition, the Task Force recommended that DMAS provide a more readable table in 12 VAC 30-130-460 (Directions for applying patient assessment criteria); DMAS is accomplishing this as a non-regulatory action. Finally, for reasons of efficiency, there are three non-Task Force changes being added to this package to revise outdated administrative code sections concerning the Program of All-Inclusive Care for the Elderly (PACE); these changes are found in 12 VAC 30-10-150 and 12 VAC 30-50-10. DMAS is also removing the outdated term “per diem” from 12 VAC 30-10-930 (Hospital credit balance reporting). The chart below itemizes the changes being made in this action.

12VAC30-10-150	Amount, duration, and scope of services: Medically needy	Non-Task Force change – add reference to full PACE plan services in list of covered services.
12VAC30-10-930	Hospital credit balance reporting	Non-Task Force change – remove outdated “per diem” reference.
12VAC30-20-90	Confidentiality and disclosure of information concerning Medicaid applicants and recipients	Revise outdated Va. Code references.
12VAC30-20-500	Definitions	Revise outdated Va. Code references.
12VAC30-20-520	Provider appeals: general provisions	Revise outdated Va. Code references.
12VAC30-50-10	Services provided to the categorically needy with limitations	Non-Task Force change – delete reference to PACE plan services from list of covered services <i>with limitations</i> .
12VAC30-110-40	Judicial review	Revise outdated Va. Code references.
12VAC30-110-370	Final decision	Consolidate --370 and --380.
12VAC30-110-380	Transmission of the hearing record	Consolidate --370 and --380.
12VAC30-110-670	Aid to Dependent Children (ADC) Related Medically Needy Individuals	Add clarifying language.

12VAC30-110-680	SSI	Add clarifying language.
12VAC30-110-700	Transfer of assets	Add clarifying language.
12VAC30-110-720	Definitions	Add clarifying language.
12VAC30-110-741	Resource assessment required	Add clarifying language.
12VAC30-110-980	Applicability	Consolidate –980, --990 and –1000.
12VAC30-110-990	Notices	Consolidate –980, --990 and –1000.
12VAC30-110-1000	Regulatory authority	Consolidate –980, --990 and –1000.
12VAC30-110-1040	Spenddown calculation	Correct misspelling.
12VAC30-120-140	Definitions	Replace Department of Medical Assistance Services with previously defined acronym “DMAS”.
12VAC30-130-260	Appeals	Add clarifying language.
12VAC30-130-270	Definitions	Replace phrases with previously defined acronyms.
12VAC30-130-290	Scope and purpose	Replace drug utilization review with previously defined acronym “DUR”.
12VAC30-130-370	Medical quality assurance for nursing facility residents	Delete this regulation because it is repeated in 12 VAC 30-130-420.
12VAC30-130-380	Definitions	Add clarifying language.
12VAC30-130-410	Drug Use Review Committee	Delete this regulation because it is no longer applicable.

12VAC30-130-540	Definitions	Revise definition of Mental Retardation and update references.
12VAC30-130-800	Definitions	Update references and add clarifying language.
12VAC30-130-820	Client Medical Management Program for providers	Update references.
12VAC30-130-890	Plans of care; review of plans of care	Replace Comprehensive Individual Plan of Care with previously defined acronym "CIPOC".
12VAC30-130-910	Targeted case management for foster care children in treatment foster care covered services	Replace treatment foster care with previously defined acronym "TFC".
12VAC30-141-60	Request for review	Clarify language regarding appeal filing.
12VAC30-141-120	Children ineligible for FAMIS	Revise outdated Federal Code reference.
12VAC30-141-720	Request for review	Clarify language regarding appeal filing.
12VAC30-141-760	Pregnant women ineligible for FAMIS MOMS	Revise outdated Federal Code reference
12VAC30-150-40	Eligibility criteria	Revise incorrect Federal Code reference

Statement of final agency action

Please provide a statement of the final action taken by the agency including (1) the date the action was taken, (2) the name of the agency taking the action, and (3) the title of the regulation.

I hereby approve the foregoing Regulatory Review Summary with the attached amended State Plan pages and adopt the action stated therein. I certify that this final regulatory action has completed all the requirements of the Code of Virginia § 2.2-4012, of the Administrative Process Act.

Date

Patrick W. Finnerty, Director

Dept. of Medical Assistance Services

Family impact

Assess the impact of this regulatory action on the institution of the family and family stability.

These changes do not strengthen or erode the authority or rights of parents in the education, nurturing, and supervision of their children; or encourage or discourage economic self-sufficiency, self-pride, and the assumption of responsibility for oneself, one's spouse, and one's children and/or elderly parents. It does not strengthen or erode the marital commitment, but may decrease disposable family income depending upon which provider the recipient chooses for the item or service prescribed.