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State Name: Virginia

State Plan Amendment (SPA) #: 25-0005

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- 2) Companion Letter
- 3) Form CMS-179
- 4) 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

July 21, 2025

Cheryl J. Roberts, Director
Department of Medical Assistance Services
600 East Broad Street, Suite 1300
Richmond, VA 23219

Re: Virginia State Plan Amendment 25-0005

Dear Director Roberts:

The Centers for Medicare & Medicaid Services (CMS) has reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0005. This SPA adds mandatory coverage for eligible juveniles who are inmates of a public institution post-adjudication of charges in accordance with section 1902(a)(84)(D) of the Social Security Act (the Act), as added by section 5121 of the Consolidated Appropriations Act, 2023.

We conducted our review of your submittal according to statutory requirements in section 1902(a)(84)(D) of the Act. This letter informs you that Virginia's Medicaid SPA TN 25-0005 was approved on July 21, 2025, effective January 1, 2025, and will sunset on December 31, 2026.

Please note that accompanying this approval of SPA 25-0005, there is an enclosed companion letter regarding the need for Virginia to address identified actions that must be completed by December 31, 2026, to fully implement mandatory coverage in accordance with section 1902(a)(84)(D) of the Act. CMS is issuing the companion letter to document these actions and establish a timeframe for their completion.

If you have any questions, please contact Margaret Kosherzenko at (215) 861-4288 or via email at Margaret.Kosherzenko@cms.hhs.gov.

Sincerely,

Shantrina Roberts, Acting Director
Division of Program Operations

Enclosures

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

July 21, 2025

Cheryl J. Roberts, Director
Department of Medical Assistance Services
600 East Broad Street, Suite 1300
Richmond, VA 23219

Re: Virginia State Plan Amendment 25-0005 – Companion Letter

Dear Director Roberts:

The Centers for Medicare & Medicaid Services (CMS) is sending this companion letter to VA-25-0005, approved on July 21, 2025. This State Plan Amendment (SPA) amends the Medicaid State Plan to provide for mandatory coverage in accordance with section 1902(a)(84)(D) of the Social Security Act (the Act) for eligible juveniles who are incarcerated in a public institution post-adjudication of charges. As noted in the approval letter and State Plan, this SPA is effective January 1, 2025, and will sunset on December 31, 2026. The state must complete the actions identified in this letter by the sunset date. Once these actions are completed, the state should submit an SPA to remove the sunset date from the State Plan.

Effective January 1, 2025, section 1902(a)(84)(D) of the Act requires states to have an internal operational plan (IOP) and, in accordance with such plan, provide for the following for eligible juveniles as defined in section 1902(n) of the Act (individuals who are under 21 years of age and determined eligible for any Medicaid eligibility group, or individuals determined eligible for the mandatory eligibility group for former foster care children under 42 C.F.R. § 435.150 who are at least age 18 but under age 26) who are within 30 days of their scheduled date of release from a public institution following adjudication:

- In the 30 days prior to release (or not later than one week, or as soon as practicable, after release from the public institution), and in coordination with the public institution, the state must provide any screenings and diagnostic services which meet reasonable standards of medical and dental practice, as determined by the state, or as otherwise indicated as medically necessary, in accordance with the Early and Periodic Screening, Diagnostic, and Treatment requirements, including a behavioral health screening or diagnostic service.
- In the 30 days prior to release and for at least 30 days following release, the state must provide targeted case management (TCM) services, including referrals to appropriate care and services available in the geographic region of the home or residence of the eligible juvenile, where feasible, under the Medicaid State Plan (or waiver of such plan).

We appreciate the state's efforts to implement this mandatory coverage and recognize the progress that has been made as well as the complexities associated with full implementation. However, during the review of VA-25-0005, CMS identified actions that must be completed to fully implement mandatory coverage in accordance with section 1902(a)(84)(D) of the Act. CMS is issuing this companion letter to document these actions and establish a timeframe for their completion.

The state must complete the following actions by December 31, 2026, to fully implement section 1902(a)(84)(D) of the Act. Once these actions are completed the state should submit a SPA to remove the sunset date from the State Plan.

Virginia's IOP contains detailed plans and processes in each required element to operationalize section 5121. While existing eligibility and enrollment, data-sharing, and service delivery policies and procedures meet many 5121 requirements, Virginia's Department of Medical Assistance Services (DMAS) has identified changes that are still in the processes of implementation:

1. **Data-sharing processes to identify 5121-eligible youth:** DMAS is working with Virginia Department of Corrections (VADOC) and local and regional jails to augment existing Medicaid/CHIP eligibility and enrollment data-sharing processes, and with the Department of Juvenile Justice (DJJ) to establish new data-sharing arrangements to identify and notify carceral facilities of eligible 5121 youth.
2. **Processes to facilitate enrollment and billing by carceral system providers and community TCM providers:** DMAS is making the necessary changes to ensure carceral system providers who elect to do so can enroll and bill Medicaid for 5121 pre-release services to eligible youth. This requires system changes as well as outreach, training and technical assistance. DMAS is also establishing a new 5121 TCM service to be delivered by community providers pre-release and post-release.
3. **Processes for carceral facilities to share medical records and/or document compliant 5121 pre-release services, ensuring the timely provision of 5121 screenings and assessments pre-release or as soon as practicable post-release:** DMAS coordinated with carceral agencies and facilities to review existing health care services, including intake and reentry processes, and align 5121 requirements with services and routine care currently in place. DMAS confirmed in this review that existing services for both VADOC and DJJ meet many 5121 screening and diagnostic requirements. DMAS is working with carceral partners to stand up a process in which medical records will be shared with the community TCM provider during the inmate's pre-release period. The TCM provider will review these records, identify gaps in 5121 screening and diagnostics, and refer for post-release community services to address gaps and needs identified.
4. **Processes to access feasibility in carceral facilities:** DMAS is working with correctional system partners to develop processes to document (1) individuals who decline Medicaid/CHIP application or enrollment or refuse 5121 services and (2)

carceral facilities or providers who refuse to enroll or participate with Medicaid in providing and/or documenting provision of 5121-required services.

As always, CMS is available to provide technical assistance on any of these actions. If you have any questions or need any further assistance, please contact Margaret Kosherzenko at (215) 861-4288 or via email at Margaret.Kosherzenko@cms.hhs.gov.

Sincerely,

Shantrina Roberts, Acting Director
Division of Program Operations

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

1. TRANSMITTAL NUMBER

2 5 — 0 0 0 5

2. STATE

V A

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL
SECURITY ACT



XIX



XXI

4. PROPOSED EFFECTIVE DATE

1/1/2025

TO: CENTER DIRECTOR

CENTERS FOR MEDICAID & CHIP SERVICES

DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. FEDERAL STATUTE/REGULATION CITATION

§1902(a)(84)(D) of the Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2025 \$ 1,141,753

b. FFY 2026 \$ 952,951

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

New Attachment 3.1-M, pages 1 and 2

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

N/A.

9. SUBJECT OF AMENDMENT

Youth Reentry

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

Cheryl J. Roberts

13. TITLE

Agency Director

14. DATE SUBMITTED

February 25, 2025

15. RETURN TO

Department of Medical Assistance Services

600 East Broad Street, #1300

Richmond VA 23219

Attn: Policy, Regulations, and Manual Supervisor

FOR CMS USE ONLY

16. DATE RECEIVED

03/28/2025

17. DATE APPROVED

07/21/2025

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

01/01/2025

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

Shantrina Roberts

21. TITLE OF APPROVING OFFICIAL

Acting Director, Division of Program Operations

22. REMARKS

**Mandatory Coverage for
Eligible Juveniles who are
Inmates of a Public Institution
Post Adjudication of Charges**

State/Territory: Virginia

General assurances. State must indicate compliance with all four items below with a check.

☒ In accordance with section 1902(a)(84)(D) of the Social Security Act, the state has an internal operational plan and, in accordance with such plan, provides for the following for eligible juveniles as defined in 1902(nn) (individuals who are under 21 years of age and determined eligible for any Medicaid eligibility group, or individuals determined eligible for the mandatory eligibility group for former foster care children age 18 up to age 26, immediately before becoming an inmate of a public institution or while an inmate of a public institution) who are within 30 days of their scheduled date of release from a public institution following adjudication:

☒ In the 30 days prior to release (or not later than one week, or as soon as practicable, after release from the public institution), and in coordination with the public institution, any screenings and diagnostic services which meet reasonable standards of medical and dental practice, as determined by the state, or as otherwise indicated as medically necessary, in accordance with the Early and Periodic Screening, Diagnostic, and Treatment requirements, including a behavioral health screening or diagnostic service.

☒ In the 30 days prior to release and for at least 30 days following release, targeted case management services, including referrals to appropriate care and services available in the geographic region of the home or residence of the eligible juvenile, where feasible, under the Medicaid state plan (or waiver of such plan).

☒ The state acknowledges that a correctional institution is considered a public institution and may include prisons, jails, detention facilities, or other penal settings (e.g., boot camps or wilderness camps).

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing Section 5121 of the Consolidated Appropriations Act, 2023. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #85). Public burden for all of the collection of information requirements under this control number is estimated to take about 50 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN: 25-0005
Supersedes TN: New Page

Approval Date: 7/21/2025
Effective: 1/1/2025

Additional information provided (optional):

☐ No

☒ Yes [provide below]

The Department of Medical Assistance Services (DMAS) has developed an internal operational plan (IOP) for the provision of mandatory Section 5121 services, including limited pre-release services, for eligible juveniles that addresses all required components identified in State Health Official letter #24-004 (July 23, 2024). Based on the IOP, DMAS has determined all four attestations on this SPA can be affirmatively marked.

The state may determine that it is not feasible to provide the required services during the pre-release period in certain carceral facilities (e.g., identified local jails, youth correctional facilities, and state prisons) and/or certain circumstances (e.g., unexpected release or short-term stays). The state will maintain clear documentation in its internal operational plan regarding each facility and/or circumstances where the state determines that it is not feasible to provide for the required services during the pre-release period. This information is available to CMS upon request. Services will be provided post-release, including the mandatory 30 days of targeted case management, screening, and diagnostic services.

The state will maintain clear documentation in its internal operational plan indicating which carceral facility/facilities are furnishing required services during the pre-release period but not enrolling in or billing Medicaid. This information is available to CMS upon request.

The authority to provide for mandatory coverage for eligible juveniles who are inmates of a public institution post adjudication of charges will cease on December 31, 2026.

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing Section 5121 of the Consolidated Appropriations Act, 2023. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #85). Public burden for all of the collection of information requirements under this control number is estimated to take about 50 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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