



COMMONWEALTH of VIRGINIA

CHERYL J. ROBERTS
DIRECTOR

Department of Medical Assistance Services

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

DECISION BRIEF FOR:
The Honorable Janet V. Kelly
Secretary of Health and Human Resources

SUBJECT: AMENDMENT 25-020 to the PLAN for
MEDICAL ASSISTANCE entitled "Repeal of Nursing
Facility-Specific Drug Utilization Review and Updates to
Nursing Facility Survey and Certification"

ACTION NEEDED BY
October 10, 2025
RETURN TO DMAS

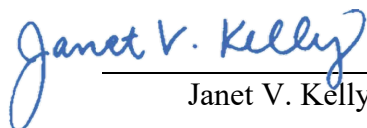
SUMMARY

1. REQUEST: The Department of Medical Assistance Services requests the approval of this Plan amendment TN No. 25-020 – "Repeal of Nursing Facility-Specific Drug Utilization Review and Updates to Nursing Facility Survey and Certification".
2. RECOMMENDATION: Recommend approval of this State Plan amendment. The funds for this amendment are already provided in the agency's appropriations. The Agency intends to forward this SPA to the Centers for Medicare and Medicaid Services Regional Office no later than October 21, 2025.

 09/17/2025
Cheryl J. Roberts, Director Date

3. SECRETARY'S ACTION: Secretary of Health and Human Resources

Approve ☒ Approve w/ Modifications _____ Deny _____

 10/02/2025
Janet V. Kelly, Date

Transmittal Summary

SPA 25-020

I. IDENTIFICATION INFORMATION

Title of Amendment: Repeal of Nursing Facility-Specific Drug Utilization Review and Updates to Nursing Facility Survey and Certification

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:

The purpose of this SPA is to:

- Delete language related to nursing facility-specific drug utilization review (DUR) in section 4.14g of the state plan. This text is obsolete and the requirement for this text was repealed by the Centers for Medicare & Medicaid Services in 1994. The DMAS DUR Board monitors nursing facilities according to the requirements in 42 CFR 456.703. 42 CFR 456.703(b) stipulates that prospective drug review and retrospective drug use review (including interventions and education) under the DUR program are not required for drugs dispensed to residents of nursing facilities that are in compliance with the drug regimen review procedures set forth in 42 CFR 483.45 (the Virginia Department of Health is responsible for evaluating nursing facilities' compliance with 42 CFR 483.45).
- Update the nursing facility state survey language to reflect that the Division of Licensure and Certification within the Virginia Department of Health has changed its name to the Office of Licensure and Certification (OLC) and OLC no longer contracts with the State Fire Marshall's Office.

Substance and Analysis: The sections of the State Plan that are affected by this amendment are "Nursing Facility Resident Drug Utilization Review" and "Eligibility Conditions and Requirements".

Impact: None.

Tribal Notice: Please see attached.

Prior Public Notice: N/A

Public Comments and Agency Analysis: N/A



Outlook

Tribal Notification

From Williams, Jimeequa (DMAS) <Jimeequa.Williams@dmass.virginia.gov>

Date Thu 9/18/2025 9:16 AM

To TribalOffice@MonacanNation.com <tribaloffice@monacannation.com>; Ann Richardson <chiefannerich@aol.com>; Pam Thompson <pamelathompson4@yahoo.com>; Rappahannock Tribe <rappahannocktrib@aol.com>; Reginald Stewart <regstew007@gmail.com>; richard.matens@pamunkey.org <richard.matens@pamunkey.org>; chief@monacannation.gov <chief@monacannation.gov>; Stephen Adkins <chiefstephenadkins@gmail.com>; bradbybrown@gmail.com <bradbybrown@gmail.com>; tabitha.garrett@ihs.gov <tabitha.garrett@ihs.gov>; kara.kearns@ihs.gov <kara.kearns@ihs.gov>; Nansemond Administrator <administrator@nansemond.gov>; info@afwellness.com <info@afwellness.com>; info@fishingpointhc.com <info@fishingpointhc.com>; Nansemond Indian Nation <contact@nansemond.gov>; brandon.custalow@mattaponination.com <brandon.custalow@mattaponination.com>; admin@umitribe.org <admin@umitribe.org>; Reels-Pearson, Lorraine (IHS/NAS/AO) <lorraine.reels-pearson@ihs.gov>; Holmes, Remedios (IHS/NAS/RIC) <remedios.holmes@ihs.gov>; Lindsey.Taylor@ihs.gov <lindsey.taylor@ihs.gov>; Lyon, Joni (IHS/NAS/AO) <joni.lyon@ihs.gov>; Howard, Joanne <joanne.howard@cit-ed.org>; chief <chief@nansemond.gov>; Nikki Bass <assistantchief@nansemond.gov>; steven.tupponce@umithealth.com <steven.tupponce@umithealth.com>; owen.adams@umitribe.gov <owen.adams@umitribe.gov>

 1 attachment (65 KB)

Tribal Notice letter (9.17.25) - signed.docx;

Good morning.

Dear Tribal Leaders and Indian Health Programs:

Attached is a Tribal Notice letter from Virginia Medicaid's Director, Cheryl J. Roberts, indicating that the Dept. of Medical Assistance Services (DMAS) plans to submit a State Plan Amendment (SPA) to the federal Centers for Medicare and Medicaid Services regarding the Repeal of Nursing Facility-Specific Drug Utilization Review and Updates to Nursing Facility Survey and Certification.

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.

-J. Williams

Jimeequa Williams

Regulatory Coordinator

Policy Division

Department of Medical Assistance Services

Hours: 7:30 a.m. - 5:00 p.m. (Monday-Thursday); 7:30 a.m. - 11:30 a.m. (Friday)

jimeequa.williams@dmass.virginia.gov

(804) 225-3508

www.dmass.virginia.gov





COMMONWEALTH of VIRGINIA

Department of Medical Assistance Services

CHERYL J. ROBERTS
DIRECTOR

September 17, 2025

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

SUBJECT: Notice of Opportunity for Tribal Comment – State Plan Amendment related to the Repeal of Nursing Facility-Specific Drug Utilization Review Language and Updates to Nursing Facility Survey and Certification Language.

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 to remove nursing facility-specific drug utilization review language and update nursing facility survey and certification language. Specifically, DMAS will:

- Delete language related to nursing facility-specific drug utilization review (DUR) in section 4.14g of the state plan. This text is obsolete and the requirement for this text was repealed by the Centers for Medicare & Medicaid Services in 1994. The DMAS DUR Board monitors nursing facilities according to the requirements in 42 CFR 456.703. 42 CFR 456.703(b) stipulates that prospective drug review and retrospective drug use review (including interventions and education) under the DUR program are not required for drugs dispensed to residents of nursing facilities that are in compliance with the drug regimen review procedures set forth in 42 CFR 483.45 (the Virginia Department of Health is responsible for evaluating nursing facilities' compliance with 42 CFR 483.45).
- Update the nursing facility state survey language to reflect that the Division of Licensure and Certification within the Virginia Department of Health has changed its name to the Office of Licensure and Certification (OLC) and OLC no longer contracts with the State Fire Marshall's Office.

We realize that the changes in this SPA may impact Medicaid members and providers, including tribal members and providers. Therefore, we encourage you to let us know if you have any comments or questions. The tribal comment period for this SPA is open through October 18, 2025. You may submit your comments directly to Jiméequa Williams, DMAS Policy Division, by phone (804) 225-3508, or via email: Jiméequa.Williams@dmas.virginia.gov. Finally, if you prefer regular mail you may send your comments or questions to:

Virginia Department of Medical Assistance Services
Attn: Jiméequa Williams
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

NURSING FACILITY RESIDENT DRUG UTILIZATION REVIEW

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§1. ~~Definitions. The following words and terms, when used in this regulation, shall have the following meanings unless the context clearly indicates otherwise:~~

~~“DMAS” means the Department of Medical Assistance Services consistent with the Code of Virginia, Chapter 10, Title 32.1, §§32.1-323 et seq.~~

~~“Drug utilization review” means a formal continuing program for assessing medical and/or drug use data against explicit standards and, as necessary, introducing remedial strategies.~~

~~“Drug Utilization Review Committee (DUR Committee)” means a committee composed of knowledgeable health care professionals who make recommendations for developing and modifying drug therapy review standards or criteria, participate in retrospective reviews, recommend remedial strategies, and evaluate the success of the interventions.~~

~~“Exceptional drug utilization pattern” means 1) a pattern of drug utilization within a nursing facility that differs substantially from predetermined standards established pursuant to §3(B); 2) individual resident’s drug use patterns that differ from the established standards; or 3) individual resident’s drug use patterns that exhibit a high risk for drug therapy induced illness.~~

~~“Retrospective drug review” means the drug utilization review process that is conducted using historic or archived medical and/or drug use data.~~

~~“Targeted facility” means a nursing facility where residents’ patterns of drug utilization demonstrate an exceptional drug utilization pattern as defined herein.~~

§2. ~~Scope~~

A. ~~Medicaid shall conduct a drug utilization review program for covered drugs prescribed for nursing facility residents. The program shall help to ensure that prescriptions are appropriate, medically necessary, and are not likely to cause adverse actions. The primary objectives are 1) improvement in the quality of care; 2) conserving program funds and individual expenditures; and 3) maintaining program integrity (i.e., controlling problems of fraud and benefit abuse).~~

B. ~~Retrospective drug utilization review will be conducted on an ongoing basis in targeted nursing facilities demonstrating exceptional drug utilization patterns.~~

TN No. 91-33 25-0020Approval Date 01-30-92Effective Date 10-01-94 10-01-25

Supersedes

TN No. N/A 91-33

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

NURSING FACILITY RESIDENT DRUG UTILIZATION REVIEW

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~~C. With the aim of improving prescribing practices, the program shall provide for ongoing educational outreach programs to educate practitioners on common drug therapy problems.~~

~~§3. Utilization Review Process~~

~~A. The program shall provide, through its drug claims processing and information retrieval systems, for the ongoing periodic examination of claims data and other records for targeted facilities to identify patterns of inappropriate or medically unnecessary care for individuals receiving benefits under Title XIX of the Social Security Act.~~

~~B. The program shall, on an ongoing basis, assess data on drug use against predetermined standards (as described in this section) including, but not limited to, monitoring for therapeutic appropriateness, overutilization and underutilization, appropriate use of generic products, therapeutic duplication, drug disease contraindications, drug/drug interactions, incorrect drug dosage or duration of treatment, clinical abuse/misuse, fraud, and, as necessary, introduce to physicians and pharmacists remedial strategies in order to improve the quality of care.~~

~~C. The Department of Medical Assistance Services may assess data on drug use against such standards as the American Hospital Formulary Service Drug Information, United States Pharmacopeia Drug Information, American Medical Association Drug Evaluations, and peer-reviewed medical literature.~~

~~§4. Drug Use Review Committee~~

~~A. DMAS shall provide for the establishment of a drug use review committee (hereinafter referred to as the "DUR Committee"). The Director of DMAS shall determine the number of members and appoint the members of the DUR committee.~~

~~B. The membership of the DUR Committee shall include health care professionals who have recognized knowledge and expertise in one or more of the following areas:~~

~~1. the clinically appropriate prescribing of covered drugs;~~

~~2. the clinically appropriate dispensing and monitoring of covered drugs;~~

TN No. 91-33 25-0020Approval Date 01-30-92Effective Date 10-01-94 10-01-25

Supersedes

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State of VIRGINIA

NURSING FACILITY RESIDENT DRUG UTILIZATION REVIEW

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3. ~~drug use review, evaluation, and intervention; and~~
 4. ~~medical quality assurance;~~
 5. ~~Clinical practice and drug therapy in the long term care setting.~~
- C. ~~The membership of the DUR Committee shall include physicians, pharmacists, and other health care professionals, including those with recognized expertise and knowledge in long term care.~~
- D. ~~Activities of the DUR Committee shall include, but not be limited to, the following:~~
1. ~~retrospective drug utilization review as defined in §2(B) of this regulation;~~
 2. ~~application of standards as defined in §3(C) of this regulation; and~~
 3. ~~ongoing interventions for physicians and pharmacists, targeted toward therapy problems of individuals identified in the course of retrospective drug use reviews.~~
- E. ~~The DUR Committee shall re-evaluate interventions after an appropriate period of time to determine if the intervention improved the quality of drug therapy, to evaluate the success of the interventions and recommend modifications as necessary.~~
- §5. ~~Medical Quality Assurance~~
- A. ~~Documentation of drug regimens in nursing facilities shall, at a minimum:~~
1. ~~Be included in a plan of care that must be established and periodically reviewed by a physician;~~
 2. ~~Indicate all drugs administered to the resident in accordance with the plan with specific attention to frequency, quantity, and type and identify who administered the drug (include full name and title); and~~
 3. ~~Include the drug regimen review prescribed for nursing facilities in regulations implementing Section 483.60 of Title 42, Code of Federal Regulations.~~
- B. ~~Documentation specified in paragraph A will serve as the basis for drug utilization reviews provided for in these regulations.~~

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Virginia

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Survey and Certification Education Program

The State has in effect the following survey and certification periodic educational program for the staff and residents (and their representatives) of nursing facilities in order to present current regulations, procedures, and policies.

The Office of Licensure and Certification (OLC) of the Virginia Department of Health State survey agency periodically conducts provider training programs and orientation of OBRA regulations and the survey process through programs or mailings. The OLC State survey agency participates in the Medicaid agency's training of facilities regarding the Resident Assessment Instrument.

TN No. 95-16 25-0020

Approval Date 01/31/96

Effective Date 11/01/95 10/01/25

Supersedes

TN No. N/A 95-16

HCFA ID: 7986E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Virginia

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Survey and Certification Education Program

The State has in effect the following process for the receipt and timely review and investigation of allegations of neglect and abuse and misappropriation of resident property by a nurse aide, or a resident in a nursing facility, or by another individual used by the facility in providing services to such a resident.

When the above described incidences involve a nurse aide, they are reported to the Board of Health Professions and, Board of Nursing. In addition, such allegations are frequently received by the facility administration which reports the allegations to the OLC ~~state survey agency~~. The OLC ~~state survey agency~~ conducts follow-up investigations.

TN No. 95-16 25-0020
Supersedes
TN No. N/A 95-16

Approval Date 01/31/96

Effective Date 11/01/95 10/01/25

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Virginia

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Procedures for Scheduling and Conduct of Standard Surveys

The State has in effect the following procedures for the scheduling and conduct of standard surveys to assure that it has taken all reasonable steps to avoid giving notice.

On-site survey schedules are only accessible to staff of the OLC ~~Department of Health, Division of Licensure and Certification~~, which conducts the surveys. After the on-site review is initiated by the OLC ~~Division inspection staff~~, the Virginia Department of Health notifies the state agency for the aging ombudsman, ~~the state fire marshal~~, and other agencies as needed.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Virginia

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Programs to Measure and Reduce Inconsistency

The State has in effect the following programs to measure and reduce inconsistency in the application of survey results among surveyors.

The OLC ~~state survey agency~~ conducts routine training program, routine information memorandums and procedural clarifications, routine team meetings, and ongoing supervisory review and monitoring of staff training needs.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Virginia

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Process for Investigations of Complaints and Monitoring

The State has in effect the following process for investigating complaints of violations of requirements by nursing facilities and monitors on-site on a regular, as needed basis, a nursing facility's compliance with the requirements of subsection (b), (c), and (d) for the following reasons:

- (i) The facility has been found not to be in compliance with such requirements and is in the process of correcting deficiencies to achieve such compliance;
- (ii) The facility was previously found not to be in compliance with such requirements and has corrected deficiencies to achieve such compliance, with verification of continued compliance is indicated; or
- (iii) The State has reason to question the compliance of the facility with such requirements.

All complaints are investigated by the OLC Virginia Department of Health, Division of Licensure and Certification, per nature of the complaint.

**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



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

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State of VIRGINIA

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State of VIRGINIA

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