

## **Table of Contents**

**State Name: Virginia**

**State Plan Amendment (SPA) #: 25-0020**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Form CMS-179
- 3) 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

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January 26, 2026

Jeffrey Lunardi, Interim Director  
Department of Medical Assistance Services  
600 East Broad Street, Suite 1300  
Richmond, VA 23219

Re: Virginia State Plan Amendment (SPA) - 25-0020

Dear Interim Director Lunardi:

The Centers for Medicare & Medicaid Services (CMS) has reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0020. This SPA updates language related to nursing facility-specific drug utilization review (DUR). Additionally, this SPA updates 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 conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations. This letter informs you that Virginia's Medicaid SPA TN 25-0020 was approved on January 26, 2026, with an effective date of October 1, 2025.

Enclosed are copies of the Form CMS-179 and approved SPA pages to be incorporated into the Virginia State Plan.

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

Sincerely,

Wendy E. Hill Petras, Acting Director  
Division of Program Operations

Enclosures

**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  
10/31/2025

17. DATE APPROVED  
01/26/2026

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL  
10/01/2025

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL  
Wendy E. Hill Petras

21. TITLE OF APPROVING OFFICIAL  
Acting Director, Division of Program Operations

22. REMARKS

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

State of VIRGINIA

**NURSING FACILITY RESIDENT DRUG UTILIZATION REVIEW**

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Virginia is in compliance with drug regimen review procedures prescribed by the Secretary for nursing facilities in regulations at Title 42, Chapter IV, Subchapter C, Part 456, Subpart K § 456.703, § 456.703(b), therefore, prospective and retrospective DUR program drugs dispensed to residents of a nursing facility are not required.

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TN No. 25-0020

Approval Date 01-26-26

Effective Date 10-01-25

Supersedes

TN No. 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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**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

State of VIRGINIA

NURSING FACILITY RESIDENT DRUG UTILIZATION REVIEW

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**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

State of Virginia

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**ELIGIBILITY CONDITIONS AND REQUIREMENTS**

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**Survey and Certification Education Program**

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**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 periodically conducts provider training programs and orientation of OBRA regulations and the survey process through programs or mailings. The OLC participates in the Medicaid agency's training of facilities regarding the Resident Assessment Instrument.

TN No. 25-0020Approval Date 01/26/26Effective Date 10/01/25

Supersedes

TN No. 95-16

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

State of Virginia

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**ELIGIBILITY CONDITIONS AND REQUIREMENTS**

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**Survey and Certification Education Program**

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**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. The OLC conducts follow-up investigations.

TN No. 25-0020Approval Date 01/26/26Effective Date 10/01/25

Supersedes

TN No. 95-16



**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

State of Virginia

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**ELIGIBILITY CONDITIONS AND REQUIREMENTS**

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**Procedures for Scheduling and Conduct of Standard Surveys**

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**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, which conducts the surveys. After the on-site review is initiated by the OLC, the Virginia Department of Health notifies the state agency for the aging ombudsman and other agencies as needed.

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

State of Virginia

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**ELIGIBILITY CONDITIONS AND REQUIREMENTS**

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**Programs to Measure and Reduce Inconsistency**

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

The OLC 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

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**ELIGIBILITY CONDITIONS AND REQUIREMENTS**

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**Process for Investigations of Complaints and Monitoring**

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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, per nature of the complaint.