COMMONWEALTH of VIRGINIA

Office of the Governor

Marvin B. Figueroa
Secretary of Health and Human Resources

June 12, 2026

Courtney Miller
Director
CMS/Center for Medicaid & CHIP Services
Medicaid & CHIP Operations Group
601 E. 12th St., Room 355
Kansas City, MO 64106

Dear Ms. Miller:

Attached for your review and approval is amendment 26-008, entitled "Removing Duplicative and Out-of-Date Language" to the Plan for Medical Assistance for the Commonwealth. I request that your office approve this change as quickly as possible.

Sincerely,

Marvin B. Figueroa

Attachment

cc: Steve Ford, Director, Department of Medical Assistance Services

Transmittal Summary

SPA 26-008

I. IDENTIFICATION INFORMATION

Title of Amendment: Removing Duplicative and Out-of-Date Language

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Purpose: This is a clean-up SPA that will remove duplicative and out-of-date language from the state plan. Specifically, this SPA will:

- Remove text that appears on page 4 of the state plan, because the same language appears on page 4.3.
- Remove obsolete text from page 6.3a of the state plan that pertains to Therapeutic Group Homes (TGHs). This text is out-of-date and refers to "Level B group homes" which DMAS no longer has. DMAS phased out the old “Level A” and “Level B” designations, consolidating them into Therapeutic Group Home services in SPA 19-002. DMAS inadvertently did not remove the language from page 6.3a in SPA 19-002, so will delete it as part of this SPA.

Substance and Analysis: The section of the State Plan that is affected by this amendment is “Amount, Duration, and Scope of Medical and Remedial Care and Services Provided to the Categorically Needy and Medically Needy”

Impact: None.

Tribal Notice: Please see attached.

Prior Public Notice: N/A.

Public Comments and Agency Analysis: N/A.

Outlook

Tribal Notice – Removing Duplicative and Out-of-Date Language

From Lee, Meredith (DMAS) <Meredith.Lee@dmas.virginia.gov>

Date Thu 5/14/2026 6:42 AM

To TribalOffice@MonacanNation.com <TribalOffice@monacannation.com>; Ann Richardson <chiefannerich@aol.com>; Pamelathompson4@yahoo.com <Pamelathompson4@yahoo.com>; rappahannocktrib@aol.com <rappahannocktrib@aol.com>; regstew007@gmail.com <regstew007@gmail.com>; Richard.matens@pamunkey.org <Richard.matens@pamunkey.org>; chief@monacannation.gov <chief@monacannation.gov>; chiefstephenadkins@gmail.com <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>; administrator@nansemond.gov <administrator@nansemond.gov>; info@afwellness.com <info@afwellness.com>; info@fishingpointhc.com <info@fishingpointhc.com>; contact@Nansemond.gov <contact@Nansemond.gov>; brandon.custalow@mattaponination.com <brandon.custalow@mattaponination.com>; admin@umitribe.org <admin@umitribe.org>; lorraine.reels-pearson@ihs.gov <lorraine.reels-pearson@ihs.gov>; remedios.holmes@ihs.gov <remedios.holmes@ihs.gov>; lindsey.taylor@ihs.gov <lindsey.taylor@ihs.gov>; joni.lyon@ihs.gov <joni.lyon@ihs.gov>; Howard, Joanne <Joanne.howard@cit-ed.org>; Chief@Nansemond.gov <Chief@Nansemond.gov>; AssistantChief@Nansemond.gov <AssistantChief@Nansemond.gov>; Tupponce, Steven <steven.tupponce@umithealth.com>; owen.adams@umitribe.gov <owen.adams@umitribe.gov>; Jennifer.Floor@ihs.gov <Jennifer.Floor@ihs.gov>

1 attachment (233 KB)

DMAS Director Steve Ford approved and signed 05.13.2026 - Tribal Notice Letter.pdf;

Dear Tribal Leaders and Indian Health Programs:

Attached is a Tribal Notice letter from Virginia Medicaid Director Steve Ford indicating that the Department of Medical Assistance Services (DMAS) plans to submit a State Plan Amendment (SPA) to the federal Centers for Medicare and Medicaid Services to remove duplicative and out-of-date language.

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! -- Meredith Lee

Meredith Lee
Policy, Regulations, and Manuals Supervisor
Policy Division
Department of Medical Assistance Services
meredith.lee@dmas.virginia.gov, (804) 371-0552
Hours: 7:00 am - 3:30 pm (Monday-Friday)
www.dmas.virginia.gov

COMMONWEALTH of VIRGINIA

STEVE FORD
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

05/14/2026

SUBJECT: Notice of Opportunity for Tribal Comment – State Plan Amendment related to Removing Duplicative and Out-of-Date 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 in order to:

- Remove text that appears on page 4 of the state plan, because the same language appears on page 4.3.

- Remove duplicative language that appears on pages 3.1 and 4.5, because the same language appears on page 8 of the state plan.

- Remove obsolete text from page 6.3a of the state plan that pertains to Therapeutic Group Homes (TGHs). This text is out-of-date and refers to "Level B group homes" which DMAS no longer has. DMAS phased out the old “Level A” and “Level B” designations, consolidating them into Therapeutic Group Home services in SPA 19-002. DMAS inadvertently did not remove the language from page 6.3a in SPA 19-002, so will delete it as part of this SPA.

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 June 13, 2026. You may submityour comments directly to Meredith Lee, DMAS Policy Division, by phone(804) 371-0552, or via email: Meredith.Lee@dmas.virginia.gov. Finally, if you prefer regular mail you may send your comments or questions to:

Virginia Department of Medical Assistance Services
Attn: Meredith Lee
600 East Broad Street
Richmond, VA 23219

Please forward this information to any interested party.

Sincerely,

Steve Ford
Director

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY
and MEDICALLY NEEDY

~~E. Mandatory lengths of stay.~~

~~a. Coverage for a normal, uncomplicated vaginal delivery shall be limited to the day of delivery plus an additional two days unless additional days are medically justified. Coverage for cesarean births shall be limited to the day of delivery plus an additional four days unless additional days are medically justified.~~

~~b. Coverage for a radical or modified radical mastectomy for treatment of disease or trauma of the breast shall be provided for a minimum of 48 hours. Coverage for a total or partial mastectomy with lymph node dissection for treatment of disease or trauma of the breast shall be provided for a minimum of 24 hours. Additional days beyond the specified minimums for radical, modified, total, or partial mastectomies may be covered if medically justified and service authorized until the Diagnosis Related Grouping methodology is fully implemented. Nothing in this regulation shall be construed as requiring the provision of inpatient coverage where the attending physician in consultation with the patient determines that a shorter period of hospital stay is appropriate.~~

F. Coverage in freestanding psychiatric hospitals shall not be available for individuals aged 21 through 64 except as allowed under 42 CFR §438.3 (e)(2). Medically necessary inpatient psychiatric care rendered in a psychiatric unit of a general acute care hospital shall be covered for all Medicaid eligible individuals, regardless of age, within the limits of coverage prescribed in this section.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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~~The components for Therapeutic Behavioral Services (Level B) to children and adolescents under age 21 are as follows:~~

~~Therapeutic supervision – Providing therapeutic feedback for any behaviors displayed and sought to be modified.~~

~~Structure for Daily Activities – Supervision and monitoring of daily functions.~~

~~Psychiatric treatment – Behavioral health services that involve a qualified provider who uses therapeutic intervention to alleviate emotional disturbances, change maladaptive patterns of behavior, and promote improvement. This can occur individually (one on one) or with a family group.~~

~~Psychoeducation – Techniques that enable a person to learn and to convey information so that it is received and understood. Communication skills refer to the set of behaviors that serve to convey information during interactions.~~

~~LMHPs and LMHP-eligible providers may perform all of the functions listed above. They may also provide guidance regarding parenting and family interaction and the plan of care or any other activity that is within the scope of practice as defined by the provider's professional licensing board, pursuant to 42 CFR 440.60.~~

~~QMHP and QMHP-eligible and paraprofessionals (QPPMHs) may perform therapeutic supervision, structure for daily activities and psychiatric treatment. They may also provide guidance regarding parenting family interaction and the plan of care. No other providers may provide the above-listed components of Therapeutic behavioral Services (Level B).~~

~~Qualifications for the providers listed are described in Supplement 1 to Attachment 3.1-A&B, pages 30 through 31.4 and at Attachment 3.1-C, pages 12.2 through 12.6 of 43.~~

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB No. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER: 26 — 0008

2. STATE: VA

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
4/1/2026

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR Part 440

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2026 $ 0
b. FFY 2027 $ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 3.1-A&B, Supplement 1, revised pages 4 and 6.3a

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*
Same as box #7.

9. SUBJECT OF AMENDMENT
Removing Duplicative and Out-of-Date Language

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
Steven Ford

13. TITLE
Director

14. DATE SUBMITTED
05/13/2026

15. RETURN TO
Department of Medical Assistance Services
600 East Broad Street, #1300
Richmond VA 23219

Attn: Policy Supervisor

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

Instructions on Back

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY
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