

## **Table of Contents**

**State/Territory Name: Virginia**

**State Plan Amendment (SPA) #: 25-0002**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Form CMS-179
- 3) Approved SPA Page

**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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August 5, 2025

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

Re: Virginia State Plan Amendment (SPA) 25-0002

Dear Director Roberts:

The Centers for Medicare & Medicaid Services (CMS) has reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0002. This SPA eliminates the requirement for Consumer Directed Services Facilitators to have an associate or bachelor's degree to provide services. Work experience shall be listed as sufficient in the list of requirements.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations at Title 42 of the Code of Federal Regulations (CFR) §440. This letter informs you that Virginia's Medicaid SPA TN 25-0002 was approved on August 5, 2025, effective July 1, 2025.

Enclosed are copies of the Form CMS-179 and the approved SPA page 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,

**Shantrina  
Roberts**

Shantrina Roberts, Acting Director  
Division of Program Operations

Digitally signed by  
Shantrina Roberts  
Date: 2025.08.05 13:38:16  
-04'00'

Enclosures

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

1. TRANSMITTAL NUMBER

2 5 — 0 0 0 2

2. STATE

V A

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL

SECURITY ACT



XIX



XXI

4. PROPOSED EFFECTIVE DATE

7/1/2025

TO: CENTER DIRECTOR

CENTERS FOR MEDICAID &amp; CHIP SERVICES

DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 440

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2025 \$ 0b. FFY 2026 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1- A&amp;B , Supplement 1, revised page 6.4.7

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

Same as box #7.

9. SUBJECT OF AMENDMENT

Requirements for Medicaid Consumer-Directed Facilitators

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, JD

13. TITLE

Agency Director

14. DATE SUBMITTED

May 30, 2025

15. RETURN TO

Department of Medical Assistance Services

600 East Broad Street, #1300

Richmond VA 23219

Attn: Regulatory Coordinator

**FOR CMS USE ONLY**

16. DATE RECEIVED

07/11/2025

17. DATE APPROVED

08/05/2025

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

07/01/2025

19. SIGNATURE OF APPROVING OFFICIAL

Shantrina Roberts

Digitally signed by Shantrina Roberts  
Date: 2025.08.05 13:38:38 -04'00'

20. TYPED NAME OF APPROVING OFFICIAL

Shantrina Roberts

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

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

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**4. Provider qualifications – consumer directed.**

a. Services facilitator. The Services Facilitator (SF) shall have a current signed participation agreement with DMAS to provide consumer directed services facilitation. The SF must possess a combination of work experience and the following knowledge, skills, and abilities:

**Knowledge of:**

- (1) Types of functional limitations and health problems that are common to individuals with disabilities, as well as strategies to reduce limitations and health problems;
- (2) Child development and developmental disabilities;
- (3) Physical assistance typically required by individuals who have physical and developmental disabilities, such as transferring, bathing techniques, bowel and bladder care, and the approximate time those activities normally take;
- (4) Equipment and environmental modifications that are commonly used and required by individuals who have physical and developmental disabilities which reduce the need for human assistance and improve safety;
- (5) Various long-term care program requirements, including nursing facility level of care criteria, Medicaid waiver services, and other federal, state, and local resources that provide personal care and respite services;
- (6) Various behavioral health program requirements;
- (7) DMAS consumer-directed personal care program requirements, as well as the administrative duties for which the individual will be responsible;
- (8) Conducting assessments (including environmental, psychosocial, and functional factors) and their uses in care planning;
- (9) Interviewing techniques;
- (10) The individual's right to make decisions about, direct the provisions of, and control his or her services, including hiring, training, managing, approving time sheets, and firing a personal care assistant;
- (11) The principles of human behavior and interpersonal relationships; and
- (12) General principles of record documentation.

**Skills in:**

- (1) Negotiating with individuals, family/caregivers, and service providers;
- (2) Assessing, supporting, observing, recording, and reporting behaviors;
- (3) Identifying, developing, and providing services to individuals who have disabilities; and
- (4) Identifying services within the established services system to meet the individual's needs.

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TN No. 25-0002

Approval Date 08-05-25

Effective Date 07-01-25

Supersedes

TN No. 17-027