



COMMONWEALTH of VIRGINIA
Office of the Governor

Janet Vestal Kelly
Secretary of Health and Human Resources

March 17, 2025

James G. Scott, Director
Division of Program Operations
Medicaid & CHIP Operations Group
Centers for Medicare and Medicaid Services
601 E. 12th St., Room 355
Kansas City, MO 64106

Dear Mr. Scott:

Attached for your review and approval is amendment 25-005, entitled "Youth Reentry" to the Plan for Medical Assistance for the Commonwealth. I request that your office approve this change as quickly as possible.

Sincerely,

A handwritten signature in blue ink that reads "Janet V. Kelly".

Janet V. Kelly

Attachment

cc: Cheryl J. Roberts, Director, Department of Medical Assistance Services

Transmittal Summary

SPA 25-005

I. IDENTIFICATION INFORMATION

Title of Amendment: Youth Reentry

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: To meet a federal mandate, DMAS is submitting this SPA on a CMS template in accordance with a CMS [State Health Official letter \(#24-004\)](#) indicating that:

“To comply with the amendments made by section 5121 of the CAA [Consolidated Appropriations Act], 2023, states must submit a Medicaid SPA attesting that the state has developed an internal operation plan, and in accordance with such plan, will provide coverage during the statutory pre- and post-release period of screening, diagnostic, and targeted case management (TCM) services for eligible juveniles who are within 30 days of release post adjudication. For Medicaid, a state must submit a SPA no later than March 31, 2025, to have an effective date of no later than January 1, 2025.”

Coverage of pre-release services is a new exception to the longstanding Medicaid inmate payment exclusion that otherwise restricts Medicaid coverage of services for individuals while incarcerated. Section 5121 of the CAA, 2023 requires states to cover screenings and diagnostic services for eligible juveniles, as well as TCM services during this transitional period out of incarceration. Services must be provided to Medicaid-eligible individuals under age 21, CHIP (FAMIS) enrolled children, and individuals up to age 26 in the Medicaid former foster youth eligibility group.

Given the complexity associated with implementing Section 5121, CMS has stated that the attestation SPA review framework will aim to balance CMS' regulatory requirements, general oversight requirements, and the statutory effective date of January 1, 2025. The framework for reviewing SPAs will be based on states' readiness to fully implement Section 5121. States will be determined as either fully ready, partially ready, or not ready to implement Section 5121. States determined partially ready or not ready to implement will be given additional time to work toward full readiness. In the interim, states determined partially ready will be allowed to claim for services in carceral facilities that are ready to participate.

Substance and Analysis: The section of the State Plan that is affected by this amendment is “Mandatory Coverage for Eligible Juveniles who are Inmates of a Public Institution Post Adjudication of Charges”

Impact: The expected increase in annual aggregate fee-for-service expenditures is \$55,468 in state general funds and \$1,141,753 in federal funds in federal fiscal year 2025. The expected increase in annual aggregate fee-for-service expenditures is \$416,582 in state general funds and \$952,951 in federal funds in federal fiscal year 2026.

Tribal Notice: Please see attached.

Prior Public Notice: N/A

Public Comments and Agency Analysis: N/A



Tribal Notice – Youth Reentry

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

Date Tue 2/25/2025 11:09 AM

To TribalOffice@MonacanNation.com <TribalOffice@MonacanNation.com>; Ann Richardson <chiefannerich@aol.com>; pamelathompson4@yahoo.com (pamelathompson4@yahoo.com) <pamelathompson4@yahoo.com>; rappahannocktrib@aol.com (rappahannocktrib@aol.com) <rappahannocktrib@aol.com>; regstew007@gmail.com (regstew007@gmail.com) <regstew007@gmail.com>; Richard.matens@pamunkey.org <Richard.matens@pamunkey.org>; Chief Diane Shields <chief@monacannation.gov>; chiefstephenadkins@gmail.com (chiefstephenadkins@gmail.com) <chiefstephenadkins@gmail.com>; bradbybrown@gmail.com (bradbybrown@gmail.com) <bradbybrown@gmail.com>; tabitha.garrett@ihs.gov (tabitha.garrett@ihs.gov) <tabitha.garrett@ihs.gov>; kara.kearns@ihs.gov (kara.kearns@ihs.gov) <kara.kearns@ihs.gov>; davehennaman@gmail.com <davehennaman@gmail.com>; 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>

📎 1 attachment (174 KB)

Tribal Notice Letter, signed by CR.pdf;

Dear Tribal Leaders and Indian Health Programs:

Attached is a letter from Virginia Medicaid Director Cheryl Roberts about an upcoming DMAS State Plan Amendment (SPA) related to youth reentry requirements pursuant to Section 5121 of the Consolidated Appropriations Act, 2023.

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

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

February 25, 2025

SUBJECT: Notice of Opportunity for Tribal Comment – State Plan Amendment related to Youth Reentry.

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 meet a federal mandate in accordance with a CMS [State Health Official letter \(#24-004\)](#) indicating that:

“To comply with the amendments made by section 5121 of the CAA [Consolidated Appropriations Act], 2023, states must submit a Medicaid SPA attesting that the state has developed an internal operation plan, and in accordance with such plan, will provide coverage during the statutory pre- and post-release period of screening, diagnostic, and targeted case management (TCM) services for eligible juveniles who are within 30 days of release post adjudication. For Medicaid, a state must submit a SPA no later than March 31, 2025, to have an effective date of no later than January 1, 2025.”

Coverage of pre-release services is a new exception to the longstanding Medicaid inmate payment exclusion that otherwise restricts Medicaid coverage of services for individuals while incarcerated. Section 5121 of the CAA, 2023 requires states to cover screenings and diagnostic services for eligible juveniles, as well as TCM services during this transitional period out of incarceration. Services must be provided to Medicaid-eligible individuals under age 21, CHIP (FAMIS) enrolled children, and individuals up to age 26 in the Medicaid former foster youth eligibility group.

The framework for reviewing SPAs will be based on states' readiness to fully implement Section 5121. States will be determined as either fully ready, partially ready, or not ready to implement Section 5121. States determined partially ready or not ready to implement will be given additional time to work toward full readiness. In the interim, states determined partially ready will be allowed to claim for services in carceral facilities that are ready to participate.

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 March 27, 2025. You may submit your 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,

A handwritten signature in black ink, appearing to read "Cheryl J. Roberts, JD". The signature is fluid and cursive, with a large initial "C" and "R".

Cheryl J. Roberts, JD
Director

**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.

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Approval Date: _____
Effective : 1/1/2025

Additional information provided (optional):

No

Yes [provide below]

The Department of Medical Assistance Services (DMAS), with the support of partner agencies Virginia Department of Corrections (VADOC), Virginia Department of Juvenile Justice (DJJ), and representatives from local and regional jails, Virginia Sheriffs' Association (VASA) and Virginia Association of Regional Jails (VARJ), 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):

1. Actions for establishing and updating an operational system for functions including data exchange
2. Procedures for Medicaid and CHIP eligibility, enrollment, notifications, and claims processing
3. Processes to ensure the timely provision of screenings and diagnostics, including provision for coverage post-release if pre-release is not practicable
4. Measures to ensure that provision of the required pre-release services does not cause release delays or increased justice involvement
5. New or updated written staff-level operational policies and procedures to reflect the new requirements
6. New or updated provider and member processes, procedures, policies, and systems related to accessing services such as case management, prior authorization, linkages with managed care plans, payment, claims processing, and data analysis
7. Training, education, and outreach actions
8. Integration with current Medicaid and CHIP operations such as disaster planning and continuity of operations, hearings and appeals, beneficiary notices, record retention, and other operational activities associated with program administration.

Based on the IOP, DMAS has determined all four attestations on this SPA can be affirmatively marked. The state's IOP is intended to be a living document and will be refined as additional information becomes available and operational readiness across facilities increases throughout the implementation process.

Virginia's IOP contains detailed plans and processes in each required element to operationalize Section 5121:
Virginia has a strong foundation for prisoner reentry, highlighted by the governor's "Stand Tall – Stay Strong – Succeed Together" Executive Order (2024) formalizing and building on reentry transformation efforts that began in April 2023. Through longstanding partnership between DMAS and state carceral agencies, Virginia has established Medicaid-carceral eligibility and enrollment processes, bi-directional data exchanges, and services provided to incarcerated individuals that satisfy many of the 5121 requirements. To reach full compliance, DMAS partnered with carceral agencies to expand the scope of current Medicaid coverage and data sharing and outline processes to document compliance and enroll providers in Medicaid.

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1. Actions for establishing and updating an operational system (including data sharing)
DMAS currently has an operational system in place enabling bi-directional data-sharing with VADOC, including local and regional jail data, helping satisfy identification and eligibility needs of potential 5121 youth across adult carceral facilities. The IOP describes the following plans in place and actions taken to build upon the existing Medicaid data exchange process.
 - VADOC/ local and regional jails: DMAS is working with VADOC and local and regional jails to augment existing data sharing processes to identify and notify carceral facilities of eligible 5121 youth.
 - DJJ: Plans are underway to establish data sharing with DJJ and its facilities for Direct Care youth, including interim processes until systems can be established.
 - All carceral facilities: DMAS worked with DOC and DJJ partners during Virginia’s 2025 General Assembly Session to support the passage of legislation clarifying legal authority for DOC, DJJ, and local and regional jails to share inmate health data with DMAS for the purpose of providing prerelease and reentry services (July 1, 2025 effective date).
2. Procedures for eligibility, enrollment, notification, and claims
DMAS’ existing CoverVA Incarcerated Unit (CVIU) eligibility and enrollment processes largely satisfy 5121 requirements. Dedicated staff manage enrollment – using specific fee-for-service carceral aid categories with limited benefits – conduct annual renewals, and process community Medicaid applications at reentry. The IOP describes eligibility, enrollment, notification, and claims procedures, including special cases such as processes for former foster youth.
 - Process for identifying former foster youth at application: Current applications ask former foster youth to self-attest, but DMAS plans to update call scripts, communication forms, and joint carceral processes to improve former foster youth identification.
3. Processes to ensure the timely provision of screening and diagnostics
DMAS coordinated with VADOC and DJJ clinical teams 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 DOC and DJJ meet many 5121 screening and diagnostic requirements. For services not compliant today, needed adjustments have been identified and are described in the IOP:
 - VADOC: VADOC will continue current intake and interim medical services, documenting records of care provided and/or inmate refusals. VADOC will share medical records with the community 5121 targeted case management (TCM) providers during the inmate’s pre-release period. The TCM will review these records, identify gaps in 5121 screening and diagnostics, and refer for post-release community services to address gaps and needs identified.
 - DJJ: DJJ will follow a similar process also coordinated through the community TCM provider who will identify potential gaps for services to be provided by DJJ pre-release and/or refer for post-release community services.
 - Local and regional jails: Individuals with short stays (average length of stay is 34 days) will have many 5121 requirements met through intake screenings. For youth with longer stays, the process will involve leveraging community 5121 TCM providers to identify potential gaps in 5121 screening and diagnostics and refer for post-release community services.

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- Assuming a length of stay long enough to provide services in the 30 days pre-release, 5121 TCM will be provided 30-days pre-release either via telehealth or in-person through community providers, such as community services boards (CSBs), who are already enrolled as Medicaid providers. A 5121 TCM case manager will continue providing services until a warm handoff to a youth's MCO or future case manager can be completed.
4. Measures to prevent release delays or continued justice involvement
DMAS' IOP will describe measures to prevent release delays or continued justice system involvement, including resources and training content for carceral partners that explicitly prohibit delayed releases or continued justice involvement due to 5121 requirements.
 5. New or updated staff-level operational policies and procedures
While existing eligibility and enrollment and service delivery policies and procedures meet many 5121 requirements, DMAS has identified carceral and Medicaid staff-level adjustments. These are described in the IOP:
 - Processes for carceral facilities to share medical records with community TCM providers – carceral facilities expressed willingness to share records and/or document compliant 5121 services.
 - Processes to document when individuals decline Medicaid/CHIP application or enrollment or refuse 5121 services.
 - Processes to document carceral facilities or providers who refuse to enroll or provide services.
 - Processes and resources for carceral facilities to help connect short-stay youth to post-release 5121 services.
 6. New or updated provider and member processes, procedures, policies, and systems
 - DMAS plans to create a new "carceral" provider specialty to enable carceral facilities to enroll with Medicaid (FFS) and bill for services provided within 5121 eligible windows and for DMAS to track services provided.
 - Rendering and ORP carceral providers will enroll as individuals within a "Group."
 - DMAS anticipates only a subset of rendering carceral providers will enroll across facilities given limited 5121 caseloads, and one ORP will enroll for each agency / region of jails.
 - DJJ plans to enroll providers at Bon Air Juvenile Correctional Center and bill for eligible screening and diagnostic services.
 - For referrals from non-enrolling providers, DMAS will document outstanding 5121 services in TCM assessments and have the enrolled TCM provider refer youth to ensure downstream services are reimbursable.
 - Community providers billing for 5121 services will use existing NPI, enrollment type, provider type, and specialty to enroll in Medicaid.
 7. Training, education, and outreach actions
 - IOP describes training, education, and outreach plans. DMAS plans to conduct comprehensive education and training for providers, correctional staff, and members across key operational processes, policies, and procedures (e.g., eligibility, claims processing, compliance).
 - DMAS has collaborated with local and regional jail associations (VASA, VARJ) throughout program design. For example, DMAS staff attended the VARJ Superintendents Meeting on February 28th to

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communicate 5121 requirements, assess existing service capabilities, and inform jails about available technical assistance (e.g., enrollment, identification).

- DMAS has engaged potential 5121 TCM providers—including Evidence-Based Associates, Tidewater Youth Services Commission, Pathways to Promise, and CSBs—to identify existing case management approaches and best practices. DMAS has surveyed CSBs on their existing relationships with carceral facilities and plans to leverage existing connections where possible.

8. Integration with current Medicaid and CHIP operations

- IOP describes 5121 integration with current Medicaid and CHIP operations such as disaster planning and continuity of operations, hearings and appeals, and beneficiary notices.
- DMAS will ensure 5121 youth receive the same or equivalent Medicaid or CHIP operational processes and beneficiary rights as non-5121 youth wherever applicable and possible.

DMAS' IOP addresses all required elements and will be updated and refined throughout implementation:

Although the IOP addresses all required components, certain processes require further development due to state authority constraints, complexities of Virginia's highly decentralized local and regional jail system, and the high percentage of youth with stays shorter than the state's Medicaid/CHIP carceral eligibility and enrollment process can accommodate. The IOP will be updated and refined throughout implementation to provide additional detail on the following:

1. Actions for establishing and updating an operational system (including data sharing)

- Bureau of Prisons/Federal Facilities: DMAS has corresponded with the Mid-Atlantic Regional Office of the Bureau of Prisons. We have determined that not enough data is accessible at this time to identify and locate Medicaid-enrolled or eligible 5121 youth when they are released from a federal facility and return to a Virginia address. We will continue our efforts to establish a connection that would allow for this identification and the delivery of post-release 5121 services in the future.
- Local Juvenile Detention Centers: DMAS is at an early stage of planning to identify post-disposition youth in 24 local Juvenile Detention Centers (JDCs). DJJ has communicated that they will encourage JDCs to share data with DMAS, but this work will be less centralized and will involve coordination with individual facilities. At this time, formal data-sharing processes between DMAS and the JDCs have not been established.

2. Procedures for eligibility, enrollment, notification, and claims

- The IOP will be updated to include additional detail on plans to identify and manage enrollment of short-stay youths, where the length of stay is shorter than current eligibility and enrollment processes (CVIU standard application today is ~45 days).

3. Processes to ensure the timely provision of screening and diagnostics

- While the overarching process for local and regional jails is in place, further work is needed to define operational plans for each facility. DMAS is in the process of meeting with facilities and designing variations suited to their needs and resources.
- DMAS' MCO contract has processes in place to un-enroll and automatically re-enroll youth if a temporary exclusion is resolved in under 60 days. DMAS is building on existing processes and

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considering options for ways that the MCOs might play a role in delivering 5121 services for short-stay youth identified after release and still in managed care.

- DMAS plans to adjust the managed care contract to enable MCOs to provide 5121 services to youth post-release as needed (e.g., release from federal facility, immediate or unexpected release).
 - DMAS plans to explore contracting a consolidated statewide provider for 5121 TCM services, to improve coordination and tracking of 5121 services and simplify processes for carceral facilities.
5. New or updated staff-level operational policies and procedures
- DMAS expects to continue refining staff-level processes to identify youth with short stays.
6. New or updated provider and member processes, procedures, policies, and systems
- State authority and funding for a new 5121 TCM benefit was included in Virginia's 2025 Appropriations Act, effective July 1, 2025. Accordingly, Virginia will submit the TCM SPA with a July 1 effective date.
 - DMAS is exploring partnership with carceral providers to enable potential consolidated billing capability.

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

1. TRANSMITTAL NUMBER ____ _	2. STATE ____
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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)	
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	<input type="checkbox"/> 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

**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).

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Additional information provided (optional):

No

Yes [provide below]

The Department of Medical Assistance Services (DMAS), with the support of partner agencies Virginia Department of Corrections (VADOC), Virginia Department of Juvenile Justice (DJJ), and representatives from local and regional jails, Virginia Sheriffs' Association (VASA) and Virginia Association of Regional Jails (VARJ), 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):

1. Actions for establishing and updating an operational system for functions including data exchange
2. Procedures for Medicaid and CHIP eligibility, enrollment, notifications, and claims processing
3. Processes to ensure the timely provision of screenings and diagnostics, including provision for coverage post-release if pre-release is not practicable
4. Measures to ensure that provision of the required pre-release services does not cause release delays or increased justice involvement
5. New or updated written staff-level operational policies and procedures to reflect the new requirements
6. New or updated provider and member processes, procedures, policies, and systems related to accessing services such as case management, prior authorization, linkages with managed care plans, payment, claims processing, and data analysis
7. Training, education, and outreach actions
8. Integration with current Medicaid and CHIP operations such as disaster planning and continuity of operations, hearings and appeals, beneficiary notices, record retention, and other operational activities associated with program administration.

Based on the IOP, DMAS has determined all four attestations on this SPA can be affirmatively marked. The state's IOP is intended to be a living document and will be refined as additional information becomes available and operational readiness across facilities increases throughout the implementation process.

Virginia's IOP contains detailed plans and processes in each required element to operationalize Section 5121: Virginia has a strong foundation for prisoner reentry, highlighted by the governor's "Stand Tall – Stay Strong – Succeed Together" Executive Order (2024) formalizing and building on reentry transformation efforts that began in April 2023. Through longstanding partnership between DMAS and state carceral agencies, Virginia has established Medicaid-carceral eligibility and enrollment processes, bi-directional data exchanges, and services provided to incarcerated individuals that satisfy many of the 5121 requirements. To reach full compliance, DMAS partnered with carceral agencies to expand the scope of current Medicaid coverage and data sharing and outline processes to document compliance and enroll providers in Medicaid.

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1. Actions for establishing and updating an operational system (including data sharing)

DMAS currently has an operational system in place enabling bi-directional data-sharing with VADOC, including local and regional jail data, helping satisfy identification and eligibility needs of potential 5121 youth across adult carceral facilities. The IOP describes the following plans in place and actions taken to build upon the existing Medicaid data exchange process.

- VADOC/ local and regional jails: DMAS is working with VADOC and local and regional jails to augment existing data sharing processes to identify and notify carceral facilities of eligible 5121 youth.
- DJJ: Plans are underway to establish data sharing with DJJ and its facilities for Direct Care youth, including interim processes until systems can be established.
- All carceral facilities: DMAS worked with DOC and DJJ partners during Virginia's 2025 General Assembly Session to support the passage of legislation clarifying legal authority for DOC, DJJ, and local and regional jails to share inmate health data with DMAS for the purpose of providing prerelease and reentry services (July 1, 2025 effective date).

2. Procedures for eligibility, enrollment, notification, and claims

DMAS' existing CoverVA Incarcerated Unit (CVIU) eligibility and enrollment processes largely satisfy 5121 requirements. Dedicated staff manage enrollment – using specific fee-for-service carceral aid categories with limited benefits – conduct annual renewals, and process community Medicaid applications at reentry. The IOP describes eligibility, enrollment, notification, and claims procedures, including special cases such as processes for former foster youth.

- Process for identifying former foster youth at application: Current applications ask former foster youth to self-attest, but DMAS plans to update call scripts, communication forms, and joint carceral processes to improve former foster youth identification.

3. Processes to ensure the timely provision of screening and diagnostics

DMAS coordinated with VADOC and DJJ clinical teams 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 DOC and DJJ meet many 5121 screening and diagnostic requirements. For services not compliant today, needed adjustments have been identified and are described in the IOP:

- VADOC: VADOC will continue current intake and interim medical services, documenting records of care provided and/or inmate refusals. VADOC will share medical records with the community 5121 targeted case management (TCM) providers during the inmate's pre-release period. The TCM will review these records, identify gaps in 5121 screening and diagnostics, and refer for post-release community services to address gaps and needs identified.
- DJJ: DJJ will follow a similar process also coordinated through the community TCM provider who will identify potential gaps for services to be provided by DJJ pre-release and/or refer for post-release community services.
- Local and regional jails: Individuals with short stays (average length of stay is 34 days) will have many 5121 requirements met through intake screenings. For youth with longer stays, the process will involve leveraging community 5121 TCM providers to identify potential gaps in 5121 screening and diagnostics and refer for post-release community services.

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- Assuming a length of stay long enough to provide services in the 30 days pre-release, 5121 TCM will be provided 30-days pre-release either via telehealth or in-person through community providers, such as community services boards (CSBs), who are already enrolled as Medicaid providers. A 5121 TCM case manager will continue providing services until a warm handoff to a youth's MCO or future case manager can be completed.
4. Measures to prevent release delays or continued justice involvement
DMAS' IOP will describe measures to prevent release delays or continued justice system involvement, including resources and training content for carceral partners that explicitly prohibit delayed releases or continued justice involvement due to 5121 requirements.
 5. New or updated staff-level operational policies and procedures
While existing eligibility and enrollment and service delivery policies and procedures meet many 5121 requirements, DMAS has identified carceral and Medicaid staff-level adjustments. These are described in the IOP:
 - Processes for carceral facilities to share medical records with community TCM providers – carceral facilities expressed willingness to share records and/or document compliant 5121 services.
 - Processes to document when individuals decline Medicaid/CHIP application or enrollment or refuse 5121 services.
 - Processes to document carceral facilities or providers who refuse to enroll or provide services.
 - Processes and resources for carceral facilities to help connect short-stay youth to post-release 5121 services.
 6. New or updated provider and member processes, procedures, policies, and systems
 - DMAS plans to create a new "carceral" provider specialty to enable carceral facilities to enroll with Medicaid (FFS) and bill for services provided within 5121 eligible windows and for DMAS to track services provided.
 - Rendering and ORP carceral providers will enroll as individuals within a "Group."
 - DMAS anticipates only a subset of rendering carceral providers will enroll across facilities given limited 5121 caseloads, and one ORP will enroll for each agency / region of jails.
 - DJJ plans to enroll providers at Bon Air Juvenile Correctional Center and bill for eligible screening and diagnostic services.
 - For referrals from non-enrolling providers, DMAS will document outstanding 5121 services in TCM assessments and have the enrolled TCM provider refer youth to ensure downstream services are reimbursable.
 - Community providers billing for 5121 services will use existing NPI, enrollment type, provider type, and specialty to enroll in Medicaid.
 7. Training, education, and outreach actions
 - IOP describes training, education, and outreach plans. DMAS plans to conduct comprehensive education and training for providers, correctional staff, and members across key operational processes, policies, and procedures (e.g., eligibility, claims processing, compliance).
 - DMAS has collaborated with local and regional jail associations (VASA, VARJ) throughout program design. For example, DMAS staff attended the VARJ Superintendents Meeting on February 28th to

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communicate 5121 requirements, assess existing service capabilities, and inform jails about available technical assistance (e.g., enrollment, identification).

- DMAS has engaged potential 5121 TCM providers—including Evidence-Based Associates, Tidewater Youth Services Commission, Pathways to Promise, and CSBs—to identify existing case management approaches and best practices. DMAS has surveyed CSBs on their existing relationships with carceral facilities and plans to leverage existing connections where possible.

8. Integration with current Medicaid and CHIP operations

- IOP describes 5121 integration with current Medicaid and CHIP operations such as disaster planning and continuity of operations, hearings and appeals, and beneficiary notices.
- DMAS will ensure 5121 youth receive the same or equivalent Medicaid or CHIP operational processes and beneficiary rights as non-5121 youth wherever applicable and possible.

DMAS' IOP addresses all required elements and will be updated and refined throughout implementation:

Although the IOP addresses all required components, certain processes require further development due to state authority constraints, complexities of Virginia's highly decentralized local and regional jail system, and the high percentage of youth with stays shorter than the state's Medicaid/CHIP carceral eligibility and enrollment process can accommodate. The IOP will be updated and refined throughout implementation to provide additional detail on the following:

1. Actions for establishing and updating an operational system (including data sharing)

- Bureau of Prisons/Federal Facilities: DMAS has corresponded with the Mid-Atlantic Regional Office of the Bureau of Prisons. We have determined that not enough data is accessible at this time to identify and locate Medicaid-enrolled or eligible 5121 youth when they are released from a federal facility and return to a Virginia address. We will continue our efforts to establish a connection that would allow for this identification and the delivery of post-release 5121 services in the future.
- Local Juvenile Detention Centers: DMAS is at an early stage of planning to identify post-disposition youth in 24 local Juvenile Detention Centers (JDCs). DJJ has communicated that they will encourage JDCs to share data with DMAS, but this work will be less centralized and will involve coordination with individual facilities. At this time, formal data-sharing processes between DMAS and the JDCs have not been established.

2. Procedures for eligibility, enrollment, notification, and claims

- The IOP will be updated to include additional detail on plans to identify and manage enrollment of short-stay youths, where the length of stay is shorter than current eligibility and enrollment processes (CVIU standard application today is ~45 days).

3. Processes to ensure the timely provision of screening and diagnostics

- While the overarching process for local and regional jails is in place, further work is needed to define operational plans for each facility. DMAS is in the process of meeting with facilities and designing variations suited to their needs and resources.
- DMAS' MCO contract has processes in place to un-enroll and automatically re-enroll youth if a temporary exclusion is resolved in under 60 days. DMAS is building on existing processes and

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considering options for ways that the MCOs might play a role in delivering 5121 services for short-stay youth identified after release and still in managed care.

- DMAS plans to adjust the managed care contract to enable MCOs to provide 5121 services to youth post-release as needed (e.g., release from federal facility, immediate or unexpected release).
 - DMAS plans to explore contracting a consolidated statewide provider for 5121 TCM services, to improve coordination and tracking of 5121 services and simplify processes for carceral facilities.
5. New or updated staff-level operational policies and procedures
- DMAS expects to continue refining staff-level processes to identify youth with short stays.
6. New or updated provider and member processes, procedures, policies, and systems
- State authority and funding for a new 5121 TCM benefit was included in Virginia's 2025 Appropriations Act, effective July 1, 2025. Accordingly, Virginia will submit the TCM SPA with a July 1 effective date.
 - DMAS is exploring partnership with carceral providers to enable potential consolidated billing capability.

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