COMMONWEALTH of VIRGINIA

Office of the Governor

Marvin B. Figueroa
Secretary of Health and Human Resources

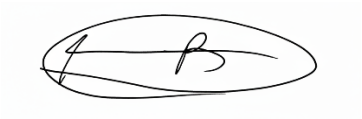
August 7, 2026

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 26-018, entitled "Autism Spectrum Disorder Service Updates" 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 26-018

I. IDENTIFICATION INFORMATION

Title of Amendment: Autism Spectrum Disorder Service Updates

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: In accordance with the 2026 Appropriation Act, Item 291.WW.2, the state plan is being revised to impose a 20 hour per week cumulative limit per recipient on autism spectrum disorder (ASD) services. (The limit can be exceeded based upon medical necessity under EPSDT.) The state plan is also being revised to require a diagnosis of ASD from a qualified licensed professional for individuals over the age of five. For individuals aged five and under, a provisional diagnosis will be required. These changes will not apply to services provided by local education agencies and reimbursed through the fee-for-service school-based services program.

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: The expected decrease in annual aggregate fee-for-service expenditures is $192,731 in state general funds and $194,293 in federal funds in federal fiscal year 2027. In federal fiscal year 2028, the expected decrease in annual aggregate fee-for service expenditures is $188,857 in state general funds and $190,387 in federal funds.

Tribal Notice: Please see attached.

Prior Public Notice: N/A.

Public Comments and Agency Analysis: N/A.

Outlook

Tribal Notice Letter - State Plan Amendment related to Autism Spectrum Disorder services

From McClellan, Emily (DMAS) <Emily.McClellan@dmas.virginia.gov>

Date Thu 7/16/2026 1:02 PM

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>; 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>; steven.tupponce@umithealth.com <steven.tupponce@umithealth.com>; owen.adams@umitribe.gov <owen.adams@umitribe.gov>; Jennifer.Floor@ihs.gov <Jennifer.Floor@ihs.gov>

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

1 attachment (59 KB)

DMAS Director Steve Ford approved and signed 07.16.2026 - Tribal Notice Letter 7-9-26.docx;

Dear Tribal Leaders and Indian Health Programs,

Attached please find a letter from DMAS Director Steve Ford about modifications to Autism Spectrum Disorder Services.

Please let me know if you have any questions.

Thank you! --Emily McClellan

Emily McClellan
Policy Division Director
Department of Medical Assistance Services
emily.mcclellan@dmas.virginia.gov 804-371-4300
Tuesday - Friday 7:00 am - 5:30 pm
www.dmas.virginia.gov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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

07/16/2026

SUBJECT: Notice of Opportunity for Tribal Comment – State Plan Amendment related to Mobile Crisis Service Modifications.

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 accordance with the 2026 Appropriation Act, Item 291.WW.2, the state plan will be revised to impose a 20 hour per week cumulative limit per recipient on autism spectrum disorder (ASD) services. (The limit can be exceeded based upon medical necessity under the early and periodic, screening, diagnostic and treatment (EPSDT) program.) The state plan is also being revised to require a diagnosis of ASD from a qualified licensed professional for individuals over the age of five. For individuals aged five and under, a provisional diagnosis will be required. These changes will not apply to services provided by local education agencies and reimbursed through the fee-for-service school-based services program.

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 August 15, 2026. 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,

Steve Ford
Director
Department of Medical Assistance Services

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

N. Autism spectrum disorder (ASD) services, including applied behavior analysis (ABA) provided under EPSDT.

Service Definition: ASD services including ABA are a preventative services benefit provided according to 42 CFR 440.130(c). These services are covered for individuals younger than 21 years of age under EPSDT. ASD services including ABA include the design, implementation, and evaluation of environmental modifications using behavioral stimuli and consequences, to produce socially significant improvement in human behavior, including the use of direct observation, measurement, and functional analysis of the relationship between environment and behavior. ASD services including ABA address deficient adaptive behaviors (e.g., instruction following, verbal and nonverbal communication, self-care, personal safety skills) or maladaptive behaviors (e.g., repetitive and stereotypic behaviors; behaviors that risk physical harm to the patient, others, and/or property) by identifying the deficient behaviors and engaging in treatment in individual, family, and group settings. Family adaptive behavior treatment is provided for the direct benefit of the beneficiary and may be provided with or without the beneficiary present. Family adaptive behavior treatment service that involves the participation of a non-Medicaid eligible is for the direct benefit of the beneficiary. The service must actively involve the beneficiary in the sense of being tailored to the beneficiary's individual needs. There may be times when, based on clinical judgment, the beneficiary is not present during the delivery of the service, but remains the focus of the service."

Provider qualifications: These services shall be provided by licensed healthcare professionals and staff under the supervision of a licensed healthcare professional in accordance with state law. Providers of Applied Behavior Analysis may include any of the following: LMHP, LMHP-S, LMHP-R, LMHP-RP (all of which are defined in 3.1A&B, pages 31 and 31.1) LABA, or RBTs (defined below).

"Licensed Assistant Behavioral Analyst" or "LABA" means a Board Certified Assistant Behavior Analyst licensed by the Virginia Board of Medicine in accordance with state law.

"Registered behavior technician" or "RBT" means a paraprofessional certified by the Behavior Analyst Certification Board.

Assessment and Family Adaptive Behavior Treatment must be provided by a LMHP. LABAs, LMHP-Rs, LMHP-RPs and LMHP-Ss may assist with these activities in accordance with state law

Limits:

1. ASD services including ABA shall be covered for individuals younger than 21 years of age when determined by DMAS or its contractor to be medically necessary to correct or ameliorate significant impairments in major life activities that have resulted from either developmental, behavioral, or mental disabilities.

2. Service authorization shall be required for these services and services are authorized based on medical necessity. (Service authorization is not required for assessment.)

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3. Services are limited to youth with a diagnosis of ASD and youth age 5 or younger with a provisional diagnosis of ASD.

a. A diagnosis of ASD must be based on a diagnostic evaluation completed by a licensed professional with expertise in evaluation of autism spectrum disorders, as defined by the Department.

b. For youth age 5 and younger at initial authorization for the service, a provisional diagnosis of autism made by a qualified prescriber or licensed practitioner within their scope of practice may be used while the youth is waiting for a full diagnostic evaluation. A provisional diagnosis may be in effect for up to one year from the initial service authorization.

c. A diagnosis or provisional diagnosis is not required for youth receiving services through Local Education Agencies as described on pages 5.0 and 5.1 of this Supplement.

4. Services may not exceed 20 hours per week. Individuals under 21 years of age qualifying under EPSDT may exceed this limit based upon medical necessity. The 20-hour limit shall not apply to youth receiving services through Local Education Agencies as described on pages 5.0 and 5.1 of this Supplement.

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: 26-0018

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
10/1/2026

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR 440

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2027 $ (194,293)
b. FFY 2028 $ (190,387)

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 3.1A&B,Supplement 1, revised pages 6.4.16 and 6.4.17

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

9. SUBJECT OF AMENDMENT
Autism Spectrum Disorder Service Updates

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
Steve Ford

13. TITLE
Agency Director

14. DATE SUBMITTED
7/16/2026

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

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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