Table of Contents

State Name: Virginia

State Plan Amendment (SPA) #: 26-0007

This file contains the following documents in the order listed:

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106

CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICAID & CHIP SERVICES

Medicaid and CHIP Operations

August 13, 2026

Steven Ford, Director
Department of Medical Assistance Services
600 East Broad Street, Suite 1300
Richmond, VA 23219

Re: Virginia State Plan Amendment (SPA) - 26-0007

Dear Director Ford:

The Centers for Medicare & Medicaid Services (CMS) has reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 26-0007. This SPA removes redundant and unnecessary language regarding physical therapy, occupational therapy, and services for individuals with speech, hearing, and language disorders. Additionally, the SPA revises the state plan to indicate that there are coverage limitations to specific home health services.

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 26-0007 was approved on August 13, 2026, with an effective date of April 1, 2026.

Enclosed are copies of the Form CMS-179 and the 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.

Sincerely,

Mandy L. Strom -S

Digitally signed by Mandy L. Strom -S
Date: 2026.08.13 16:23:03 -06'00'

Mandy L. Strom
Acting Deputy Director, Division of Program Operations

Enclosures

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 — 0007

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 440.70 and 42 CFR 440.110

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 page 29.1
Attachment 3.1-B, revised page 3

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*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

9. SUBJECT OF AMENDMENT
Updates to Physical Therapy, Occupational Therapy, Home Health Services, and Services for Individuals with Speech, Hearing and Language Disorders

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
Director

14. DATE SUBMITTED
05/14/2026

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
06/30/2026

17. DATE APPROVED
08/13/2026

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
04/01/2026

19. SIGNATURE OF APPROVING OFFICIAL
Mandy L. Strom -S
Digitally signed by Mandy L. Strom -S
Date: 2026.08.13 16:23:44 -06'00'

20. TYPED NAME OF APPROVING OFFICIAL
Mandy L. Strom

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

22. REMARKS

Instructions on Back

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

THIS PAGE IS INTENTIONALLY LEFT BLANK

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): ALL

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6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.

a. Podiatrists' Services

☒ Provided: ☐ No Limitations ☒ With Limitations*

b. Optometrists' Services

☒ Provided: ☐ No Limitations ☒ With Limitations*

c. Chiropractors' Services

☐ Provided: ☐ No Limitations ☐ With Limitations*

d. Other Practitioners' Services

☒ Provided: ☐ No Limitations ☒ With Limitations*

7. Home Health Services

a. Intermittent or part-time nursing service provided by home health agency or by a registered nurse when no home health agency exists in the area.

☒ Provided: ☐ No Limitations ☒ With Limitations*

b. Home health aide services provided by a home health agency.

☒ Provided: ☐ No Limitations ☒ With Limitations*

c. Medical supplies, equipment, and appliances suitable for use in the home.

☒ Provided: ☐ No Limitations ☒ With Limitations*

d. Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility.

☒ Provided: ☐ No Limitations ☒ With Limitations*

* Description provided on attachment. See Supplement 1 to Attachments 3.1-A and 3.1-B.