



COMMONWEALTH of VIRGINIA
Office of the Governor

Janet Vestal Kelly
Secretary of Health and Human Resources

June 13, 2025

Todd McMillion
Director
Department of Health and Human Services
Centers for Medicare and Medicaid Services
233 North Michigan Ave., Suite 600
Chicago, Illinois 60601

Dear Mr. McMillion:

Attached for your review and approval is amendment 25-002, entitled “Requirements for Medicaid Consumer-Directed Facilitators” 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
CMS, Region III

I. IDENTIFICATION INFORMATION

Title of Amendment: Requirements for Medicaid Consumer-Directed Facilitators

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.

Item 288.CCCCC of the 2024 and 2025 Appropriations Act requires DMAS to eliminate the requirement that Consumer-Directed (CD) Services Facilitators under the state plan have an Associate's or Bachelor's Degree in order to provide services. (The corresponding change occurred under home and community-based waivers. Those changes are not included in the state plan amendment but via waiver documentation.)

Purpose: The state plan is being amended to modify requirements for CD Services Facilitators to eliminate the requirement that individuals providing these services have an Associate's or Bachelor's Degree in order to provide services. Work experience shall be listed as sufficient in the list of requirements.

CD Services Facilitators provide practical skills training (such as providing information on recruiting and hiring personal care workers, managing workers and providing information on effective communication, and problem-solving) to enable families and individuals to independently direct and manage their consumer-directed services. Serving as the agent of the individual or family, the facilitator is available to assist in identifying immediate and long-term needs, developing options to meet those needs, accessing identified supports and services, and training the individual/family to be the employer.

Substance and Analysis: The section of the State Plan that is affected by this amendment is “The 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



Tribal Notification

From Williams, Jimeequa (DMAS) <Jimeequa.Williams@dmas.virginia.gov>

Date Mon 6/2/2025 11:41 AM

To TribalOffice@MonacanNation.com <tribaloffice@monacannation.com>; Ann Richardson <chiefannerich@aol.com>; Pam Thompson <pamelathompson4@yahoo.com>; Rappahannock Tribe <rappahannocktrib@aol.com>; Reginald Stewart <regstew007@gmail.com>; Richard.matens@pamunkey.org <richard.matens@pamunkey.org>; chief@monacannation.gov <chief@monacannation.gov>; Stephen Adkins <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>; Nansemond Administrator <administrator@nansemond.gov>; info@afwellness.com <info@afwellness.com>; info@fishingpointhc.com <info@fishingpointhc.com>; Nansemond Indian Nation <contact@nansemond.gov>; brandon.custalow@mattaponination.com <brandon.custalow@mattaponination.com>; admin@umitribe.org <admin@umitribe.org>; Reels-Pearson, Lorraine (IHS/NAS/AO) <lorraine.reels-peerson@ihs.gov>; Holmes, Remedios (IHS/NAS/RIC) <remedios.holmes@ihs.gov>; lindsey.taylor@ihs.gov <lindsey.taylor@ihs.gov>

📎 1 attachment (173 KB)

Tribal Notice letter (6.2.25) - FINAL (signed).pdf;

Good morning.

Dear Tribal Leaders and Indian Health Programs:

Attached is a Tribal Notice letter from Virginia Medicaid's Director, Cheryl J. Roberts, indicating that the Dept. of Medical Assistance Services (DMAS) plans to submit a State Plan Amendment (SPA) to the federal Centers for Medicare and Medicaid Services regarding Requirements for Medicaid Consumer-Directed Facilitators.

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.
-J. Williams

Jimeequa Williams

Regulatory Coordinator

Policy Division

Department of Medical Assistance Services

Hours: 7:30 a.m. - 5:00 p.m. (Monday-Thursday); 7:30 a.m. - 11:30 a.m. (Friday)

jimiequa.williams@dmas.virginia.gov

(804) 225-3508

www.dmas.virginia.gov





COMMONWEALTH of VIRGINIA

Department of Medical Assistance Services

CHERYL J. ROBERTS
DIRECTOR

SUITE 1300
600 EAST BROAD STREET
RICHMOND, VA 23219
804/786-7933
800/343-0634 (TDD)
www.dmas.virginia.gov

May 29, 2025

SUBJECT: Notice of Opportunity for Tribal Comment – Requirements for Medicaid Consumer-Directed Facilitators

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 regarding Consumer-Directed (CD) Services Facilitators. In accordance with Item 288.CCCCC of the 2025 Appropriations Act, this SPA will modify requirements for CD Services Facilitators to eliminate the requirement that individuals providing these services have an Associate's or Bachelor's Degree in order to provide services. Work experience shall be listed as sufficient in the list of requirements. (The corresponding change occurred under home and community-based waivers. Those changes are not included in the state plan amendment but via waiver documentation.)

CD Services Facilitators provide practical skills training (such as providing information on recruiting and hiring personal care workers, managing workers and providing information on effective communication, and problem-solving) to enable families and individuals to independently direct and manage their consumer-directed services. Serving as the agent of the individual or family, the facilitator is available to assist in identifying immediate and long-term needs, developing options to meet those needs, accessing identified supports and services, and training the individual/family to be the employer.

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 July 2, 2025. You may submit your comments directly to Jimeequa Williams, DMAS Policy Division, by phone (804) 225-3508, or via email: Jimeequa.Williams@dmas.virginia.gov. Finally, if you prefer regular mail you may send your comments or questions to:

Virginia Department of Medical Assistance Services
Attn: Jimeequa Williams
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". Below the signature, the word "DIRECTOR" is printed in a small, bold, sans-serif font.

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

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.

TN No. 25-0002

Approval Date _____

Effective Date 07-01-25

Supersedes

TN No. 17-027

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

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 ~~relevant education that indicates possession of~~ 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.

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

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN 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

5. FEDERAL STATUTE/REGULATION CITATION

[42 CFR 440](#)

4. PROPOSED EFFECTIVE DATE

[7/1/2025](#)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2025 \$ 0
b. FFY 2026 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

[Attachment 3.1- A&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

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