



# COMMONWEALTH of VIRGINIA

## Department of Medical Assistance Services

STEVE FORD  
DIRECTOR

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

DECISION BRIEF FOR:  
The Honorable Marvin B. Figueroa  
Secretary of Health and Human Resources

SUBJECT: AMENDMENT 26-002 to the PLAN for MEDICAL ASSISTANCE entitled "Update to Income and Eligibility Verification System Procedures"

ACTION NEEDED  
BY April 6, 2026  
RETURN TO DMAS

### SUMMARY

1. **REQUEST:** The Department of Medical Assistance Services requests the approval of this Plan amendment TN No. 26-002 – "Update to Income and Eligibility Verification System Procedures".
2. **RECOMMENDATION:** Recommend approval of this State Plan amendment (SPA). The funds for this amendment are already provided in the agency's appropriations. The Agency intends to forward this SPA to the Centers for Medicare and Medicaid Services Regional Office no later than April 13, 2026.

Steve Ford, Director

03/11/2026

Date

3. **SECRETARY'S ACTION:** Secretary of Health and Human Resources

Approve  Approve w/ Modifications \_\_\_\_\_ Deny \_\_\_\_\_

4/2/2026

Marvin B. Figueroa, Date

## Transmittal Summary

SPA 26-002

### I. IDENTIFICATION INFORMATION

Title of Amendment: Update to Income and Eligibility Verification System Procedures

### 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: DMAS has integrated additional electronic data sources to verify assets, including vehicles, to streamline existing eligibility policies. The state plan is being amended to reflect the use of these additional data sources to verify vehicle ownership and value when conducting eligibility determinations for new Medicaid applications and for existing members.

Substance and Analysis: The section of the State Plan that is affected by this amendment is "Income And Eligibility Verification System Procedures Requests to Other State Agencies".

Impact: None.

Tribal Notice: Please see attached.

Prior Public Notice: N/A

Public Comments and Agency Analysis: N/A



Outlook

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**Tribal Notification**

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**From** Williams, Jimiequa (DMAS) <Jimiequa.Williams@dmas.virginia.gov>**Date** Thu 3/12/2026 2:53 PM**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 Diane Shields <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-pearson@ihs.gov>; Holmes, Remedios (IHS/NAS/RIC) <remedios.holmes@ihs.gov>; Lindsey.Taylor@ihs.gov <lindsey.taylor@ihs.gov>; Lyon, Joni (IHS/NAS/AO) <joni.lyon@ihs.gov>; Howard, Joanne <joanne.howard@cit-ed.org>; chief <chief@nansemond.gov>; Nikki Bass <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>

1 attachment (60 KB)

Tribal Notice letter (3.12.26)-signed.docx;

Good afternoon.

Dear Tribal Leaders and Indian Health Programs:

Attached is a Tribal Notice letter from Virginia Medicaid's Director, Steve Ford, 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 the Update to Income and Eligibility Verification System Procedures.

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

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Jimiequa 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

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COMMONWEALTH of VIRGINIA  
*Department of Medical Assistance Services*

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DIRECTOR

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March 12, 2026

SUBJECT: Notice of Opportunity for Tribal Comment – State Plan Amendment related to the Update to Income and Eligibility Verification System Procedures.

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 has integrated additional electronic data sources to verify assets, including vehicles, to streamline existing eligibility policies. The state plan is being amended to reflect the use of these additional data sources to verify vehicle ownership and value when conducting eligibility determinations for new Medicaid applications and for existing members.

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 April 12, 2026. You may submit your comments directly to Jimiequa Williams, DMAS Policy Division, by phone (804) 225-3508, or via email: [Jimiequa.Williams@dmas.virginia.gov](mailto:Jimiequa.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: Jimiequa 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 "S Ford".

Steve Ford  
Director

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

State of VIRGINIA

**INCOME AND ELIGIBILITY VERIFICATION SYSTEM PROCEDURES  
REQUESTS TO OTHER STATE AGENCIES**

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The Department of Medical Assistance Services will meet all of the applicable requirements of 42 CFR Part 431 Subparts A and F and 42 CFR Part 435 with respect to the Income and Eligibility Verification System.

In addition to the federal regulatory requirements, additional information match against available electronic resources will be made for new applicants and ongoing recipients of medical assistance.

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

1. TRANSMITTAL NUMBER

2 6 — 0 0 0 2

2. STATE

V A

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

04/01/2026

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 435.948

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 4.32-A , revised page 1

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

Same as box #7.

9. SUBJECT OF AMENDMENT

Update to Income and Eligibility Verification System Procedures

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  
03/11/2026

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

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**

State of VIRGINIA

**INCOME AND ELIGIBILITY VERIFICATION SYSTEM PROCEDURES  
REQUESTS TO OTHER STATE AGENCIES**

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The Department of Medical Assistance Services will meet all of the applicable requirements of 42 CFR Part 431 Subparts A and F and 42 CFR Part 435 with respect to the Income and Eligibility Verification System.

In addition to the federal regulatory requirements, the additional information match against ~~Virginia Department of Motor Vehicles~~ available electronic resources will be made for new applicants and ongoing recipients of medical assistance.

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TN No. 86-16-26-0002 Approval Date 05-07-87 Effective Date 12-01-86 04-01-26

Supersedes

TN No. 86-16