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State Name: Virginia

State Plan Amendment (SPA) #: 26-0018

This file contains the following documents in the order listed:

1) Approval Letter
2) Form CMS-179
3) Approved SPA Pages

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

November 6, 2026

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

Re: Virginia State Plan Amendment (SPA) - 26-0018

Dear Director Ford:

The Centers for Medicare & Medicaid Services (CMS) has reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 26-0018. This SPA imposes a 20 hour per week cumulative soft limit per recipient on applied behavior analysis (ABA) 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 autism spectrum disorder (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 conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR § 440. This letter informs you that Virginia's Medicaid SPA TN 26-0018 was approved on November 6, 2026, with an effective date of January 1, 2027.

Enclosed are copies of Form CMS-179 and 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,

MEGAN K. BUCK -S
Digitally signed by MEGAN K. BUCK -S
Date: 2026.11.06 14:42:48 -06'00'

Megan K. Buck
Director, Division of Program Operations

Enclosures

cc: Meredith Lee
Emily McClellan
Jimeequa Williams

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
1/1/2027

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR 440

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2027 $ (172,637)
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: 08/17/2026

17. DATE APPROVED: 11/06/2026

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL: 01/01/2027

19. SIGNATURE OF APPROVING OFFICIAL: MEGAN K. BUCK -S
Digitally signed by MEGAN K. BUCK -S
Date: 2026.11.06 14:43:11 -06'00'

20. TYPED NAME OF APPROVING OFFICIAL: Megan K. Buck

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

22. REMARKS

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.)

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

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.