

Table of Contents

State Name: Virginia

State Plan Amendment (SPA) #: 25-0016

This file contains the following documents in the order listed:

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

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



Medicaid and CHIP Operations

March 11, 2026

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

Re: Virginia State Plan Amendment (SPA) - 25-0016

Dear Director Ford:

The Centers for Medicare & Medicaid Services (CMS) has reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0016. This amendment updates language regarding Patient Pay Deductions.

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 25-0016 was approved on March 11, 2026, with an effective date of July 1, 2026.

Enclosed are copies of the Form CMS-179 and approved SPA page 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,

WENDY E. HILL
PETRAS -S

Digitally signed by WENDY
E. HILL PETRAS -S
Date: 2026.03.11 08:27:57
-07'00'

Wendy E. Hill Petras, Acting Director
Division of Program Operations

Enclosures

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

1. TRANSMITTAL NUMBER

2 5 — 0 0 1 6

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

7/1/2026

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 435.700 et seq.

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2026 \$ (114,801)
b. FFY 2027 \$ (245,735)

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 2.6A, Supplement 3, page 1

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Same as box #7.

9. SUBJECT OF AMENDMENT

Patient Pay Deductions

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 Roberts

13. TITLE
Director

14. DATE SUBMITTED
7/3/2025

15. RETURN TO

Department of Medical Assistance Services
600 East Broad Street, #1300
Richmond VA 23219

Attn:

FOR CMS USE ONLY

16. DATE RECEIVED
08/11/2025

17. DATE APPROVED
03/11/2026

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
07/01/2026

19. SIGNATURE OF APPROVING OFFICIAL
WENDY E. HILL PETRAS - S
Digitally signed by WENDY E. HILL PETRAS - S
Date: 2026.03.11 08:27:10 -0700

20. TYPED NAME OF APPROVING OFFICIAL
Wendy E. Hill Petras

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

22. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

**REASONABLE LIMITS ON AMOUNTS FOR NECESSARY MEDICAL OR
REMEDIAL CARE NOT COVERED UNDER MEDICAID**

Reasonable Limits on Amounts for Necessary Medical or Remedial Care Not Covered Under Medicaid.

A. The Department of Medical Assistance Services (DMAS) meets the requirements of 42 C.F.R. §435.733 and §435.832 and §1924 of the Social Security Act, in that DMAS will deduct amounts for incurred expenses for medical or remedial care that are not subject to payment by a third party, including medically necessary or remedial care recognized under State law but not covered under the State's Medicaid plan subject to reasonable limits.

B. All medical or remedial goods and services not subject to payment by a third party and not reimbursed by Medicaid but recognized under State law, must be medically necessary as determined by the attending provider and prescribed or ordered by a physician, dentist, podiatrist or other practitioner with prescribing authority pursuant to Virginia law.

C. For medical and remedial goods and services costing more than \$500, the maximum amount that may be deducted from the patient's income shall be the lower of:

1. the Medicaid rate for the same items or services, or, if there is no Medicaid rate, 80% of the Medicare rate for the same items or services; or
2. the provider's usual and customary charge; or
3. the provider's billed amount.

D. Claims for incurred medical or remedial care expenses must be submitted to DMAS or its designee within 90 calendar days after the invoice date.

E. No deductions shall be permitted for medical or remedial care expenses that were incurred as the result of imposition of a transfer of assets penalty period.

_ TN No. 25-0016

Approval Date 03/11/26

Effective Date 07/01/26

Supersedes

TN No. 04-07