

## **Table of Contents**

**State Name: Virginia**

**State Plan Amendment (SPA) #: 26-0002**

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

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May 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) - 26-0002

Dear Director Ford:

The Centers for Medicare & Medicaid Services (CMS) has reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 26-0002. This SPA updates language regarding Income and Eligibility Verification Systems Procedures.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations Title 42 of the Code of Federal Regulations (CFR) §435.948. This letter informs you that Virginia's Medicaid SPA TN 26-0002 was approved on May 13, 2026, with an effective date of April 1, 2026.

Enclosed are copies of the Form CMS-179 and the 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](mailto:Margaret.Kosherzenko@cms.hhs.gov).

Sincerely,

Nicole M. Mcknight - Digitally signed by Nicole M.  
S Mcknight -S  
Date: 2026.05.13 16:46:37 -04'00'

Nicole McKnight  
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 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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)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  
04/14/2026

17. DATE APPROVED  
05/13/2026

**PLAN APPROVED - ONE COPY ATTACHED**

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

19. SIGNATURE OF APPROVING OFFICIAL

Nicole M. Mcknight -S  
Digitally signed by Nicole M. Mcknight -S  
Date: 2026.05.13 16:46:55 -04'00'

20. TYPED NAME OF APPROVING OFFICIAL  
Nicole McKnight

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

**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.