



COMMONWEALTH of VIRGINIA

Office of the Governor

Marvin B. Figueroa
Secretary of Health and Human Resources

May 27, 2026

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 26-005, entitled "Update to Case Management Services" 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 black ink, appearing to read "M. B. Figueroa", enclosed within a hand-drawn oval.

Marvin B. Figueroa

Attachment

cc: Steve Ford, Director, Department of Medical Assistance Services
CMS, Region III

Transmittal Summary

SPA 26-005

I. IDENTIFICATION INFORMATION

Title of Amendment: Update to Case Management Services

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:

This SPA will remove redundant and unnecessary case management language from pages 17 through 21 in Attachment 3.1-A&B, Supplement (Supp) 2 of the state plan. This text duplicates language that appears on pages 36 through 39.3 in Attachment 3.1 A&B, Supp 2, so it needs to be removed from the state plan.

This SPA will also remove the offensive term “mental retardation” from page 47 of Attachment 3.1-A&B, Supp 2 of the state plan, and replaces it with “intellectual disabilities.”

Substance and Analysis: The section of the State Plan that is affected by this amendment is “Case Management Services”.

Impact: None.

Tribal Notice: Please see attached.

Prior Public Notice: N/A

Public Comments and Agency Analysis: N/A



Outlook

Tribal Notification

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

Date Wed 5/6/2026 10:13 AM

To TribalOffice@MonacanNation.com <TribalOffice@monacannation.com>; Ann Richardson <chiefannerich@aol.com>; Pamelathompson4@yahoo.com <Pamelathompson4@yahoo.com>; rappahannocktrib@aol.com <rappahannocktrib@aol.com>; regstew007@gmail.com <regstew007@gmail.com>; Richard.matens@pamunkey.org <Richard.matens@pamunkey.org>; chief@monacannation.gov <chief@monacannation.gov>; chiefstephenadkins@gmail.com <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>; administrator@nansemond.gov <administrator@nansemond.gov>; info@afwellness.com <info@afwellness.com>; info@fishingpointhc.com <info@fishingpointhc.com>; contact@Nansemond.gov <contact@Nansemond.gov>; brandon.custalow@mattaponination.com <brandon.custalow@mattaponination.com>; admin@umitribe.org <admin@umitribe.org>; lorraine.reels-pearson@ihs.gov <lorraine.reels-pearson@ihs.gov>; remedios.holmes@ihs.gov <remedios.holmes@ihs.gov>; lindsey.taylor@ihs.gov <lindsey.taylor@ihs.gov>; joni.lyon@ihs.gov <joni.lyon@ihs.gov>; Howard, Joanne <Joanne.howard@cit-ed.org>; Chief@Nansemond.gov <Chief@Nansemond.gov>; AssistantChief@Nansemond.gov <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 (56 KB)

Tribal Notice letter (5.4.26) - signed.docx;

Good morning.

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 Case Management Services.

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)
jimeequa.williams@dmas.virginia.gov

(804) 225-3508

www.dmas.virginia.gov





COMMONWEALTH of VIRGINIA
Department of Medical Assistance Services

STEVE FORD
DIRECTOR

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

May 6, 2026

SUBJECT: Notice of Opportunity for Tribal Comment – State Plan Amendment related to the Update of Case Management Services Language.

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 to remove redundant and unnecessary case management language from pages 17 through 21 in Attachment 3.1-A&B, Supplement (Supp) 2 of the state plan. This text duplicates language that appears on pages 36 through 39.3 in Attachment 3.1 A&B, Supp 2, so it needs to be removed from the state plan. This SPA will also remove the offensive term “mental retardation” from page 47 of Attachment 3.1-A&B, Supp 2 of the state plan, and replace it with “intellectual disabilities.”

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 June 8, 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. 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 blue ink, appearing to read "S Ford".

Steve Ford
Director

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

CASE MANAGEMENT SERVICES

- F. The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of §1902(a)(23) of the Act.
 - 1. Eligible recipients will have free choice of the providers of case management services.
 - 2. Eligible recipients will have free choice of the providers of other medical care under the plan.

- G. Payments for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

CASE MANAGEMENT SERVICES

3. Providers shall not be reimbursed for case management services provided for these following groups when these children also fall within the target group for early intervention case management as set out herein:
 - a. Seriously Mentally Ill Adults and Emotionally Disturbed Children (Section 2 of Supplement 2 to Attachment 3.1-A page 2 of 25)
 - b. Youth at Risk of Serious Emotional Disturbance (Section 3 of Supplement 2 to Attachment 3.1-A p 7 of 25)
 - c. Individuals with Intellectual Disabilities (Section 4 of Supplement 2 to Attachment 3.1-A p 12 of 25)
4. Case management shall be reimbursed only when all of the following conditions are met:
 - a. At least one documented case management service is furnished during the month, and;
 - b. The provider is certified by DBHDS and enrolled with DMAS as an Early Intervention Case Management provider.

TN No. 26-0005 Approval Date _____ Effective Date 04-01-26

Supersedes
TN No. 11-16

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

1. TRANSMITTAL NUMBER

2 6 — 0 0 0 5

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

4/1/2026

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 440.169

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 3.1-A&B, Supplement 2, revised pages 17 through 21;
Attachment 3.1-A&B, Supplement 2, revised page 47

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

Same as box #7

9. SUBJECT OF AMENDMENT

Update to Case Management Services

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 05.04.2026

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

CASE MANAGEMENT SERVICES

- F. The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of §1902(a)(23) of the Act.
1. Eligible recipients will have free choice of the providers of case management services.
 2. Eligible recipients will have free choice of the providers of other medical care under the plan.
- G. Payments for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

~~§5. Individuals with mental retardation and related conditions who are participants in the Home and Community Based Care waivers for persons with mental retardation and related conditions. (12 VAC 30-50-450)~~

- ~~A. Target group: Medicaid eligible individuals with mental retardation and related conditions, or a child under 6 years of age who is at developmental risk, who have been determined to be eligible for Home and Community Based Care Waiver Services for persons with mental retardation and related conditions.~~
- ~~1. An active client for waiver case management shall mean an individual who receives at least one face to face contact every 90 days and monthly on going case management interactions. There shall be no maximum service limits for case management services. Case management services may be initiated up to 3 months prior to the start of waiver services, unless the individual is institutionalized.~~
 - ~~2. There shall be no maximum service limits for case management services except case management services for individuals residing in institutions or medical facilities. For these individuals, reimbursement for case management shall be limited to thirty days immediately preceding discharge. Case management for institutionalized individuals may be billed for no more than two pre-discharge periods in twelve months.~~

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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~~B. Areas of State in which services will be provided:~~

~~Entire State~~

~~Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than Statewide:~~

~~C. Comparability of Services~~

~~Services are provided in accordance with section 1902(a)(10)(B) of the Act.~~

~~Services are not comparable in amount, duration, and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.~~

~~D. Definition of Services: Mental retardation case management services to be provided include:~~

~~1. Assessment and planning services, to include developing a Consumer Service Plan (does not include performing medical and psychiatric assessment but does not include referral for such assessment);~~

~~2. Linking the individual to services and supports specified in the consumer service plan;~~

~~3. Assisting the individual directly for the purpose of locating, developing or obtaining needed services and resources;~~

~~4. Coordinating services with other agencies and providers involved with the individual;~~

~~5. Enhancing community integration by contacting other entities to arrange community access and involvement, including opportunities to learn community living skills, and use vocational, civic and recreational services;~~

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

CASE MANAGEMENT SERVICES

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- ~~6. Making collateral contacts with the individual's significant others to promote implementation of the service plan and community adjustment; and~~
 - ~~7. Following up and monitoring to assess ongoing progress and ensuring services are delivered; and~~
 - ~~8. Education and counseling which guides the client and develop a supportive relationship that promotes the service plan.~~
- ~~E. Qualifications of Providers:~~
- ~~1. Services are not comparable in amount, duration, and scope. Authority of §1915(g)(1) of the Act is invoked to limit case management providers for individuals with mental retardation and serious/chronic mental illness to the Community Services Boards only to enable them to provide services to seriously or chronically mentally ill or mentally retarded individuals without regard to the requirements of §1902(a)(10)(B) of the Act.~~
 - ~~2. To qualify as a provider of services through DMAS for rehabilitative mental retardation case management, the provider of the services must meet certain criteria. These criteria shall be:~~
 - ~~a. The provider must guarantee that clients have access to emergency services on a 24 hour basis;~~
 - ~~b. The provider must demonstrate the ability to serve individuals in need of comprehensive services regardless of the individuals' ability to pay or eligibility for Medicaid reimbursement;~~
 - ~~c. The provider must have the administrative and financial management capacity to meet state and federal requirements;~~
 - ~~d. The provider must have the ability to document and maintain individual case records in accordance with state and federal requirements;~~
 - ~~e. The services shall be in accordance with the Virginia Comprehensive State Plan for Mental Health, Mental Retardation and Substance Abuse Services; and~~
 - ~~f. The provider must be certified as a mental retardation case management agency by the DMHMRSAS.~~

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

CASE MANAGEMENT SERVICES

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3. ~~Providers may bill for Medicaid mental retardation case management only when the services are provided by qualified mental retardation case managers. The case manager must possess a combination of mental retardation work experience or relevant education which indicates that the individual possesses the following knowledge, skills, and abilities, at the entry level. These must be documented or observable in the application form or supporting documentation or in the interview (with appropriate documentation).~~

a. ~~Knowledge of:~~

- ~~(1) the definition, causes and program philosophy of mental retardation~~
- ~~(2) treatment modalities and intervention techniques, such as behavior management, independent living skills training, supportive counseling, family education, crisis intervention, discharge planning and service coordination;~~
- ~~(3) different types of assessments and their uses in program planning~~
- ~~(4) consumers' rights~~
- ~~(5) local service delivery systems, including support services~~
- ~~(6) types of mental retardation programs and services~~
- ~~(7) effective oral, written and interpersonal communication principles and techniques~~
- ~~(8) general principles of record documentation~~
- ~~(9) the service planning process and the major components of a service plan~~

b. ~~Skills in:~~

- ~~(1) interviewing~~
- ~~(2) negotiating with consumers and service providers~~
- ~~(3) observing, records and reporting behaviors~~
- ~~(4) identifying and documenting a consumer's needs for resources, services and other assistance~~
- ~~(5) identifying services within the established service system to meet the consumer's needs~~
- ~~(6) coordinating the provision of services by diverse public and private providers~~

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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CASE MANAGEMENT SERVICES

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~~(7) analyzing and planning for the service needs of mentally retarded persons~~

~~(8) formulating, writing and implementing individualized consumer service plans to promote goal attainment for individuals with mental retardation~~

~~(9) using assessment tools.~~

~~e. Abilities to:~~

~~(1) demonstrate a positive regard for consumers and their families (e.g., treating consumers as individuals, allowing risk taking, avoiding stereotypes of mentally retarded people, respecting consumers' and families' privacy, believing consumers can grow)~~

~~(2) be persistent and remain objective~~

~~(3) work as team member, maintaining effective inter and intra agency working relationships~~

~~(4) work independently, performing positive duties under general supervision~~

~~(5) communicate effectively, verbally and in writing~~

~~(6) establish and maintain ongoing supportive relationships.~~

~~F. The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of §1902(a)(23) of the Act.~~

~~1. Eligible recipients will have free choice of the providers of case management services.~~

~~2. Eligible recipients will have free choice of the providers of other medical care under the plan.~~

~~G. Payment for case management services under the plan shall not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.~~

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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CASE MANAGEMENT SERVICES

3. Providers shall not be reimbursed for case management services provided for these following groups when these children also fall within the target group for early intervention case management as set out herein:
- a. Seriously Mentally Ill Adults and Emotionally Disturbed Children (Section 2 of Supplement 2 to Attachment 3.1-A page 2 of 25)(~~12VAC30-50-420~~)
 - b. Youth at Risk of Serious Emotional Disturbance (Section 3 of Supplement 2 to Attachment 3.1-A p 7 of 25)(~~12VAC30-50-430~~)
 - c. Individuals with ~~Mental Retardation~~ Intellectual Disabilities (Section 4 of Supplement 2 to Attachment 3.1-A p 12 of 25)(~~12VAC30-50-440~~)
 - d. ~~Individuals with Mental Retardation and Related Conditions who are participants in the home and community based care waivers for persons with mental retardation and related conditions (Section 5 of Supplement 2 to Attachment 3.1 A p 17 of 25)(12VAC30-50-450)~~
4. Case management shall be reimbursed only when all of the following conditions are met:
- a. At least one documented case management service is furnished during the month, and;
 - b. The provider is certified by DBHDS and enrolled with DMAS as an Early Intervention Case Management provider.

TN No. ~~11-16-26-0005~~ Approval Date ~~09-25-12~~ Effective Date ~~10-11-16-04-01-26~~

Supersedes

TN No. New
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