

Table of Contents

State/Territory Name: **Virginia**

State Plan Amendment (SPA) #: **24-0007**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

VA - Submission Package - VA2024MS00030 - (VA-24-0007) - Administration

Summary Reviewable Units Versions Analyst Notes **Approval Letter** Transaction Logs News Related Actions

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Medicaid & CHIP Operations Group
601 East 12th Street Room 355
Kansas City, MO 64106



Center for Medicaid & CHIP Services

November 01, 2024

Cheryl J. Roberts
Director
Department of Medical Assistance Services
600 E. Broad Street
Richmond, VA 23219

Re: Approval of State Plan Amendment VA-24-0007

Dear Cheryl J. Roberts,

On October 17, 2024, the Centers for Medicare & Medicaid Services (CMS) received Virginia State Plan Amendment (SPA) VA-24-0007 to update state plan assurances in accordance with federally mandated quality reporting requirements for the Child Core Set and the behavioral health quality measures on the Adult Core Set outlined in 42 CFR 431.16 and 437.10 through 437.15.

We approve Virginia State Plan Amendment (SPA) VA-24-0007 with an effective date(s) of October 01, 2024.

If you have any questions regarding this amendment, please contact Margaret Kosherzenko at Margaret.Kosherzenko@cms.hhs.gov.

Sincerely,
James G. Scott
Director, Division of Program Operations
Center for Medicaid & CHIP Services

VA - Submission Package - VA2024MS00030 - (VA-24-0007) - Administration

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- Summary
- Reviewable Units**
- Versions
- Analyst Notes
- Approval Letter
- Transaction Logs
- News
- Related Actions

[← All Reviewable Units](#)

[Submission - Public Comment →](#)

[View Compare Doc](#)

Submission - Summary

MEDICAID | Medicaid State Plan | Administration | VA2024MS00030 | VA-24-0007

[↓ Spell Check Instructions](#) | [🔔 Request System Help](#)

CMS-10434 OMB 0938-1188

Not Started

In Progress

Complete

Package Header

Package ID	VA2024MS00030	SPA ID	VA-24-0007
Submission Type	Official	Initial Submission Date	10/17/2024
Approval Date	11/01/2024	Effective Date	N/A
Superseded SPA ID	N/A		

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[VIEW ALL RESPONSES](#)

State Information

[Collapse](#)

State/Territory Name: Virginia

Medicaid Agency Name: Department of Medical Assistance Services

Submission Component

[Collapse](#)

- State Plan Amendment
- Medicaid
- CHIP

Submission Type

[Collapse](#)

- Official Submission Package
- Draft Submission Package

Selecting Official Submission Package means that the official 90-day review period will start upon submission.

Allow this official package to be viewable by other states?

- Yes
- No

Key Contacts

[Collapse](#)

Name	Title	Phone Number	Email Address	Program
Lee, Meredith	Regulatory Supervisor	(804)371-0552	meredith.lee@dmas.virginia.gov	Medicaid

SPA ID and Effective Date

[Collapse](#)

SPA ID VA-24-0007

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Reporting	10/1/2024	N/A

Page Number of the Superseded Plan Section or Attachment (If Applicable):

Executive Summary

Collapse

Summary Description Including Goals and Objectives This SPA submission attests to Virginia's compliance with the mandatory Child and Adult Core reporting requirements.

Dependency Description

Collapse

Description of any dependencies between this submission package and any other submission package undergoing review

Disaster-Related Submission

Collapse

This submission is related to a disaster

- Yes
 No

Federal Budget Impact and Statute/Regulation Citation

Collapse

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2025	\$0
Second	2026	\$0

Federal Statute / Regulation Citation

Sections 1139A, 1139B, and 1902(a)(6) of the Social Security Act/42 CFR § 431.16 and §§ 437.10 through 437.15

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created
No items available	

Governor's Office Review

Collapse

- No comment
 Comments received
 No response within 45 days
 Other

Authorized Submitter

Collapse

The following information will be provided by the system once the package is submitted to CMS.

Name of Authorized Submitter Meredith Lee

Phone number

Email address Meredith.Lee@dmas.virginia.gov

Authorized Submitter's Signature Meredith Lee

I hereby certify that I am authorized to submit this package on behalf of the Medicaid Agency.

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

VA - Submission Package - VA2024MS0003O - (VA-24-0007) - Administration

[VIEW PRINT PREVIEW](#)

- Summary
- Reviewable Units**
- Versions
- Analyst Notes
- Approval Letter
- Transaction Logs
- News
- Related Actions

- [← All Reviewable Units](#)
- [← Submission - Tribal Input](#)

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Medicaid State Plan Administration

General Administration

Reporting

MEDICAID | Medicaid State Plan | Administration | VA2024MS0003O | VA-24-0007

[↓ Spell Check Instructions](#) | [🔗 Request System Help](#)

CMS-10434 OMB 0938-1188

Not Started

In Progress

Complete

Package Header

Package ID	VA2024MS0003O	SPA ID	VA-24-0007
Submission Type	Official	Initial Submission Date	10/17/2024
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Superseded SPA ID	N/A		
	User-Entered		

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A. General Reporting

[Collapse](#)

The agency submits all reports in the form and with the content required by the Secretary and complies with any provisions that the Secretary finds necessary to verify and assure the correctness of all reports.

- 1. The agency assures that all requirements of 42 CFR 431.16 are met.

B. Annual Reporting on the Child and Adult Core Sets

[Collapse](#)

- 1. The agency assures that all requirements of 42 CFR 437.10 through 437.15 are met.
- 2. The agency reports annually, by December 31, on:
 - a. All measures on the Child Core Set that are identified by the Secretary pursuant to 42 CFR 437.10.
 - b. All behavioral health measures on the Adult Core Set that are identified by the Secretary pursuant to 42 CFR 437.10.

C. Additional Information (optional)

[Collapse](#)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.