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State Name: **Virginia**

State Plan Amendment (SPA) #: **24-0023**

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

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 28, 2025

Cheryl J. Roberts, Director
Department of Medical Assistance Services
600 East Broad Street, Suite 1300
Richmond, VA 23219

Re: Virginia State Plan Amendment 24-0023

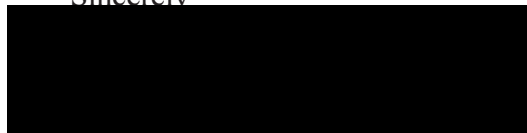
Dear Director Roberts:

The Centers for Medicare & Medicaid Services (CMS) has reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0023. This amendment removes provider appeals language from Page 90 and Attachment 7.5 pages one through seven of the Virginia State Medicaid Plan.

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. This letter is to inform you that Virginia Medicaid SPA 24-0023 was approved on March 27, 2025, with an effective date of October 1, 2024.

If you have any questions, please contact Margaret Kosherzenko at 215-861-4288 or via email at Margaret.Kosherzenko@cms.hhs.gov.

Sincerely



Division of Program Operations

Enclosures

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

1. TRANSMITTAL NUMBER 2 4 — 0 0 2 3 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
10/1/2024

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR Part 430

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2025 \$ 0
b. FFY 2026 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
**Attachment 7.5, revised pages: 1, 2, 3, 3.1, 4, 5, 6, & 7,
Page 90_PREPRINT PAGE**

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
**Attachment 7.5, pages: 1, 2, 3, 3.1, 4, 5, 6, & 7,
Page 90_PREPRINT PAGE**

9. SUBJECT OF AMENDMENT
Provider Appeals 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

12. TYPED NAME
Cheryl J. Roberts, JD

13. TITLE
Director

14. DATE SUBMITTED
10/15/24

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
11/18/2024

17. DATE APPROVED
03/27/2025

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
10/01/2024

19. SIGNATURE

20. TYPED NAME OF APPROVING OFFICIAL
Ruth A. Hughes

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

22. REMARKS

Revision:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

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TN No. 24-0023

Approval Date **03/27/2025**

Effective Date 10/01/24

Supersedes

TN No. 01-05

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INFORMAL AND FORMAL PROVIDER APPEALS

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TN No. 24-0023

Approval Date 03/27/2025

Effective Date 10/01/24

Supersedes

TN No. 12-10

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