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State/Territory Name: Virginia

State Plan Amendment (SPA) #: 25-0002

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

August 5, 2025

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

Re: Virginia State Plan Amendment (SPA) 25-0002

Dear Director Roberts:

The Centers for Medicare & Medicaid Services (CMS) has reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0002. This SPA eliminates the requirement for Consumer Directed Services Facilitators to have an associate or bachelor's degree to provide services. Work experience shall be listed as sufficient in the list of requirements.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations at Title 42 of the Code of Federal Regulations (CFR) §440. This letter informs you that Virginia's Medicaid SPA TN 25-0002 was approved on August 5, 2025, effective July 1, 2025.

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.

Sincerely,

A large black rectangular box redacting the signature of Shantrina Roberts.

Shantrina Roberts, 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 0 2

2. STATE

V A

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL

SECURITY ACT ☒ XIX ☐ XXI

4. PROPOSED EFFECTIVE DATE

7/1/2025

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 440

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 3.1- A&B , Supplement 1, revised page 6.4.7

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Same as box #7.

9. SUBJECT OF AMENDMENT

Requirements for Medicaid Consumer-Directed Facilitators

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. 

15. RETURN TO

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

12. TYPED NAME
Cheryl J. Roberts, JD

13. TITLE
Agency Director

Attn: Regulatory Coordinator

14. DATE SUBMITTED
May 30, 2025

FOR CMS USE ONLY

16. DATE RECEIVED
07/11/2025

17. DATE APPROVED
08/05/2025

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
07/01/2025

19. SIGNATURE OF APPROVING OFFICIAL



20. TYPED NAME OF APPROVING OFFICIAL
Shantrina Roberts

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

**AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY
and MEDICALLY NEEDY**

4. Provider qualifications – consumer directed.

a. Services facilitator. The Services Facilitator (SF) shall have a current signed participation agreement with DMAS to provide consumer directed services facilitation. The SF must possess a combination of work experience and the following knowledge, skills, and abilities:

Knowledge of:

- (1) Types of functional limitations and health problems that are common to individuals with disabilities, as well as strategies to reduce limitations and health problems;
- (2) Child development and developmental disabilities;
- (3) Physical assistance typically required by individuals who have physical and developmental disabilities, such as transferring, bathing techniques, bowel and bladder care, and the approximate time those activities normally take;
- (4) Equipment and environmental modifications that are commonly used and required by individuals who have physical and developmental disabilities which reduce the need for human assistance and improve safety;
- (5) Various long-term care program requirements, including nursing facility level of care criteria, Medicaid waiver services, and other federal, state, and local resources that provide personal care and respite services;
- (6) Various behavioral health program requirements;
- (7) DMAS consumer-directed personal care program requirements, as well as the administrative duties for which the individual will be responsible;
- (8) Conducting assessments (including environmental, psychosocial, and functional factors) and their uses in care planning;
- (9) Interviewing techniques;
- (10) The individual's right to make decisions about, direct the provisions of, and control his or her services, including hiring, training, managing, approving time sheets, and firing a personal care assistant;
- (11) The principles of human behavior and interpersonal relationships; and
- (12) General principles of record documentation.

Skills in:

- (1) Negotiating with individuals, family/caregivers, and service providers;
- (2) Assessing, supporting, observing, recording, and reporting behaviors;
- (3) Identifying, developing, and providing services to individuals who have disabilities; and
- (4) Identifying services within the established services system to meet the individual's needs.

TN No. 25-0002

Approval Date 08-05-25

Effective Date 07-01-25

Supersedes

TN No. 17-027