POLICY & PROCEDURE FOR APPEAL SUBMISSIONS

July 8, 2026

OVERVIEW

An appeal is a request for a review of an adverse decision taken by DMAS, a DMAS contractor, or another agency on behalf of DMAS. There are two types of appeals – a provider appeal, which may be filed by a provider or their authorized representative, and a client appeal, which may be filed by an individual or an authorized representative on the individual's behalf. The client appeals process is described below. The provider appeals process is described in Chapter II of the DD Waiver Manual.

1. 12VAC30-122-220. Appeals

A. Providers shall have the right to appeal for actions taken by DMAS or its designee in accordance with § 32.1-325.1 of the Code of Virginia, the Virginia Administrative Process Act (Chapter 40 (§ 2.2-4000 et seq.) of Title 2.2 of the Code of Virginia), ***12VAC30-10-1000, and 12VAC30-20-500*** et seq.

B. Individuals shall have the right to appeal an action taken by DMAS or its designee in accordance with ***12VAC30-110-10*** through ***12VAC30-110-370*** and 42 CFR Part 431 subpart E. The individual shall be advised in writing of the action and of his right to appeal consistent with federal requirements and DMAS client appeals regulations (***12VAC30-110-10*** through ***12VAC30-110-10-370***).

2. Appeals Process

a. 3. The individual enrolled in the waiver and the individual's family/caregiver, as appropriate, shall be notified in writing by the support coordinator of his right to appeal, pursuant to DMAS client appeals regulations (12VAC30-110), all decisions to reduce, deny, or terminate services. The **support coordinator shall submit this written notification to the individual enrolled in the waiver or the family/caregiver, as appropriate, within 10 business days of the decision.** Once the individual or family/caregiver receives the written notification, the clock for filing an appeal, as set forth in the DMAS client appeals regulations, shall begin to run.

b. Appeals filed orally or electronically must be received within 30 days of receipt of the notice of adverse action. Appeals sent by mail must be postmarked within 30 days of receipt of the notice of adverse action. Forms are available on the internet at https://www.dmas.virginia.gov/appeals or by calling (804) 371-8488.

c. A copy of the notice or letter about the action should be included with the appeal request. Appeal requests may be sent to the DMAS Appeals Division through one of the following methods:

- Through AIMS at https://www.dmas.virginia.gov/appeals/. From there you can fill out a client appeal request, submit documentation, and follow the process of your appeal.

- Through mail, email, or fax. You can download a Medicaid Client Appeal Request form at https://www.dmas.virginia.gov/appeals/. You can use that form or a letter to file the client appeal. The request can be submitted by:

- Mail or delivery to: Appeals Division, Department of Medical Assistance Services, 600 E. Broad Street, Richmond, VA 23219;
- Email to appeals@dmas.virginia.gov; or
- Fax to: (804) 452-5454

3. Continued Coverage

You may request to have your coverage continued during the appeal process if you file your appeal request before the date coverage is terminated or within 10 days of the date stated on the notice of action you are appealing. This is known as continued coverage. Not all cases qualify for continued coverage. Should any of the following situations occur, your continued coverage will end: Your appeal is invalidated You withdraw your appeal You abandon your appeal The Hearing Officer agrees with the agency decision The Hearing Officer determines that no facts are disputed and the sole issue of the appeal is a disagreement with existing state or federal law or policy If the Hearing Officer agrees with the decision of the local agency, or any of the above situations occur, you may have to pay back the costs of medical care received during the period of continued coverage. Requesting continued coverage is optional. If not requested, your benefits will not be continued during the appeal process.

4. Appeal Withdrawal

If you no longer want to continue with your appeal, you may withdraw your appeal request. The easiest way to withdraw your appeal is via the AIMS portal. You may also submit your withdrawal request in writing to the DMAS Appeals Division via email, fax, or mail, or call the DMAS Appeals Division and explain that you want to withdraw your appeal. The contact information for the DMAS Appeals division is below. After you submit your withdrawal and it is reviewed by the DMAS Appeals Division, your case will be closed, and you will receive a letter confirming your withdrawal.

Email: appeals@dmas.virginia.gov; Fax: (804) 452-5454; Phone: 804-371-8488; Mail: 600 E. Broad St. Richmond, VA 23219; AIMS Portal: https://www.dmas.virginia.gov/appeals

5. Circuit Court – After filing an Appeal

The hearing is an informal proceeding. The DMAS Hearing Officer will begin the hearing, state the action that is being appealed, and allow each side to present its case. The DMAS Hearing Officer will swear-in to all hearing participants who are presenting testimony and record the hearing proceedings. All hearings are de novo hearings, which means the Hearing Officer considers your appeal “from the new,” or from the beginning. All documentation submitted by either you or the Agency for this appeal, along with the testimony taken at the hearing, will be used by the hearing officer to determine if you qualify for the requested coverage.

During the hearing, the DMAS Hearing Officer will allow the agency representative to explain the agency’s action and will ask the agency representative and witnesses relevant questions. You will be allowed to ask questions from the agency representative and witnesses. You can also let it be known if you disagree with any of the testimony and evidence presented. The DMAS Hearing Officer will then allow you and/or your authorized representative to express your disagreement with the agency’s action and present evidence. You will be allowed to bring witnesses to testify on your behalf and present documents to support your case. The DMAS Hearing Officer may also ask you and your witnesses questions. You will have the opportunity to examine all the documents being used by the agency before and during the hearing. The Hearing Officer will allow you and the agency representative to make closing remarks. At the end, the Hearing Officer closes the hearing and explains when you can expect the hearing decision. The Hearing Officer evaluates the evidence presented at the hearing and decides whether your case was properly evaluated based on the applicable law, regulation and policy.

https://www.dmas.virginia.gov/media/5980/virginia-medicaid-client-appeals-process-at-a-glance-english.pdf

Examples of why a Support Coordinator would issue an NOA:

Service Denial: Refusing a specific request for new or increased waiver services (e.g., denying additional hours for personal assistance or respite.

Service Reduction: Decreasing the amount, frequency, or duration of a currently authorized DD Waiver service.

Termination of Services: Discharging an individual from the DD Waiver program due to a move out of state, extended unresponsiveness, or failure to meet continued eligibility requirements.