AUTHORIZATION TO FILE A FORM THAT MAY ONLY BE COMPLETED ONLINE OR ELECTRONICALLY BY DESCRIPTION

Submit this form with the corresponding RIS project for the regulatory action to request an exemption from the requirement to file a form required by regulatory text if the form (i) may only be completed online or electronically or (ii) is not available in a printable format.
Upload this form under the Documents tab for an RIS project or email it to varegs@dls.virginia.gov.
Questions? Contact Anne Bloomsburg at abloomsburg@dls.virginia.gov.

❶ Agency: Department of Medical Assistance Services

❷ VAC Number/Chapter Title: 12VAC30-80 / Methods and Standards for Establishing Payment Rate; Other Types of Care

❸ Effective Date of Final Regulation (leave blank for proposed stage): 12/31/2026

❹ Name of Each Form for Which Waiver Requested (include effective or revised date):

Direct Health Care Services Cost Report and Specialized Transportation Cost Report

❺ Summary or description of each form:

These cost reports are completed by Local Education Agency (LEA) providers to report costs associated with providing services to eligible members, and are used in connection with providers seeking reimbursement for such costs.

Explain why it is impractical to file a copy of each form:

DMAS does not file copies of these forms to prevent confusion related to form revisions and acceptable submission methods.

Provide a link to the online platform for each form.

https://login.vamedicaid.dmas.virginia.gov/

Requested by: Syreeta Stewart, (804) 839-7282, syreeta.stewart@dmas.virginia.gov
Print Name, Telephone Number, Email of Agency Regulatory Coordinator

/s/ Syreeta Stewart — 10/21/2026
Signature of Agency Regulatory Coordinator — Date

Approved: Holly Trice — 10/21/26
Registrar of Regulations — Date