

## **Table of Contents**

**State Name:** Virginia

**State Plan Amendment (SPA) #:** 11-14

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
150 S. Independence Mall West  
Suite 216, The Public Ledger Building  
Philadelphia, Pennsylvania 19106-3499



**Region III/Division of Medicaid and Children's Health Operations**

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SWIFT# 092020114039

**DEC 7 2011**

Cynthia B. Jones, Director  
Department of Medical Assistance Services  
600 East Broad Street, Suite 1300  
Richmond, Virginia 23219

Dear Ms. Jones:

We have reviewed State Plan Amendment (SPA) 11-14, in which you propose to update Virginia's State Plan to include Medicaid coverage for comprehensive tobacco cessation services for pregnant women in accordance with Section 4107 of the Affordable Care Act.

This SPA is acceptable. Therefore, we are approving SPA 11-14 with an effective date of July 1, 2011. Enclosed is the approved SPA page and signed CMS-179 form.

If you have further questions about this SPA, please contact Melanie Benning at (215) 861-4267.

Sincerely,

/S/

Francis McCullough  
Acting Associate Regional Administrator

Enclosures

*Do you know someone who has been denied medical insurance because of a pre-existing condition? If so, they may be eligible for the new Pre-Existing Condition Insurance Plan. Call toll free 1-866-717-5826 (TTY 1-866-561-1604) or visit [www.pcip.gov](http://www.pcip.gov) and click on "Find Your State" to learn more.*

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

1. TRANSMITTAL NUMBER  
1 1 - 1 4

2. STATE  
Virginia

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
CENTERS FOR MEDICARE & MEDICAID SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
July 1, 2011

5. TYPE OF PLAN MATERIAL (Check One)

- NEW STATE PLAN       AMENDMENT TO BE CONSIDERED AS NEW PLAN       AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION  
42 CFR Part 431

7. FEDERAL BUDGET IMPACT  
a. FFY 2011 \$ 5,000.00  
b. FFY 2012 \$ 5,000.00

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
Attachment 3.1-A, Page 2.1 of 10; and  
Attachment 3.1-B, Page 2a of 9.

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  
Same pages

10. SUBJECT OF AMENDMENT

Smoking Cessation for Pregnant Women

11. GOVERNOR'S REVIEW (Check One)

- GOVERNOR'S OFFICE REPORTED NO COMMENT<sup>2011</sup>  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED

Secretary of Health and Human Resources

12. SIGNATURE OF STATE AGENCY OFFICIAL

/S/

TYPED NAME  
Cynthia B. Jones

Director

16. RETURN TO

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

Attn: Regulatory Coordinator

15. DATE SUBMITTED  
9.16.11

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED  
9/16/11

18. DATE APPROVED  
DEC 7 2011

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL  
7/1/2011

20. SIGNATURE OF REGIONAL OFFICIAL  
/S/

21. TYPED NAME  
Francis McCulloch

22. TITLE  
Acting Associate Regional Administrator  
Division of Medicaid and Children's Health Operations

23. 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

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5. a. **Physicians' services whether furnished in the office, the patient's home, a hospital, a skilled nursing facility, or elsewhere.**

Provided:     No limitations             With limitations\*

b. **Medical and surgical services furnished by a dentist (in accordance with §1905(a)(5)(B) of the Act).**

Provided:     No limitations             With limitations\*

4. d 1) **Face-to-Face Tobacco Cessation Counseling Services provided (by):**

[X] (i) By or under supervision of a physician;

[X] (ii) By any other health care professional who is legally authorized to furnish such services under State law and who is authorized to provide Medicaid coverable services *other* than tobacco cessation services; \* or

(iii) Any other health care professional legally authorized to provide tobacco cessation services under State law *and* who is specifically *designated* by the Secretary in regulations. (None are designated at this time; this item is reserved for future use.)

2) **Face-to-Face Tobacco Cessation Counseling Services Benefit Package for Pregnant Women**

Provided:     No limitations             With limitations

\* Description provided on attachment.

TN No. 11-14  
Supersedes  
N No. 95-16

Approval Date DEC 7 2011

Effective Date 7/01/11

HCFA ID: 7986E

**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

1905(a)(4)(C) **4.c.(ii) Family planning-related services provided under the above State Eligibility Option**

An annual physical examination for men (one per 12 months) is provided as a family planning-related service.

**4. d 1) Face-to-Face Tobacco Cessation Counseling Services provided (by):**

[X] (i) By or under supervision of a physician;

[X] (ii) By any other health care professional who is legally authorized to furnish such services under State law and who is authorized to provide Medicaid coverable services *other* than tobacco cessation services; \* or

(iii) Any other health care professional legally authorized to provide tobacco cessation services under State law *and* who is specifically *designated* by the Secretary in regulations. (None are designated at this time; this item is reserved for future use.)

**2) Face-to-Face Tobacco Cessation Counseling Services Benefit Package for Pregnant Women**

Provided: [X] No limitations       With limitations

**5. a. Physician's services whether furnished in the office, the patient's home, a hospital, a skilled nursing facility or elsewhere.**

Provided:  No limitations       With limitations

**b. Medical and surgical services furnished by a dentist (in accordance with §1905(a)(5)(B) of the Act).**

Provided:  No limitations       With limitations\*

**6. Medical care on any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.**

**a. Podiatrists' services.**

Provided:       With limitations\*

Not provided       No limitations

\* Description provided on attachment.

TN No. 11-14  
Supersedes  
N No. 11-03

Approval Date DEC 7 2011

Effective Date 7/01/11

HCFA ID: 7986E