

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 1 1 - 1 7	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 December 31, 2011
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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 440 and 447	7. FEDERAL BUDGET IMPACT a. FFY 2011 \$ 0.0 b. FFY 2012 \$ 0.0
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attach. 3.1-C, Pages 56 and 57 of 57; and Attach. 4.19-B, Pages 1.1, 4.8, 6, 6.2 and 6.2.1.1	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Replaces Attach. 3.1-C, Page 56 and adds Page 57; replaces Attach. 4.19-B Pages 1.1, 4.8, 6, 6.2 and 6.2.1.1
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10. SUBJECT OF AMENDMENT
Response to Companion Letters for SPAs 10-12 and 10-16

11. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT²⁰¹¹ OTHER, AS SPECIFIED
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

Secretary of Health and Human Resources

12. SIGNATURE OF STATE AGENCY OFFICIAL 	16. RETURN TO Dept. of Medical Assistance Services 600 East Broad Street, #1300 Richmond VA 23219 Attn: Regulatory Coordinator
13. TYPED NAME Cynthia B. Jones	
14. TITLE Director	
15. DATE SUBMITTED 12/6/11	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED	18. DATE APPROVED JUN 07 2012

PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL DECEMBER 31, 2011	
21. TYPED NAME FRANCIS McCULLOUGH	ASSOCIATE REGIONAL ADMINISTRATOR

23. REMARKS