

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER 1 2 - 0 3	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 January 1, 2012	
5. TYPE OF PLAN MATERIAL (Check One) <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION 42 CFR Part 455		7. FEDERAL BUDGET IMPACT a. FFY 2013 \$ 462,285 b. FFY 2014 \$ 462,285	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Preprint Pages 79aa, 79aa.1 and 79aa.2		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) New pages added	
10. SUBJECT OF AMENDMENT Federal Provider Screening and Enrollment (Revised CMS 179)			
11. GOVERNOR'S REVIEW (Check One) <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <sup>2013</sup> <input checked="" type="checkbox"/> OTHER, AS SPECIFIED <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL Secretary of Health and Human Resources			
12. SIGNATURE OF STATE AGENCY OFFICIAL [Redacted]		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 3/14/12			
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 JANUARY 1, 2012		[Redacted]	
21. TYPED NAME FRANCIS MCCULLOUGH		22. TITLE ASSOCIATE REGIONAL ADMINISTRATOR	
23. REMARKS			