

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 1 2 - 0 9	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 April 1, 2012	

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 Social Security Act 1903(v)(4)	7. FEDERAL BUDGET IMPACT a. FFY 2012 \$ 212,004 b. FFY 2013 \$ 901,017
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 2.6-A, Pages 2.1 and 3 of 3	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Same pages

10. SUBJECT OF AMENDMENT

Coverage of Lawfully Residing Pregnant Women

11. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT ²⁰¹²
 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 <i>Cynthia B. Jones</i>	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 June 26, 2012	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED 6/26/2012	18. DATE APPROVED JUN 29 2012
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL	20. SIGNATURE OF REGIONAL OFFICIAL <i>Francis A. McCullough for Francis McCullough</i>
21. TYPED NAME Francis McCullough	22. TITLE Associate Regional Administrator / DMCHD
23. REMARKS	

