

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 1 2 - 1 2	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, 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 42 CFR Part 447	7. FEDERAL BUDGET IMPACT a. FFY 2013 \$ [354,858] b. FFY 2014 \$ [425,720]
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Suppl. 3 to Attach. 4.19-B, Page 2 of 2; and Suppl. 5 to Attach. 4.19-B, Page 2 of 2	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Same pages

10. SUBJECT OF AMENDMENT
2012 Non-Institutional Reimbursement Methodology Changes

11. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT²⁰¹³ OTHER, AS SPECIFIED
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

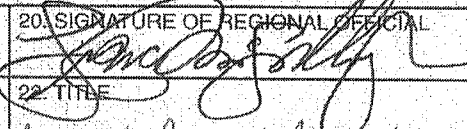
Secretary of Health and Human Resources

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 9/19/12	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED September 19, 2012	18. DATE APPROVED MAY 09 2013
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL July 1, 2012	20. SIGNATURE OF REGIONAL OFFICIAL 
21. TYPED NAME FRANCIS McCullough	22. TITLE Associate Regional Administrator / DMCHo
23. REMARKS	