

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

1. TRANSMITTAL NUMBER  
1 3 - 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  
June 1, 2013 January 1, 2014

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 2014 \$ [9,449,109]  
b. FFY 2015 \$ [21,883,790]

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
Attachment 3.1-F, Pages 1-13

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  
New Pages

10. SUBJECT OF AMENDMENT  
Medicare-Medicaid Financial Alignment Demonstration

GOVERNOR'S REVIEW (Check One)  
 GOVERNOR'S OFFICE REPORTED NO COMMENT<sup>2014</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  
*Cynthia B. Jones*  
13. TYPED NAME  
Cynthia B. Jones  
14. TITLE  
Director  
15. DATE SUBMITTED  
3/26/13

16. RETURN TO  
Dept. of Medical Assistance Services  
600 East Broad Street, #1300  
Richmond VA 23219  
Attn: Regulatory Coordinator

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED  
MARCH 28, 2013

18. DATE APPROVED  
JUN 12 2013

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL  
JANUARY 1, 2014

20. SIGNATURE OF REGIONAL OFFICIAL  
*Daniel P. Palmer*

21. TYPED NAME  
FRANCIS MCCULLOUGH

22. TITLE  
Associate Regional Administrator/DMCHO

23. REMARKS  
Per and idk change to Item #4 Proposed Effective Date to reflect change of the effective date to JANUARY 1, 2014.