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State Name: Virginia

State Plan Amendment (SPA) #: 14-05

This file contains the following documents in the order listed:

- 1) Approval Letters
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
1505 Independence Mall West
Suite 216, The Public Ledger Building
Philadelphia, Pennsylvania 19106-3499



Region III/Division of Medicaid and Children's Health Operations

SWIFT #032720144011

MAY 20 2014

Cynthia B. Jones, Director
Department of Medical Assistance Services
600 East Broad Street, Suite 1300
Richmond, VA 23219

Dear Ms. Jones:

The Centers for Medicare & Medicaid Services (CMS) would like to inform you of the approval of Virginia's State Plan Amendment (SPA) 14-05 entitled Discontinue Coverage for Barbiturates for Dual Eligible Members. The Pharmacy Team at CMS approved this SPA on April 23, 2014 and you were duly notified. This SPA proposes to remove the drug categories of barbiturates, benzodiazepines, and smoking cessation drugs from the list of drugs that may be excluded or otherwise restricted from coverage from the State Plan effective January 1, 2014 in accordance with the provisions of Section 2502 of the Affordable Care Act which amends Section 1927(d)(2) of the Social Security Act by removing barbiturates, benzodiazepines, and agents used to promote smoking cessation from the list of drugs a State Medicaid program may exclude from coverage or otherwise restrict.

The effective date of this amendment is January 1, 2014. Enclosed are the approved State Plan pages and a copy of the signed Form CMS-179.

If you have any questions about this SPA, please contact Margaret Kosherzenko of my staff at 215-861-4288.

Sincerely,

/s/

Francis McCullough
Associate Regional Administrator

Enclosures

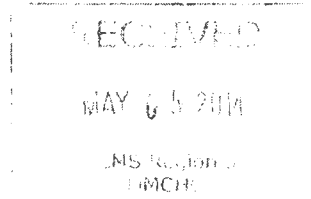
DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-14-26
Baltimore, Maryland 21244-1850



Disabled & Elderly Health Programs Group

APR 23 2014

Cynthia B. Jones, Director
Department of Medical Assistance Services
600 East Broad Street, #1300
Richmond VA 23219



Dear Ms. Jones:

We have reviewed the Virginia State Plan Amendment (SPA) 14-05 received in the Philadelphia Regional Office on March 24, 2014. The State of Virginia proposes to remove the drug categories of barbiturates, benzodiazepines and smoking cessation drugs from the list of drugs that may be excluded or otherwise restricted from coverage from the state plan effective January 1, 2014 in accordance with the provisions of section 2502 of the Affordable Care Act which amends section 1927(d)(2) of the Social Security Act by removing barbiturates, benzodiazepines and agents used to promote smoking cessation from the list of drugs a state Medicaid program may exclude from coverage or otherwise restrict. Based on the information provided, we are pleased to inform you that SPA 14-05 is approved with an effective date of January 1, 2014.

A copy of the CMS-179 form, as well as the pages approved for incorporation into the state plan will be forwarded by the Philadelphia Regional Office. If you have any questions regarding this amendment, please contact Madlyn Kruh at (410) 786-3239.

Sincerely,

/s/

Kimberly Howell
Acting Director
Division of Pharmacy

cc: Francis McCullough, ARA, Philadelphia Regional Office
Margaret Kosherzenko, Philadelphia Regional Office
Lois D. Gray, Virginia Department Medical Assistance Services (DMAS)
Brian McCormick, Regulatory Supervisor, Virginia DMAS

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 1 4 0 5	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, 2014
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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	7. FEDERAL BUDGET IMPACT a. FFY 2014 \$ 114,909 b. FFY 2015 \$ 114,909
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attach. 3.1-A.1, Page 3 and Attach 3.1-B.1 page 2	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Same pages
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10. SUBJECT OF AMENDMENT
Discontinue Coverage for Barbiturates for Duals

11. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT²⁰¹⁴ 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
13. TYPED NAME /S/ Cynthia B. Jones	Dept. of Medical Assistance Services 600 East Broad Street, #1300 Richmond VA 23219 Attn: Regulatory Coordinator
14. TITLE Director	
15. DATE SUBMITTED 3/29/14	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED March 24, 2014	18. DATE APPROVED April 23, 2014
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL January 1, 2014	20. SIGNATURE OF REGIONAL OFFICIAL /S/
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21. TYPED NAME Francis McCollough	Associate Regional Administrator / DAK/HO
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23. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

MEDICAID PROGRAM: REQUIREMENTS RELATING TO COVERED OUTPATIENT DRUGS FOR
THE CATEGORICALLY NEEDY

Citation(s)	Provision(s)
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1927(d)(2) and 1935(d)(2)

(g) covered outpatient drugs which the manufacturer seeks to require as a condition of sale that associated tests or monitoring services be purchased exclusively from the manufacturer or its designee (see specific drug categories below)

(The Medicaid agency lists specific category of drugs below)

Coverage of specific categories of excluded drugs will be in accordance with existing Medicaid policy as described in Supplements 1 and 5 to Attachment 3.1 A&B

No excluded drugs are covered.

* Description provided on attachment.

TN No. 14-05

Approval Date APR 23 2014

Effective Date 01/01/14

Supersedes

TN No. 12-14 -

HFCA ID:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): ALL

MEDICAID PROGRAM: REQUIREMENTS RELATING TO COVERED OUTPATIENT DRUGS FOR THE
MEDICALLY NEEDY

Citation(s)	Provision(s)

1927(d)(2) and 1935(d)(2)

- (g) covered outpatient drugs which the manufacturer seeks to require as a condition of sale that associated tests or monitoring services be purchased exclusively from the manufacturer or its designee (see specific drug categories below)

(The Medicaid agency lists specific category of drugs below)

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- No excluded drugs are covered.**

TN No. 14-05
Supersedes
TN No. 12-14

Approval Date APR 23 2014

Effective Date 01/01/14