

## **Table of Contents**

**State Name:** Virginia

**State Plan Amendment (SPA) #:** 14-10

This file contains the following documents in the order listed:

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

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



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

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SWIFT #040820144011

**October 31, 2014**

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

Dear Ms. Jones:

We have reviewed State Plan Amendment (SPA) 14-10, Withdrawal of Superseded Attachment 3.1-C State Plan Pages for Virginia's Medicaid Works Program in which you propose to remove Attachment 3.1-C pages 48-57 which will be superseded by Virginia's SPA 14-0008 Alternative Benefit Plan.

This SPA is acceptable. Therefore, we are approving SPA 14-10 with an effective date of January 1, 2014. Enclosed is a copy of the CMS Summary Page (CMS-179 form) and the approved State Plan pages.

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

Sincerely,

/S/

Francis McCullough  
Associate Regional Administrator

Enclosures

cc: Brian McCormick, DMAS  
Kenya Cantwell, CMCS

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

1. TRANSMITTAL NUMBER  
1 4 - 1 0

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

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 \$ 0  
b. FFY 2015 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attach. 3.1-C, Pages 48-57

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Same pages

10. SUBJECT OF AMENDMENT

Withdrawal of State Plan Pages Superseded by Alternative Benefit Plan Pages for Medicaid Works

11. 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

/S/

13. TYPED NAME

Cynthia B. Jones

14. TITLE

Director

15. DATE SUBMITTED

March 31, 2014

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 31, 2014

18. DATE APPROVED

OCT 31 2014

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

JANUARY 1, 2014

20. SIGNATURE OF REGIONAL ADMINISTRATOR

/S/

21. TYPED NAME

FRANCIS McCollough

TITLE

Associate Regional Administrator / DMCHO

23. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

STANDARDS ESTABLISHED AND METHODS USED TO ASSURE HIGH QUALITY OF  
CARE

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Pages 48 through 57 of Attachment 3.1-C are BLANK.

TN No. 14-10  
Supersedes  
TN No. 07-09

Approval Date OCT 31 2014

Effective Date 01-01-14