

## **Table of Contents**

**State Name: Virginia**

**State Plan Amendment (SPA) #: 21-0031**

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 Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
601 E. 12<sup>th</sup> Street, Room 355  
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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December 14, 2021

Karen Kimsey, Director  
Department of Medical Assistance Services  
600 East Broad Street, Suite 1300  
Richmond, VA 23219

RE: Virginia State Plan Amendment 21-0031

Dear Ms. Kimsey:

The Centers for Medicare & Medicaid Services (CMS) has reviewed Virginia's Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 21-0031, Removal of Outdated Substance Use Disorder, Behavioral Health, and Intellectual Disability (formerly, "Mental Retardation") Case Management Utilization Review Language.

This amendment proposes to allow the Virginia Department of Medical Assistance Services (DMAS) to remove outdated substance use disorder, behavioral health, and intellectual disability case management utilization review language from the state plan.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations. This letter is to inform you that Virginia Medicaid SPA 21-0031 was approved on December 14, 2021 with an effective date of October 1, 2021. Enclosed are the approved SPA pages and signed CMS-179 form.

If you have any questions, please contact Margaret Kosherzenko at 215-861-4288 or via email at [Margaret.Kosherzenko@cms.hhs.gov](mailto:Margaret.Kosherzenko@cms.hhs.gov).

Sincerely,

A black rectangular box redacting the signature of James G. Scott.

James G. Scott, Director  
Division of Program Operations

Enclosures

cc:  
Emily McClellan

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

1. TRANSMITTAL NUMBER

2 1 0 3 1

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

10/1/2021

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 456

7. FEDERAL BUDGET IMPACT

a. FFY 2021

\$ 0

b. FFY 2022

\$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1C, revised pages 11, 12, 12.1, 12.2,  
12.3, 12.4, 12.5, 12.6, 29, 30, 31, 32, 33, 34,  
35, 36, 37, 37.1, 38, 38.1, 38.2, 38.3, 38.4,  
38.5, 38.6, 38.7, 38.8, 38.9, 38.10, 38.11,  
38.12, 38.13, 38.14, 38.15, 38.16, 38.179. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable)

Same as box #8.

10. SUBJECT OF AMENDMENT

Removal of Outdated SUD, BH, and ID (formerly "MR") Case Management UR Language

11. GOVERNOR'S REVIEW (Check One)

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT  
☐ 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

13. TYPED NAME

Karen Kimsey

14. TITLE

Director

15. DATE SUBMITTED

10/27/2021

16. RETURN TO

Dept. of Medical Assistance Services 600 East  
Broad Street, #1300 Richmond VA 23219Attn: Policy, Regulations, & Manuals  
Supervisor**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED

November 30, 2021

18. DATE APPROVED

12/14/2021

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL

October 1, 2021

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME

James G. Scott

22. TITLE

Director, Division of Program Operations

23. REMARKS

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State of VIRGINIA

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