

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 09-05	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, 2009	
5. TYPE OF PLAN MATERIAL (Check One) <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> 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 2009 \$ [378,310] (94828) b. FFY 2010 \$ [379,310]
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Suppl. 1 of Attach. 3.1-A, Pages 31.2-31.3, 31.6, and 31.8 of 79; Suppl. 2 of Attach. 3.1-A, Pages 2 and 7 of 25	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Same pages

10. SUBJECT OF AMENDMENT
Community Mental Health Services Prior Authorization

11. GOVERNOR'S REVIEW (Check One)
 GOVERNOR'S OFFICE REPORTED NO COMMENT²⁰⁰⁹ 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 Patrick W. Finnerty	
14. TITLE Director	
15. DATE SUBMITTED 9/10/09	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED	18. DATE APPROVED DEC 04 2009

PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL July 1, 2009	20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME Teo Gallagher	22. TITLE Associate Regional Administrator
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23. REMARKS