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State Name: Virginia

State Plan Amendment (SPA) #: 09-19

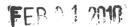
This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS-179
- 3) Approved SPA Pages

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



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

Dear Ms. Jones:

We have reviewed State Plan Amendment (SPA) 09-19, in which you propose terminating the Virginia disease management program. This SPA is acceptable. Therefore, we are approving SPA 09-19 with an effective date of November 1, 2009. Enclosed are the approved SPA pages and signed CMS-179 form.

If you have further questions about this SPA, please contact Jake Hubik at (215) 861-4181.

Sincerely,

/S/

Ted Gallagher Associate Regional Administrator

**Enclosures** 

DEPARTMENT	OF HEALTH AND HUMAN	SERVICES
CENTERS FOR	MEDICARE & MEDICAID	SERVICES

FORM APPROVED

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3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
4. PROPOSED EFFECTIVE DATE	
November 1, 2009	
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MENT (Separate transmittal for each amendment)	
7. FEDERAL BUDGET IMPACT	1
9. PAGE NUMBER OF THE SUPERSEDED PLAN	SECTION
OR ATTACHMENT (If Applicable)	
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## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

STANDARDS ESTABLISHED AND METHODS USED TO ASSURE HIGH QUALITY OF CARE

## **ALTERNATIVE BENEFITS**

DISEASE MANAGEMENT—Repealed

This page replaces pages 57 through 64 of 64 of Attachment 3.1-C

Next page is Supplement 1 to Attachment 3.1-C: Nursing Facility Criteria

TN No. 09-19 Supersedes TN No. 07-03

Approval Date FEB 1 2010

Effective Date 11/1/09