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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

FEB 01 2010

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

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER

09 - 19

2. STATE

Virginia

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

November 1, 2009

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

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, et seq.

7. FEDERAL BUDGET IMPACT

a. FFY 2010

\$ (1,300,000.00)

b. FFY 2011

\$ (1,100,000.00)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attach. 3.1-C, pages 57-64 of 64

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Same pages

10. SUBJECT OF AMENDMENT

Elimination of Disease Management Program

11. GOVERNOR'S REVIEW (Check One)

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT²⁰¹⁰

☐ 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

Patrick W. Finnerty

14. TITLE

Director

15. DATE SUBMITTED

12-29-09

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

12/29/09

18. DATE APPROVED

FEB 01 2010

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

11/1/09

20. SIGNATURE OF REGIONAL OFFICIAL

/S/

21. TYPED NAME

Ted Gallagher

22. TITLE

Associate Regional Administrator

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

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 01 2010**

Effective Date 11/1/09