

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

1. TRANSMITTAL NUMBER   -     
2. STATE

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

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

7. FEDERAL BUDGET IMPACT  
a. FFY ~~2011~~ 2012 \$  900,000  
b. FFY 2012 ~~2013~~ \$  900,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (if Applicable)

10. SUBJECT OF AMENDMENT

11. GOVERNOR'S REVIEW (Check One)  
 GOVERNOR'S OFFICE REPORTED NO COMMENT <sup>2011</sup>  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL  
 OTHER, AS SPECIFIED

12. SIGNATURE OF STATE AGENCY OFFICIAL  
*Cynthia B. Jones*  
13. TYPED NAME   
14. TITLE   
15. DATE SUBMITTED

16. RETURN TO

FOR REGIONAL OFFICE USE ONLY  
17. DATE RECEIVED  18. DATE APPROVED

19. EFFECTIVE DATE OF APPROVED MATERIAL  20. SIGNATURE OF REGIONAL OFFICIAL  
*Francis McCallough*

21. TYPED NAME  22. TITLE OF REGIONAL OFFICIAL

23. REMARKS  
*For final use change to reflect Federal Budget Impact FFY 2012 \$ 900,000 and FFY 2013 \$ 900,000 as per resubmission of CMS 179 by Virginia on 6/28/2013.*

