

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> <b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER 1 2 - 1 4	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 January 1, 2013	

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 440	7. FEDERAL BUDGET IMPACT a. FFY 2013 \$ (1,100,000) b. FFY 2014 \$ (1,100,000)
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attach. 3.1-A.1, Page 3 and Attachment 3.1-B.1, Page 2	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Same pages

10. SUBJECT OF AMENDMENT

Part D Coverage of Benzodiazepines and Barbiturates

GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT<sup>2012</sup>     
  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 Cynthia B. Jones	
14. TITLE Director	
15. DATE SUBMITTED 10/22/12	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED October 21, 2012	18. DATE APPROVED JAN 22 2013
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL JANUARY 1, 2013	20. SIGNATURE OF REGIONAL OFFICIAL 
21. TYPED NAME FRANCES McCullough	22. TITLE Associate Regional Administrator/DMCHO
23. REMARKS Pen and ink change to Section 7 authorized to reflect SAVINGS OF \$1,100,000 For FFY 2013 and FFY 2014.	

