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State Name: Virginia

State Plan Amendment (SPA) #: 16-015

This file contains the following documents in the order listed:

1) Approval Letter

- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Page

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

SWIFT #121620164049

January 10, 2017

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

Dear Ms. Jones:

The Centers for Medicare & Medicaid Services (CMS) has reviewed Virginia's State Plan Amendment (SPA) 16-015, Reconsideration of Final Agency Decision. This SPA proposes to establish a reconsideration process by which appellants can petition the Virginia Medicaid Agency's Director to reconsider the Department of Medical Assistance Services' (DMAS) Final Agency Decision. The SPA indicates that the DMAS Director's review shall be made upon the case record of the formal appeal. Testimony or documentary submissions that were not part of the formal appeal case record prior to the issuance of the Final Agency Decision shall not be considered.

This SPA is acceptable. Therefore, we are approving SPA 16-015 with an effective date of December 1, 2016. Enclosed are the approved SPA page and a copy of the signed Form CMS-179.

If you have any questions about this SPA, please contact Margaret Kosherzenko of my staff at 215-861-4288.

Sincerely,

Francis T.

Digitally signed by Francis T. Mccullough -S

Mccullough -S Date: 2017.01.10 17:04:48 -05'00'

Francis McCullough

Associate Regional Administrator

**Enclosures** 

CLATERO FOR MEDICARE & MEDICARD SCHOOLS	
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE  December 1, 2016
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 430	7. FEDERAL BUDGET IMPACT a. FFY 2016 \$ 0- b. FFY 2017 \$ 0-
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
entine EN Attach. 7.5, page \$ - new page	OR ATTACHMENT (If Applicable)  Same page
10. SUBJECT OF AMENDMENT	
Reconsideration of Final Agency Decision	
. GOVERNOR'S REVIEW (Check One)  GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  NO PERILY RECEIVED WITHIN 45 DAYS OF SUPPLIFIED	OTHER, AS SPECIFIED  Secretary of Health and Human Resources
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL  12. SIGNATURE OF STATE ACENCY OFFICIAL	16. RETURN TO
/S/ 13. TYPED NAME Cynthia B. Jones	Dept. of Medical Assistance Services 600 East Broad Street, #1300
14. TITLE Director	Richmond VA 23219
15. DATE SUBMITTED	Attn: Regulatory Coordinator
FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED December 15, 2016	18. DATE APPROVED January 10, 2017
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL  December 1, 2016	20. SIGNATURE OF REGIONAL OFFICIAL /S/
21. TYPED NAME	22. TITLE
Francis McCullough	Associate Regional Administrator
23. REMARKS	

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

## INFORMAL AND FORMAL PROVIDER APPEALS

- H. Reconsideration of Final Agency Decision. (12VAC30-20-570)
  - 1. Reconsiderations of Final Agency Decisions shall be conducted in accordance with §2.2-4023.1 of the Code of Virginia.
  - 2. The DMAS Director's review shall be made upon the case record of the formal appeal. Testimony or documentary submissions that were not part of the formal appeal case record prior to issuance of the final agency decision shall not be considered.

TN No. 16-015 Approval Date January 10, 2017 Effective Date 12/1/16
Supersedes
TN No. New Page HCFA ID: