

Facesheet: 1. Request Information (1 of 2)

- A. The **State of Virginia** requests a waiver/amendment under the authority of section 1915(b) of the Act. The Medicaid agency will directly operate the waiver.
- B. **Name of Waiver Program(s):** Please list each program name the waiver authorizes.

Short title (nickname)	Long title	Type of Program
Cardinal Care	Cardinal Care Managed Care	MCO;

Waiver Application Title (optional - this title will be used to locate this waiver in the finder):

Cardinal Care Managed Care Program Waiver

- C. **Type of Request.** This is an:

Amendment request for an existing waiver.

The amendment modifies (Sect/Part):

Section A, Part I: Program Overview (Tribal Consult)
 Section A, Part I Program Overview (Program History)
 Section A, Part I: (E) Populations Included; #2 Excluded Populations (Other)
 Section A: Program Description Part I: Program Overview E. Populations Included in Waiver
 Section A: Program Description Part I: Program Overview E. Populations Included in Waiver (1 of 3)
 Section A: Program Description Part II: Access C. Coordination and Continuity of Care Standards (5 of 5)
 Section A: Program Description Part IV: Program Operations C. Enrollment and Disenrollment (2 of 6)
 Section A: Program Description Part IV: Program Operations C. Enrollment and Disenrollment (6 of 6)

Requested Approval Period:(For waivers requesting three, four, or five year approval periods, the waiver must serve individuals who are dually eligible for Medicaid and Medicare.)

- 1 year
- 2 years
- 3 years
- 4 years
- 5 years

Draft ID:VA.026.01.04

Waiver Number:VA.0006.R01.03

- D. **Effective Dates:** This amendment is requested for a period of 5 years. (For beginning date for an initial or renewal request, please choose first day of a calendar quarter, if possible, or if not, the first day of a month. For an amendment, please identify the implementation date as the beginning date, and end of the waiver period as the end date)

Approved Effective Date of Base Waiver being Amended: 10/01/23

Proposed Effective Date: (mm/dd/yy)

07/01/25

Facesheet: 2. State Contact(s) (2 of 2)

- E. **State Contact:** The state contact person for this waiver is below:

Name:

Matthew Behrens

Phone:

(804) 625-3673

Ext:

TTY

Fax:

E-mail:

matthew.behrens@dmas.virginia.gov

If the State contact information is different for any of the authorized programs, please check the program name below and provide the contact information.

The State contact information is different for the following programs:

Cardinal Care Managed Care

Note: If no programs appear in this list, please define the programs authorized by this waiver on the first page of the