

## **Table of Contents**

**State Name:** Virginia

**State Plan Amendment (SPA) #:** 20-003

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS-179 Form
- 3) Approved SPA Page

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
601 E. 12<sup>th</sup> Street, Room 355  
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

---

June 11, 2020

Karen Kimsey, Director  
Department of Medical Assistance Services  
600 East Broad Street, Suite 1300  
Richmond, VA 23219

RE: Virginia State Plan Amendment 20-003

Dear Ms. Kimsey:

The Centers for Medicare & Medicaid Services (CMS) has reviewed Virginia's State Plan Amendment (SPA) 20-003, Recovery Audit Contractor - Exemption. Section 1902(a)(42)(B) of the Social Security Act requires the Department of Medical Assistance Services (DMAS) to have a Medicaid Recovery Audit Contractor (RAC) program. 42 CFR §455.51 allows DMAS to file requests for exceptions to the RAC requirements by submitting a written justification to CMS through the State Plan Amendment process.

The purpose of this State Plan Amendment is to request an exception from the RAC requirements. This SPA is acceptable. Therefore, we are approving SPA 20-003 with an effective date of July 1, 2020. This exception will expire on July 1, 2022. Enclosed is the approved SPA page and signed CMS-179 form.

If you have any questions concerning this information, please contact me at (816) 426-6417, or your staff may contact Margaret Kosherzenko at [Margaret.Kosherzenko@cms.hhs.gov](mailto:Margaret.Kosherzenko@cms.hhs.gov) or (215) 861-4288.

Sincerely,

/S/

James G. Scott, Director  
Division of Program Operations

Enclosures

cc:  
Emily McClellan

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

1. TRANSMITTAL NUMBER

2 0 - 0 0 3

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

07/1/2020

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 455

7. FEDERAL BUDGET IMPACT

a. FFY 2020 \$ -0-  
b. FFY 2021 \$ -0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Pre-Print Page, Page 36b

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Same as Box 8

10. SUBJECT OF AMENDMENT

Recovery Audit Contractor – Exemption

11. GOVERNOR'S REVIEW (Check One)

- GOVERNOR'S OFFICE REPORTED NO COMMENT<sup>2020</sup>  
 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

Karen Kimsey

14. TITLE

Director

15. DATE SUBMITTED

4/28/2020

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

May 28, 2020

18. DATE APPROVED

June 9, 2020

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL

July 1, 2020

20. SIGNATURE OF REGIONAL OFFICIAL

/S/

21. TYPED NAME

James G. Scott

22. TITLE

Director, Division of Program Operations

23. REMARKS

