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State Name: Virginia

State Plan Amendment (SPA) #: 21-0012

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 Pages

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



Medicaid and CHIP Operations Group

June 25, 2021

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

RE: Virginia State Plan Amendment 21-0012

Dear Ms. Kimsey:

The Centers for Medicare & Medicaid Services (CMS) has reviewed Virginia's State Plan Amendment (SPA) 21-0012, Repeal of Commonwealth Coordinated Care (CCC) Program.

The purpose of this SPA is to delete out-of-date text associated with the CCC Program, which operated from 2014 until the program ended on December 31, 2017. As a result, the CCC Program language in the State Plan is no longer in effect.

This SPA is acceptable. Therefore, we approved SPA 21-0012 on June 24, 2021 with an effective date of July 1, 2021. Enclosed are the approved SPA pages and signed CMS-179 form.

If you have any questions concerning this information, please contact me at (312) 353-1670, or your staff may contact Margaret Kosherzenko at Margaret.Kosherzenko@cms.hhs.gov or (215) 861-4288.

Sincerely,

Ruth A. Hughes, Acting 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 1 — 0 1 2

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
7/1/2021

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 440

7. FEDERAL BUDGET IMPACT

a. FFY 2021 \$ 0
b. FFY 2022 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-F, pages 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Same as box #8.

10. SUBJECT OF AMENDMENT

Repeal of Commonwealth Coordinated Care Program

11. GOVERNOR'S REVIEW (Check One)

- GOVERNOR'S OFFICE REPORTED NO COMMENT
 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

Karen Kimsey

16. RETURN TO

Dept. of Medical Assistance Services
600 East Broad Street, #1300
Richmond VA 23219

Attn: Regulatory Coordinator

13. TYPED NAME

Karen Kimsey

14. TITLE

Director

15. DATE SUBMITTED

4/12/21

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED
May 18, 2021

18. DATE APPROVED
June 24, 2021

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

July 1, 2021

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME

Ruth A. Hughes

22. TITLE

Acting Director, Division of Program Operations

23. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

Citation

Condition or Requirement

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TN No. 21-012

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Effective Date 7/1/2021

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