

Table of Contents

State Name: Virginia

State Plan Amendment (SPA) #: 23-0002

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 St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

April 27, 2023

Cheryl Roberts, Director
Department of Medical Assistance Services
600 East Broad Street, Suite 1300
Richmond, Virginia 23219

Re: Virginia State Plan Amendment 23-0002

Dear Ms. Roberts:

The Centers for Medicare & Medicaid Services (CMS) completed review of the Commonwealth of Virginia's State Plan Amendment (SPA), Transmittal Number (TN) 23-0002 submitted on March 13, 2023. The purpose of this SPA is to update sections of the state plan that pertain to the Program of All-Inclusive Care for the Elderly.

We conducted our review of this amendment according to statutory requirements of Title XIX of the Social Security Act and implementing Federal regulations. This letter is to inform you that Virginia Medicaid SPA Transmittal Number 23-0002 is approved effective January 1, 2023.

We appreciate the assistance provided by your staff throughout the SPA review process. If you have any questions or need assistance, please contact Ellen Reap at 215-861-4735 or via email at Ellen.Reap@cms.hhs.gov or Angela Cimino at Angela.Cimino@cms.hhs.gov.

Sincerely,

A handwritten signature in black ink that reads "Bill Brooks". The signature is written in a cursive, slightly slanted style.

Bill Brooks
Director
Division of Managed Care Operations

cc: Meredith Lee, VA DMAS
Sabrina Tillman-Boyd, DMCO
Angela Cimino, DHPC

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

1. TRANSMITTAL NUMBER

2 3 — 0 0 0 2

2. STATE

V A

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL

SECURITY ACT XIX XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

1/1/2023

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR Part 460

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2023 \$ 0
b. FFY 2024 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1A&B, Supplement 6, revised pages 1, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, and 22

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Same as box #7.

9. SUBJECT OF AMENDMENT

Program of All-Inclusive Care for the Elderly

10. 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

11. SIGNATURE OF STATE AGENCY OFFICIAL

Cheryl Roberts

12. TYPED NAME

Cheryl Roberts

13. TITLE

Director

14. DATE SUBMITTED

02/08/23

15. RETURN TO

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

Attn: Policy, Regulations, and Manuals Supervisor

FOR CMS USE ONLY

16. DATE RECEIVED

3/13/2023

17. DATE APPROVED

4/27/2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

1/1/2023

19. SIGNATURE OF APPROVING OFFICIAL

Bill Brooks

20. TYPED NAME OF APPROVING OFFICIAL

Bill Brooks

21. TITLE OF APPROVING OFFICIAL

Director, Division of Managed Care Operations

22. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

PROGRAM OF ALL INCLUSIVE CARE FOR THE ELDERLY (PACE)

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TN No. 23-0002

Supersedes

TN No. 09-01

Approval Date 04/27/2023

Effective Date 01/1/2023

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