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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
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The purpose of this SPA is to delete out-of-date text associated with the CCC Program, which operated from 2014 until the program ended on December 31, 2017. As a result, the CCC Program language in the State Plan is no longer in effect.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 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:** 21012

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
   - [x] 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 **Page Number of the Superseded Plan Section or Attachment (If Applicable):**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
    - [x] Comments of Governor's Office enclosed
    - [ ] No reply received within 45 days of submittal

12. **Signature of State Agency Official:**
    - Karen Kimsey
    - Director
    - Date Submitted: 4/12/21

13. **Typed Name:** Karen Kimsey

14. **Title:** Director

15. **Date Submitted:** 4/12/21

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 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:**
    - Ruth Hughes -S
    - Digitally signed by Ruth Hughes -S
    - Date: 2021.06.24 10:22:39 -07'00'

21. **Typed Name:** Ruth A. Hughes

22. **Title:**
    - Acting Director, Division of Program Operations

23. **Remarks:**

**Instructions on Back**
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

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