

Table of Contents

State Name: Virginia

State Plan Amendment (SPA) #: 09-09

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS-179
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
150 S. Independence Mall West
Suite 216, The Public Ledger Building
Philadelphia, Pennsylvania 19106-3499



Region III/Division of Medicaid and Children's Health Operations

1 February 2010

Cynthia B. Jones, Acting Director
Department of Medical Assistance Services
600 East Broad Street, Suite 1300
Richmond, Virginia 23219

Dear Ms. Jones:

We have reviewed State Plan Amendment (SPA) 09-09, in which you add Medicaid coverage for legal immigrants who have been in the country less than five (5) years. This SPA, as modified by the letter from DMAS dated November 18, 2009 and the email from DMAS dated January 13, 2010, is acceptable. Therefore, we are approving SPA 09-09 with an effective date of April 1, 2009. Enclosed are the approved SPA pages and signed CMS-179 form.

If you have further questions about this SPA, please contact Jake Hubik at (215) 861-4181.

Sincerely,

/s/
Ted Gallagher
Associate Regional Administrator

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0 9 - 0 9 </div>	2. STATE <div style="border: 1px solid black; padding: 2px; display: inline-block;"> Virginia </div>
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
5. TYPE OF PLAN MATERIAL (Check One) <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT		4. PROPOSED EFFECTIVE DATE <div style="border: 1px solid black; padding: 2px; display: inline-block;"> April 1, 2009 </div>	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 42 CFR Part 435 </div>	7. FEDERAL BUDGET IMPACT a. FFY 2010 2009 \$ 700,451.00 350,225 b. FFY 2011 2010 \$ 700,451.00		
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Attachment 2.6-A, Page 3 Attachment 2.6 A PAGES 2 & 2.1 </div>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Same page Attachment 2.6 A PAGES 2 & 3 </div>		
10. SUBJECT OF AMENDMENT <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> Legal Immigrant Children </div>			
11. GOVERNOR'S REVIEW (Check One) <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT ²⁰¹⁰ <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> Secretary of Health and Human Resources </div>	
12. SIGNATURE OF STATE AGENCY OFFICIAL <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-top: 5px;"> </div>		16. RETURN TO <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Dept. of Medical Assistance Services 600 East Broad Street, #1300 Richmond VA 23219 Attn: Regulation Coordinator </div>	
13. TYPED NAME <div style="border: 1px solid black; padding: 2px; display: inline-block;"> Patrick W. Finnerty </div>	14. TITLE <div style="border: 1px solid black; padding: 2px; display: inline-block;"> Director </div>		
15. DATE SUBMITTED <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-top: 5px;"> 6/26/09 </div>	17. DATE RECEIVED <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-top: 5px;"> 6/26/09 </div>		
FOR REGIONAL OFFICE USE ONLY			
19. EFFECTIVE DATE OF APPROVED MATERIAL <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-top: 5px;"> 4/1/09 </div>		18. DATE APPROVED <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-top: 5px;"> FEB 01 2010 </div>	
PLAN APPROVED - ONE COPY ATTACHED			
21. TYPED NAME <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-top: 5px;"> Ted Gallagher </div>	20. SIGNATURE OF REGIONAL OFFICIAL <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-top: 5px;"> </div>		
22. TITLE <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-top: 5px;"> Associate Regional Administrator </div>	23. REMARKS		



STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation

Condition or Requirement

	b.	For the medically needy, meets the non-financial eligibility conditions of 42 CFR Part 435.
1905(p) of the Act	c.	For financially eligible qualified Medicare beneficiaries covered under §1902(a)(10)(E)(i) of the Act, meets the non-financial criteria of §1905(p) of the Act.
1905(s) of the Act	d.	For financially eligible qualified disabled and working individuals covered under §1902(a)(10)(E)(ii) of the Act, meets the non-financial criteria of §1905(s).
42 CFR 435.406	3.	Is residing in the United States and—
	a.	Is a citizen or national of the United States
	b.	Is a qualified alien (QA) as defined under in section 431 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) as amended, and the QA's eligibility is required by section 402(b) of PRWORA as amended, and is not prohibited by section 403 of PRWORA as amended;
	c.	Is a qualified alien subject to the 5-year bar as described in section 403 of PRWORA, so that eligibility is limited to treatment of an emergency medical condition as defined in section 401 of PRWORA;

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State of VIRGINIA
ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation	Condition or Requirement
	d. Is a non-qualified alien, so that eligibility is limited to treatment of an emergency medical condition as defined in section 401 of PRWORA;
	e. Is a qualified alien (QA) whose eligibility is authorized under section 402(b) of PRWORA as amended, and is not prohibited by section 403 of PWRORA as amended. <u> </u> State covers all authorized QAs. <u> X </u> State does not cover authorized QAs.
	f. State elects CHIPRA option to provide full Medicaid coverage to otherwise eligible aliens lawfully residing in United States; consisting of the following:
(1)	"Qualified aliens" otherwise subject to the 5-year waiting period per section 403 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996;
(2)	Citizens of a Compact of Free Association State (i.e., Federated States of Micronesia, Republic of the Marshall Islands, and the Republic of Palau) who have been admitted to the United States (U.S.) as non-immigrants and are permitted by the Department of Homeland Security to reside permanently or indefinitely in the U.S.;
(3)	Individuals described in 8 CFR 103.12(a)(4) who do not have a permanent residence in the country of their nationality and are in statuses that permit them to remain in the U.S. for an indefinite period of time pending adjustment of status. These individuals include:
(a)	Individuals currently in temporary resident status as Amnesty beneficiaries pursuant to section 210 or 245A of the Immigration and Nationality Act (INA);
(b)	Individuals currently under Temporary Protected Status pursuant to section 244 of the INA;
(c)	Family Unity beneficiaries pursuant to section 301 of Public Law 101-649 as amended, as well as pursuant to section 1504 of Pub. L. 106-554;
(d)	Individuals currently under Deferred Enforced Departure pursuant to a decision made by the President; and
(e)	Individuals who are the spouse or child of a U.S. citizen whose visa petition has been approved and who has a pending application for adjustment of status; and

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State of VIRGINIA
ELIGIBILITY CONDITIONS AND REQUIREMENTS

- (4) Individuals in non-immigrant classifications under the INA who are permitted to remain in the U.S. for an indefinite period, including the following who are specified in section 101(a)(15) of the INA:
- Parents or children of individuals with special immigrant status under section 101(a)(27) of the INA as permitted under section 101(a)(15)(N) of the INA;
 - Fiancées of a citizen as permitted under section 101(a)(15)(K) of the INA;
 - Religious workers under section 101(a)(15)(R);
 - Individuals assisting the Department of Justice in a criminal investigation as permitted under section 101(a)(15)(U) of the INA;
 - Battered aliens; and
 - Individuals with a petition pending for 3 years or more as permitted under section 101(a)(15)(V) of the INA.

 Elected for pregnant women.
 X Elected for children under age 19 .

g. X The State provides assurance that for individuals whom it enrolls in Medicaid under the CHIPRA section 214 option that it has verified, at the time of the individual's initial eligibility determination and at the time of the eligibility redetermination, that the individual continues to be lawfully residing in the United States. The State must first attempt to verify this status using information provided at the time of initial application. If the State cannot do so from the information readily available, it must require the individual to provide documentation or further evidence to verify satisfactory immigration status in the same manner as it would for anyone else claiming satisfactory immigration status under section 1137(d) of the Act.

42 CFR 435.403
1902(b) of the Act

4. Is a resident of the State, regardless of whether or not the individual maintains the residence permanently or maintains it a fixed address.
- State has interstate residency agreement with the following States:
- State has open agreement(s).
- Not applicable; no residency requirement.

TN No. 09-09
Supersedes
TN No. 97-15

Approval Date FEB 01 2010

Effective Date 04/01/09

HCFA ID: 7985E