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State Name: Virginia

State Plan Amendment (SPA) #: 13-0009-MM1

This file contains the following documents in the order listed:

1) Approval Letter

- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Superseding Pages Notice
- 4) 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

SWIFT #121920134102

FEB 21 2014

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

Dear Ms. Jones:

Enclosed is an approved copy of Virginia's State Plan Amendment (SPA) 13-0009-MM1, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on October 4, 2013. Virginia (VA) SPA 13-0009-MM1 incorporates the MAGI-Based Eligibility Group SPA into Virginia's State Plan in accordance with the Affordable Care Act. The effective date of this SPA is January 1, 2014.

Enclosed is a copy of the Summary Page (CMS-179) and the new State Plan pages to be incorporated within a separate section at the back of Virginia's approved State Plan:

- S14, Pages S14-1 through S14-8
- S25, Pages S25-1 through S25-6
- S28, Pages S28-1 through S28-2
- S30, Pages S30-1 through S30-5
- S32, Page S32-1
- S33, Page S33-1
- S50, Page S50-1
- S51, Page S51-1
- S52, Pages S52-1 through S52-32
- S53, Pages S53-1 through S53-3
- S54, Page S54-1
- S55, Page S55-1
- S57, Page S57-1
- S59, Pages S59-1 through S59-2

In addition, enclosed is a summary of State Plan pages which are superseded by SPA 13-0009-MM1, which should also be incorporated into a separate section in the front of the State Plan:

Superseding Pages of State Plan Material, 13-0009-MM1

Page 2- Cynthia B. Jones

Notwithstanding any other provisions of the Virginia Medicaid State Plan, the financial eligibility methodologies described in VA SPA 13-0009-MM1 will apply to all MAGI-based eligibility groups covered under Virginia's Medicaid State Plan. The MAGI financial methodologies set forth in 42 CFR §435.603 apply to everyone except those individuals described at 42 CFR §435.603(j) for whom MAGI-based methods do not apply. This SPA supersedes the current financial eligibility provisions of the Medicaid State Plan only with respect to the MAGI-based eligibility groups.

Congratulations to you and your staff for your hard work and strong collaboration. If you have any questions, please contact Margaret Kosherzenko at 215-861-4288 or by email at Margaret.Kosherzenko@cms.hhs.gov.

Sincerely,

Francis-McCullough Associate Regional Administrator

Enclosures

Medicaid State Plan Eligibility: Summary Page (CMS 179)

State/Territory name:

Virginia

Transmittal Number:

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY= the last two digits of the submission year, and 0000= a four digit number with leading zeros. The dashes must also be entered.

VA-13-0009

Proposed Effective Date

01/01/2014

(mm/dd/yyyy)

Federal Statute/Regulation Citation

Section 1902(e)(14) of the Social Security Act

Federal Budget Impact

Federal Fiscal Year

Amount

First Year 2014

\$ 9449109.00

Second Year 2015

\$21883790.00

Subject of Amendment

MAGI Medicaid Eligibility: S25 (Parents and Other Caretaker Relatives); S28 (Pregnant Women); S30 (Infants/Children under Age 19); S33 (Former Foster Care Children); S50 (Options for Individuals Above 133% FPL); S51 (Optional Parents and Other Caretaker Relatives); S52 (Reasonable Classification of Indiv's under 21); S53 (Children with Non IV-E Adoption Assistance); S54 (Optional Targeted Low-Income Children); S55 (Individuals with Tuberculosis); S57 (Independent Foster Care Adolescents); S59 (Indiv's Eligible for Family Planning); S14 (AFDC Income Standards)

Governor's Office Review

Governor's office reported no comment

Comments of Governor's office received

Describe:

No reply received within 45 days of submittal

Other, as specified

Describe:

Secretary of Health and Human Services

Signature of State Agency Official

Submitted By:

Brian McCormick

Last Revision Date:

Feb 12, 2014

Submit Date:

Oct 4, 2013

SUPERSEDING PAGES OF STATE PLAN MATERIAL					
TRANSMITTAL NUMBER:	STATE:				
13-0009-MM1	Virginia				

Pages or sections of pages being superseded by S25, S28, S30, S51, S52, S53, S59, and S14 and related pages or sections of pages being deleted as obsolete

State Plan Section	Complete Pages Removed	Partial Pages Removed
Attachment 2.2-A	Page 1 Page 3 Page 3a Page 4 Page 4a Page 12 Page 13 Page 13a Page 14 Page 14a Page 23 Page 23d (Family Planning)	Page 2, A.2.b Page 2, A.2.c Page 2a, A.3 Page 5, A.10 Page 9c, B.1 remove "Caretaker relatives" and "Pregnant women" Page 20, B.14
Supplement 1 to Attachment 2.2-A		Page 1, second reference only
Attachment 2.6-A	Page 3b Page 11a Page 19 Page 19a Page 19b Page 21	Page 1, A.2.a(i) and (iii) Page 6 related to AFDC recipients, pregnant women, infants, and children Page 7, 1.a(1) and (2) Page 12, 1.e(2) and (3) Page 18, 5.e Page 25, 11.a(3)
Supplement 1 to Attachment 2.6-A	Pages 1-3	
Supplement 2 to Attachment 2.6-A	Pages 1-5	

Supplement 8a to Attachment 2.6-A		Page 1: #A, #B except for medically needy, #C, #E except for medically needy Page 2: #F for categorically needy family & children groups, #I except for medically needy
Supplement 8b to Attachment 2.6-A		Page 3: #G, except for medically needy Page 4: only #I as related to MAGI- included groups
Supplement 14 to Attachment 2.6-A	Pages 1-5	



OMB Control Number 0938-1148 OMB Expiration date: 10/31/2014

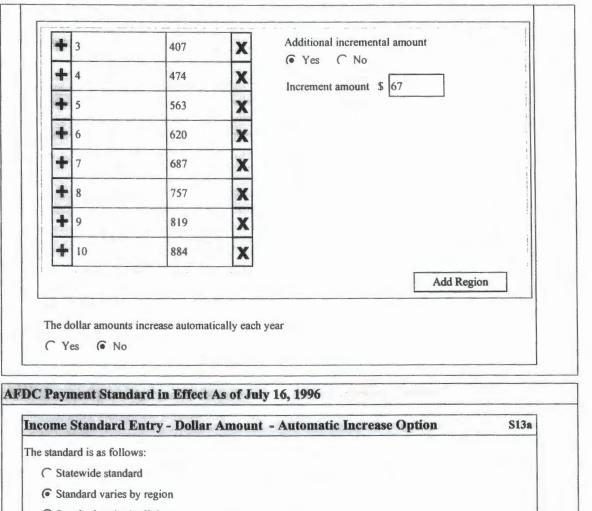
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+	9	734	X	
+	10	800	X	
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Page 2 of 8







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PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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TN No. 13-0009-MM1 Approval Date: 02/21/2014 Effective Date: 01/01/2014 Virginia S14-8



OMB Control Number 0938-1148 OMB Expiration date: 10/31/2014

2 CFR 435.110 902(a)(10)(A)(i)(1) 931(b) and (d) ■ Parents and Other Caretaker Relatives - Parents and other caretaker relatives of dependent children with household income at or below a standard established by the state. ☑ The state attests that it operates this eligibility group in accordance with the following provisions: ■ Individuals qualifying under this eligibility group must meet the following criteria: ■ Are parents or other caretaker relatives (defined at 42 CFR 435.4), including pregnant women, of dependent children (defined at 42 CFR 435.4) under age 18. Spouses of parents and other caretaker relatives are also included. The state elects the following options: ■ This eligibility group includes individuals who are parents or other caretakers of children who are 18 years old, provided the children are full-time students in a secondary school or the equivalent level of vocational or technical training. ☑ Options relating to the definition of caretaker relative (select any that apply): □ The definition of caretaker relative includes the domestic partner of the parent or other caretaker relative, even after the partnership is terminated. Definition of domestic partner: □ The definition of caretaker relative includes other relatives of the child based on blood (including those of half-blood), adoption or marriage. A relative of a specified degree of the dependent child who is: *any blood relative, including those of half blood and including first cousins, hepews or nieces and persons of preceding generations as denoted by prefixes of grand, great, or great-great; a stepbrother, stepsister, a relative by adoption following entry of the interlocutory or final order, which-ever is first, the same relatives by adoption as listed above; spouses of any persons name in the above groups even after the marriage is terminated by death or divorce	ligibility Groups - Mandatory Coverage arents and Other Caretaker Relatives	S2:
below a standard established by the state. The state attests that it operates this eligibility group in accordance with the following provisions: Individuals qualifying under this eligibility group must meet the following criteria: Are parents or other caretaker relatives (defined at 42 CFR 435.4), including pregnant women, of dependent children (defined at 42 CFR 435.4) under age 18. Spouses of parents and other caretaker relatives are also included. The state elects the following options: This eligibility group includes individuals who are parents or other caretakers of children who are 18 years old, provided the children are full-time students in a secondary school or the equivalent level of vocational or technical training. Options relating to the definition of caretaker relative (select any that apply): The definition of caretaker relative includes the domestic partner of the parent or other caretaker relative, even after the partnership is terminated. Definition of domestic partner: A relative of a specified degree of the dependent child who is: *any blood relative, including those of half blood and including first cousins, any blood relative, including those of half blood and including first cousins, of grand, great, or great-great; a stepbrother, stepsister, a relative by adoption following entry of the interlocutory or final order, which-ever is first; the same relatives by adoption as listed above; spouses of any persons name in the above groups even after the marriage is terminated by death or divorce	902(a)(10)(A)(i)(l)	
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The state elects the following options: This eligibility group includes individuals who are parents or other caretakers of children who are 18 years old, provided the children are full-time students in a secondary school or the equivalent level of vocational or technical training. Options relating to the definition of caretaker relative (select any that apply): The definition of caretaker relative includes the domestic partner of the parent or other caretaker relative, even after the partnership is terminated. Definition of domestic partner: The definition of caretaker relative includes other relatives of the child based on blood (including those of half-blood), adoption or marriage. A relative of a specified degree of the dependent child who is: *any blood relative, including those of half blood and including first cousins, nephews or nieces and persons of preceding generations as denoted by prefixes of grand, great, or great-great; a stepbrother, stepsister; a relative by adoption following entry of the interlocutory or final order, which-ever is first; the same relatives by adoption as listed above; spouses of any persons name in the above groups even after the marriage is terminated by death or divorce	Individuals qualifying under this eligit	pility group must meet the following criteria:
This eligibility group includes individuals who are parents or other caretakers of children who are 18 years old, provided the children are full-time students in a secondary school or the equivalent level of vocational or technical training. ☐ Options relating to the definition of caretaker relative (select any that apply): ☐ The definition of caretaker relative includes the domestic partner of the parent or other caretaker relative, even after the partnership is terminated. ☐ Definition of domestic partner: ☐ The definition of caretaker relative includes other relatives of the child based on blood (including those of half-blood), adoption or marriage. ☐ A relative of a specified degree of the dependent child who is: ☐ any blood relative, including those of half blood and including first cousins, nephews or nieces and persons of preceding generations as denoted by prefixes of grand, great, or great-great; a stepbrother, stepsister; a relative by adoption following entry of the interlocutory or final order, which-ever is first; the same relatives by adoption as listed above; spouses of any persons name in the above groups even after the marriage is terminated by death or divorce ☐ The definition of caretaker relative includes any adult with whom the child is living and who assumes	Are parents or other caretaker rela (defined at 42 CFR 435.4) under a	ntives (defined at 42 CFR 435.4), including pregnant women, of dependent children age 18. Spouses of parents and other caretaker relatives are also included.
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The definition of caretaker relative includes the domestic partner of the parent or other caretaker relative, even after the partnership is terminated. Definition of domestic partner: The definition of caretaker relative includes other relatives of the child based on blood (including those of half-blood), adoption or marriage. A relative of a specified degree of the dependent child who is: *any blood relative, including those of half blood and including first cousins, nephews or nieces and persons of preceding generations as denoted by prefixes of grand, great, or great-great; a stepbrother, stepsister; a relative by adoption following entry of the interlocutory or final order, which-ever is first; the same relatives by adoption as listed above; spouses of any persons name in the above groups even after the marriage is terminated by death or divorce	provided the children are full-	
Definition of domestic partner: The definition of caretaker relative includes other relatives of the child based on blood (including those of half-blood), adoption or marriage. A relative of a specified degree of the dependent child who is: *any blood relative, including those of half blood and including first cousins, nephews or nieces and persons of preceding generations as denoted by prefixes of grand, great, or great-great; a stepbrother, stepsister; a relative by adoption following entry of the interlocutory or final order, which-ever is first; the same relatives by adoption as listed above; spouses of any persons name in the above groups even after the marriage is terminated by death or divorce	Options relating to the definit	ion of caretaker relative (select any that apply):
The definition of caretaker relative includes other relatives of the child based on blood (including those of half-blood), adoption or marriage. A relative of a specified degree of the dependent child who is: *any blood relative, including those of half blood and including first cousins, nephews or nieces and persons of preceding generations as denoted by prefixes of grand, great, or great-great; a stepbrother, stepsister; a relative by adoption following entry of the interlocutory or final order, which-ever is first; the same relatives by adoption as listed above; spouses of any persons name in the above groups even after the marriage is terminated by death or divorce	The definition of caretake even after the partnership	er relative includes the domestic partner of the parent or other caretaker relative, is terminated.
Description of other relatives: A relative of a specified degree of the dependent child who is: *any blood relative, including those of half blood and including first cousins, nephews or nieces and persons of preceding generations as denoted by prefixes of grand, great, or great-great; a stepbrother, stepsister; a relative by adoption following entry of the interlocutory or final order, which-ever is first; the same relatives by adoption as listed above; spouses of any persons name in the above groups even after the marriage is terminated by death or divorce The definition of caretaker relative includes any adult with whom the child is living and who assumes		
*any blood relative, including those of half blood and including first cousins, nephews or nieces and persons of preceding generations as denoted by prefixes of grand, great, or great-great; a stepbrother, stepsister; a relative by adoption following entry of the interlocutory or final order, which-ever is first; the same relatives by adoption as listed above; spouses of any persons name in the above groups even after the marriage is terminated by death or divorce	The definition of caretake half-blood), adoption or n	er relative includes other relatives of the child based on blood (including those of narriage.
The definition of caretaker relative includes any adult with whom the child is living and who assumes primary responsibility for the dependent child's care.		*any blood relative, including those of half blood and including first cousins, nephews or nieces and persons of preceding generations as denoted by prefixes of grand, great, or great-great; a stepbrother, stepsister; a relative by adoption following entry of the interlocutory or final order, which-ever is first; the same relatives by adoption as listed above; spouses of any persons name in the
primary responsibility for the dependent child's care.	The definition of caretake	er relative includes any adult with whom the child is living and who assumes
Options relating to the definition of dependent child (select the one that applies):		



	The state elects to eliminate the requirement that a dependent child must be deprived of parental support or care by reason of the death, physical or mental incapacity, or absence from the home or unemployment of at least one parent.
	The child must be deprived of parental support or care, but a less restrictive standard is used to measure unemployment of the parent (select the one that applies):
На	ve household income at or below the standard established by the state.
MAGI- Based	based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI- ncome Methodologies, completed by the state.
Income	standard used for this group
M	nimum income standard
	e minimum income standard used for this group is the state's AFDC payment standard in effect as of May 1, 1988, verted to MAGI-equivalent amounts by household size. The standard is described in S14 AFDC Income Standards.
V	The state certifies that it has submitted and received approval for its converted May 1, 1988 AFDC payment standard.
	An attachment is submitted.
M	ximum income standard .
<u> </u>	The state certifies that it has submitted and received approval for its converted income standard(s) for parents and other caretaker relatives to MAGI-equivalent standards and the determination of the maximum income standard to be used for parents and other caretaker relatives under this eligibility group.
	An attachment is submitted.
Th	e state's maximum income standard for this eligibility group is:
\subset	The state's effective income level for section 1931 families under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.
•	The state's effective income level for section 1931 families under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.
\subset	The state's effective income level for any population of parents/caretaker relatives under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.
\subset	The state's effective income level for any population of parents/caretaker relatives under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.
 En	er the amount of the maximum income standard:

Approval Date: 02/21/2014

S25-2

Page 2 of 6 Effective Date: 01/01/2014



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Page 3 of 6 Effective Date: 01/01/2014

TN No. 13-0009-MM1 Virginia Approval Date: 02/21/2014 S25-3



+	8	931	X	Additional incremental amount • Yes • No
				Increment amount \$ 96
Nan	ne of region			Description
Reg	ion 2			
	Household size	Standard (\$)		Additional incremental amount Yes No
+	1	308	X	Increment amount \$ 109
+	2	442	X	
+	3	556	X	
+	4	665	X	
+	5	782	X	
+	6	881	X	
+	7	987	X	
+	8	1,102	X	
				Remove Re
	ne of region ion 3			Description
Reg				
	Household size	Standard (\$)		<u> </u>
+	1	465	X	
+	2	623	X	
+	3	762	X	
+	4	895	X	



	1	+	5	1,058	X	Additional incremental amount
		+	6	1,177	X	• Yes C No
		+	7	1,310	X	Increment amount \$ [133
		+	8	1,449	X	
	-					Add Region
	T	he do	ollar amount	s increase automatic	cally each	year
	(es C No			
		The	basis of the	increase is		
			© CPI-U	<u></u>		
			C Other ba	sis Name:		
		The	annual incre	ease occurs in the m	nonth and	day indicated:
		Eve	ery Month	: July		Day: 1
■ lne	con	ne sta	andard chose	n:		
Ind	dica	te th	e state's inco	me standard used for	or this elig	ribility group:
····			inimum inco		or tims eng	goods.
(•	Т	ne m	aximum inco	ome standard		
\subset	in	crea		sumer Price Index		of July 16, 1996, increased by no more than the percentage consumers (CPI-U) since such date. The standard is described in
$\overline{}$	A	noth	er income sta	andard in-between t	the minim	um and maximum standards allowed
There i	is n	o res	ource test fo	r this eligibility gro	up.	
Presun	npti	ve E	ligibility			
it also	cov	ers i	ndividuals ur		omen (42	mined presumptively eligible by a qualified entity. The state associated CFR 435.116) and/or Infants and Children under Age 19 (42 Clely eligible.
	-, •		Proubs	actorimized p		

PRA Disclosure Statement

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TN No. 13-0009-MM1 Virginia Approval Date: 02/21/2014 S25-5



According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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S28

Freguant women	
42 CFR 435.116	
1902(a)(10)(A)(i)(III) and (IV)	
1902(a)(10)(A)(ii)(I), (IV) and (IX)	
1931(b) and (d)	
1920	

- Pregnant Women Women who are pregnant or post-partum, with household income at or below a standard established by the state.
 - The state attests that it operates this eligibility group in accordance with the following provisions:
 - Individuals qualifying under this eligibility group must be pregnant or post-partum, as defined in 42 CFR 435.4.

Pregnant women in the last trimester of their pregnancy without dependent children are eligible for full benefits under this group in accordance with section 1931 of the Act, if they meet the income standard for state plan Parents and Other Caretaker Relatives at 42 CFR 435.110.

C Yes @ No

Eligibility Groups - Mandatory Coverage

- MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.
- Income standard used for this group
 - Minimum income standard (Once entered and approved by CMS, the minimum income standard cannot be changed.)

The state had an income standard higher than 133% FPL established as of December 19, 1989 for determining eligibility for pregnant women, or as of July 1, 1989, had authorizing legislation to do so.

C Yes @ No

The minimum income standard for this eligibility group is 133% FPL.

Maximum income standard

The state certifies that it has submitted and received approval for its converted income standard(s) for pregnant women to MAGI-equivalent standards and the determination of the maximum income standard to be used for pregnant women under this eligibility group.

An attachment is submitted.

The state's maximum income standard for this eligibility group is:

The state's highest effective income level for coverage of pregnant women under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified pregnant women), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related pregnant women), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related pregnant women), 1902(a)(10) (A)(ii)(I) (pregnant women who meet AFDC financial eligibility criteria) and 1902(a)(10)(A)(ii)(IV) (institutionalized pregnant women) in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

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C Yes

No
 No
 ■
 No

Medicaid Eligibility

	C	The state's highest effective income level for coverage of pregnant women under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified pregnant women), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related pregnant women), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related pregnant women), 1902(a)(10) (A)(ii)(I) (pregnant women who meet AFDC financial eligibility criteria) and 1902(a)(10)(A)(ii)(IV) (institutionalized pregnant women) in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
	\subset	The state's effective income level for any population of pregnant women under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
	\subset	The state's effective income level for any population of pregnant women under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
	•	185% FPL
ĺ	Inc	ome standard chosen
	Inc	dicate the state's income standard used for this eligibility group:
	\subset	The minimum income standard
	\subset	The maximum income standard
	(Another income standard in-between the minimum and maximum standards allowed.
		The amount of the income standard for this eligibility group is: 143 % FPL
T	here is	no resource test for this eligibility group.
■ B	enefit	s for individuals in this eligibility group consist of the following:
(• All	pregnant women eligible under this group receive full Medicaid coverage under this state plan.
(gnant women whose income exceeds the income limit specified below for full coverage of pregnant women receive y pregnancy-related services.
■ P	resum	ptive Eligibility
		te covers ambulatory prenatal care for individuals under this group when determined presumptively eligible by a ed entity.

PRA Disclosure Statement

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Effective Date: 01/01/2014 TN No. 13-0009-MM1 Approval Date: 02/21/2014

Virginia



OMB Control Number 0938-1148 OMB Expiration date: 10/31/2014

Charles and the contract of th	Groups - Mandatory Coverage d Children under Age 19
	A)(i)(III), (IV), (VI) and (VII) A)(ii)(IV) and (IX)
	and Children under Age 19 - Infants and children under age 19 with household income at or below standards established by based on age group.
	state attests that it operates this eligibility group in accordance with the following provisions:
	Children qualifying under this eligibility group must meet the following criteria:
	■ Are under age 19
	■ Have household income at or below the standard established by the state.
	MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.
	Income standard used for infants under age one
	■ Minimum income standard
	The state had an income standard higher than 133% FPL established as of December 19, 1989 for determining eligibility for infants under age one, or as of July 1, 1989, had authorizing legislation to do so.
	C Yes € No
	The minimum income standard for infants under age one is 133% FPL.
	Maximum income standard
	The state certifies that it has submitted and received approval for its converted income standard(s) for infants under age one to MAGI-equivalent standards and the determination of the maximum income standard to be used for infants under age one.
	The state's maximum income standard for this age group is:
	The state's highest effective income level for coverage of infants under age one under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related infants), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related infants) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGIequivalent percent of FPL.



Medicaid Eligibility

	\subset	The state's highest effective income level for coverage of infants under age one under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related infants), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related infants) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
	\subset	The state's effective income level for any population of infants under age one under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
	<u> </u>	The state's effective income level for any population of infants under age one under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
	•	185% FPL
	■ Inc	come standard chosen
	The	e state's income standard used for infants under age one is:
	\subset	The maximum income standard
	C	If not chosen as the maximum income standard, the state's highest effective income level for coverage of infants under age one under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10) (A)(i)(IV) (mandatory poverty level-related infants), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related infants) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
	C	If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's highest effective income level for coverage of infants under age one under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10) (A)(i)(IV) (mandatory poverty level-related infants), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related infants) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
	C	If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's effective income level for any population of infants under age one under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAG1-equivalent percent of FPL.
	C	If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's effective income level for any population of infants under age one under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
	•	Another income standard in-between the minimum and maximum standards allowed, provided it is higher than the effective income standard for this age group in the state plan as of March 23, 2010.
	Th	e amount of the income standard for infants under one is: 143 % FPL
I	ncome	standard for children age one through age five, inclusive

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Minimum income standard

Approval Date: 02/21/2014 S30-2



The minimum income standard used for this age group is 133% FPL. Maximum income standard The state certifies that it has submitted and received approval for its converted income standard(s) for children age one through five to MAGI-equivalent standards and the determination of the maximum income standard to be used for children age one through five. An attachment is submitted. The state's maximum income standard for children age one through five is: The state's highest effective income level for coverage of children age one through five under sections 1931 (lowincome families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VI) (mandatory poverty levelrelated children age one through five), and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL. The state's highest effective income level for coverage of children age one through five under sections 1931 (lowincome families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VI) (mandatory poverty levelrelated children age one through five), and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL. The state's effective income level for any population of children age one through five under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL. The state's effective income level for any population of children age one through five under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL. Enter the amount of the maximum income standard: |143 % FPL Income standard chosen The state's income standard used for children age one through five is: The maximum income standard If not chosen as the maximum income standard, the state's highest effective income level for coverage of children age one through five under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children),

(1902(a)(10)(A)(i)(VI) (mandatory poverty level-related children age one through five), and 1902(a)(10)(A)(ii) (IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a

If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's highest effective income level for coverage of children age one through five under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VI) (mandatory poverty level-related children age one through five), and 1902(a)(10)(A)(ii) (IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a

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MAGI-equivalent percent of FPL.

MAGI-equivalent percent of FPL.

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	If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's effective income level for any population of children age one through five under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.				
	\subset	If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's effective income level for any population of children age one through five under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.			
	\subset	Another income standard in-between the minimum and maximum standards allowed, provided it is higher than the effective income standard for this age group in the state plan as of March 23, 2010.			
Inco	ome	standard for children age six through age eighteen, inclusive			
	Mi	nimum income standard			
	The	e minimum income standard used for this age group is 133% FPL.			
		aximum income standard			
	1710				
	V	The state certifies that it has submitted and received approval for its converted income standard(s) for children age six through eighteen to MAGI-equivalent standards and the determination of the maximum income standard to be used for children age six through age eighteen.			
		An attachment is submitted.			
	The	An attachment is submitted. e state's maximum income standard for children age six through eighteen is:			
	The				
		e state's maximum income standard for children age six through eighteen is: The state's highest effective income level for coverage of children age six through eighteen under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VII) (mandatory poverty level-related children age six through eighteen) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect			
	•	e state's maximum income standard for children age six through eighteen is: The state's highest effective income level for coverage of children age six through eighteen under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VII) (mandatory poverty level-related children age six through eighteen) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL. The state's highest effective income level for coverage of children age six through eighteen under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VII) (mandatory poverty level-related children age six through eighteen) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect			
	•	e state's maximum income standard for children age six through eighteen is: The state's highest effective income level for coverage of children age six through eighteen under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VII) (mandatory poverty level-related children age six through eighteen) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL. The state's highest effective income level for coverage of children age six through eighteen under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VII) (mandatory poverty level-related children age six through eighteen) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL. The state's effective income level for any population of children age six through eighteen under a Medicaid 1115			
	•	e state's maximum income standard for children age six through eighteen is: The state's highest effective income level for coverage of children age six through eighteen under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VII) (mandatory poverty level-related children age six through eighteen) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL. The state's highest effective income level for coverage of children age six through eighteen under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VII) (mandatory poverty level-related children age six through eighteen) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL. The state's effective income level for any population of children age six through eighteen under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL. The state's effective income level for any population of children age six through eighteen under a Medicaid 1115			
		e state's maximum income standard for children age six through eighteen is: The state's highest effective income level for coverage of children age six through eighteen under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VII) (mandatory poverty level-related children age six through eighteen) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL. The state's highest effective income level for coverage of children age six through eighteen under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VII) (mandatory poverty level-related children age six through eighteen) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL. The state's effective income level for any population of children age six through eighteen under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL. The state's effective income level for any population of children age six through eighteen under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.			

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The state's income standard used for children age six through eighteen is:

• The maximum income standard

If not chosen as the maximum income standard, the state's highest effective income level for coverage of children age six through eighteen under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children),

(1902(a)(10)(A)(i)(VII) (mandatory poverty level-related children age six through eighteen) and 1902(a)(10)(A) (ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's highest effective income level for coverage of children age six through eighteen under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VII) (mandatory poverty level-related children age six through eighteen) and 1902(a)(10)(A) (ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's effective income level for any population of children age six through eighteen under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's effective income level for any population of children age six through eighteen under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

- Another income standard in-between the minimum and maximum standards allowed, provided it is higher than the effective income standard for this age group in the state plan as of March 23, 2010.
- There is no resource test for this eligibility group.
- Presumptive Eligibility

The state covers children when determined presumptively eligible by a qualified entity.

C Yes @ No

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Eligibility Groups - Mandatory Coverage

Adult Group

1902(a)(10)(A)(i)(VIII)
42 CFR 435.119

The state covers the Adult Group as described at 42 CFR 435.119.

C Yes No

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OMB Control Number 0938-1148

OMB Expiration date:	10/31/2014
Eligibility Groups - Mandatory Coverage Former Foster Care Children	S33
42 CFR 435.150 1902(a)(10)(A)(i)(IX)	
Former Foster Care Children - Individuals under the age of 26, not otherwise mandatorily eligible, who were on Medica in foster care when they turned age 18 or aged out of foster care.	id and
The state attests that it operates this eligibility group under the following provisions:	
Individuals qualifying under this eligibility group must meet the following criteria:	
Are under age 26.	
Are not otherwise eligible for and enrolled for mandatory coverage under the state plan, except that eligibility this group takes precedence over eligibility under the Adult Group.	under
Were in foster care under the responsibility of the state or Tribe and were enrolled in Medicaid under the state plan or 1115 demonstration when they turned 18 or at the time of aging out of that state's or Tribe's foster care program.	
The state elects to cover children who were in foster care and on Medicaid in <u>any</u> state at the time they turned aged out of the foster care system.	d 18 or
C Yes © No	
The state covers individuals under this group when determined presumptively eligible by a qualified entity. The state it also covers individuals under the Pregnant Women (42 CFR 435.116) and/or Infants and Children under Age 19 (42 435.118) eligibility groups when determined presumptively eligible.	
C Yes	

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TN No. 13-0009-MM1 Virginia Approval Date: 02/21/2014

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OMB Control Number 0938-1148 OMB Expiration date: 10/31/2014

Eligibility Groups - Options for Coverage Individuals above 133% FPL

S50

1902(a)(10)(A)(ii)(XX) 1902(hh) 42 CFR 435.218

Individuals above 133% FPL - The state elects to cover individuals under 65, not otherwise mandatorily or optionally eligible, with income above 133% FPL and at or below a standard established by the state and in accordance with provisions described at 42 CFR 435.218.

C Yes @ No

PRA Disclosure Statement

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TN No. 13-0009-MM1 Virginia Approval Date: 02/21/2014 \$50-1



OMB Control Number 0938-1148 OMB Expiration date: 10/31/2014

Eligibility Groups - Options for Coverage Optional Coverage of Parents and Other Caretaker Relatives

S51

42 CFR 435.220 1902(a)(10)(A)(ii)(I)

Optional Coverage of Parents and Other Caretaker Relatives - The state elects to cover individuals qualifying as parents or other caretaker relatives who are not mandatorily eligible and who have income at or below a standard established by the state and in accordance with provisions described at 42 CFR 435.220.

Yes © No

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN No. 13-0009-MM1 Virginia Approval Date: 02/21/2014 S51-1



OMB Control Number 0938-1148 OMB Expiration date: 10/31/2014

ligibility Groups - Options for Coverage casonable Classification of Individuals under Age 21	552
2 CFR 435.222 902(a)(10)(A)(ii)(I) 902(a)(10)(A)(ii)(IV)	
easonable Classification of Individuals under Age 21 - The state elects to cover one or more reasonable classifications of individual ander age 21 who are not mandatorily eligible and who have income at or below a standard established by the state and in accordance ith provisions described at 42 CFR 435.222.	als
Yes (No	
The state attests that it operates this eligibility group in accordance with the following provisions:	
Individuals qualifying under this eligibility group must qualify under a reasonable classification by meeting the following criteria:	3
■ Be under age 21, or a lower age, as defined within the reasonable classification.	
Have household income at or below the standard established by the state, if the state has an income standard for the reasonable classification.	
Not be eligible and enrolled for mandatory coverage under the state plan.	
MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.	
The state covered at least one reasonable classification under this eligibility group under its Medicaid state plan as of Decemb 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013, with income standards higher (including disregarding all income) than the current mandatory income standards for the individual's age.	
• Yes C No	
The state also covered at least one reasonable classification under this group in the Medicaid state plan as of March 23, 2010 with income standards higher (including disregarding all income) than the current mandatory income standards for the individual's age.	
€ Yes C No	
Reasonable Classifications Covered in the Medicaid State Plan as of March 23, 2010	
The state attaches the approved pages from the Medicaid state plan as of March 23, 2010 to indicate the age groups, reasonable classifications, and income standards used at that time for this eligibility group.	
An attachment is subjected.	
Current Coverage of All Children under a Specified Age	

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The state covers all children under a specified age limit, equal to or higher than the age limit and/or income standard used in the Medicaid state plan as of March 23, 2010, provided the income standard is higher than the current mandatory income standard for the individual's age. The age limit and/or income standard used must be no higher than any age limit and/or income standard covered in the Medicaid state plan as of December 31, 2013 or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013. Higher income standards may include the disregard of all income.

-		_	_
(Yes	6	No

Current Coverage of Reasonable Classifications Covered in the Medicaid State Plan as of March 23, 2010

The state covers reasonable classifications of children previously covered in the Medicaid state plan as of March 23, 2010, with income standards higher than the current mandatory income standard for the age group. Age limits and income standards are equal to or higher than the Medicaid state plan as of March 23, 2010, but no higher than any age limit and/or income standard for this classification covered in the Medicaid state plan as of December 31, 2013 or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013. Higher income standards may include the disregard of all income.

6	Yes	0	No
(-	1 62	-	INU

Indicate the reasonable classifications of children that were covered in the state plan in effect as of March 23, 2010 with income standards higher than the mandatory standards used for the child's age, using age limits and income standards that are not more restrictive than used in the state plan as of as March 23, 2010 and are not less restrictive than used in the Medicaid state plan as of December 31, 2013 or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013.

Current Coverage of Reasonable Classifications Covered in the Medicaid State Plan as of March 23, 2010

Reasonable Classifications of Children	S11
☑ Individuals for whom public agencies are assuming full or partial financial responsibility.	
☑ Individuals placed in foster care homes by public agencies	
Indicate the age which applies:	
● Under age 21 C Under age 20 C Under age 19 C Under age 18	
☑ Individuals placed in foster care homes by private, non-profit agencies	
Indicate the age which applies:	
● Under age 21 C Under age 20 C Under age 19 C Under age 18	
Indicate the age which applies:	
● Under age 21 C Under age 20 C Under age 19 C Under age 18	
☑ Individuals placed in private institutions by private, non-profit agencies	
Indicate the age which applies:	
© Under age 21 C Under age 20 C Under age 19 C Under age 18	

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☐ Individuals in adoptions subsidized in full or part by a public agency
Indicate the age which applies:
● Under age 21 C Under age 20 C Under age 19 C Under age 18
Individuals in nursing facilities, if nursing facility services are provided under this plan
Indicate the age which applies:
● Under age 21 C Under age 20 C Under age 19 C Under age 18
Also individuals in Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF-IID), if these services are provided under this plan.
Indicate the age which applies:
● Under age 21 C Under age 19 C Under age 18
Individuals receiving active treatment as inpatients in psychiatric facilities or programs, if such services are provided under this plan
Other reasonable classifications
standard for the child's age. It may be no lower than the income standard used in the state plan as of March 23, 2010 and no higher than the highest standard used in the Medicaid state plan as of December 31, 2013 or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013. Click here once S11 form above is complete to view the income standards form.
individuals placed in foster care homes by public agencies
■ Income standard used
Minimum income standard
The minimum income standard for this classification of children is the AFDC payment standard in effect as of July 16, 1996, not converted to MAGI-equivalent. This standard is described in S14 AFDC Income Standards.
Maximum income standard
No income test was used (all income was disregarded) for this classification either in the Medicaid state plan as of December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013.
C Yes © No
The state certifies that it has submitted and received approval for its converted income standards for this classification of children to MAGI-equivalent standards and the determination of the maximum income standard to be used for this classification of children under this eligibility group.

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The state's maximum income standard for this classification of children (which must exceed the minimum for the classification) is: The state's effective income level for this classification of children under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size. The state's effective income level for this classification of children under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size. The state's effective income level for this classification of children under a Medicaid 1115 Demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size. The state's effective income level for this classification of children under a Medicaid 1115 Demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size. Enter the amount of the maximum income standard: A percentage of the federal poverty level: The state's AFDC payment standard in effect as of July 16, 1996, converted to a MAGI-equivalent standard. This standard is described in S14 AFDC Income Standards. This option should only be selected for children 19 and older, and only if the state has not elected to cover the Adult Group. The state's TANF payment standard, converted to a MAGI-equivalent standard. This standard is described in S14 AFDC Income Standards. This option should only be selected for children 19 and older, and only if the state has not elected to cover the Adult Group. Other dollar amount		An attachment is submitted.	
The state's effective income level for this classification of children under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size. The state's effective income level for this classification of children under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size. The state's effective income level for this classification of children under a Medicaid 1115 Demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size. The state's effective income level for this classification of children under a Medicaid 1115 Demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size. Enter the amount of the maximum income standard: A percentage of the federal poverty level: The state's AFDC payment standard in effect as of July 16, 1996, converted to a MAGI-equivalent standard. This standard is described in S14 AFDC Income Standards. This option should only be selected for children 19 and older, and only if the state has not elected to cover the Adult Group. The state's TANF payment standard, converted to a MAGI-equivalent standard. This standard is described in S14 AFDC Income Standards. This option should only be selected for children 19 and older, and only if the state has not elected to cover the Adult Group. Other dollar amount Income Standard Entry - Dollar Amount - Automatic Increase Option S13: Standard varies by region Standard varies by living arrangement Standard varies by living arrangement Standard varies in some other way Enter the standard by region	The		
as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size. The state's effective income level for this classification of children under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size. The state's effective income level for this classification of children under a Medicaid 1115 Demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size. The state's effective income level for this classification of children under a Medicaid 1115 Demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size. Enter the amount of the maximum income standard: (A percentage of the federal poverty level: (But a state's AFDC payment standard in effect as of July 16, 1996, converted to a MAGI-equivalent standard. This standard is described in S14 AFDC Income Standards. This option should only be selected for children 19 and older, and only if the state has not elected to cover the Adult Group. The state's TANF payment standard, converted to a MAGI-equivalent standard. This standard is described in S14 AFDC Income Standards. This option should only be selected for children 19 and older, and only if the state has not elected to cover the Adult Group. (C) Other dollar amount Income Standard Entry - Dollar Amount - Automatic Increase Option S13. The standard varies by living arrangement (C) Standard varies by living arrangement (C) Standard varies by living arrangement (C) Standard varies in some other way			
as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size. The state's effective income level for this classification of children under a Medicaid 1115 Demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size. The state's effective income level for this classification of children under a Medicaid 1115 Demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size. Enter the amount of the maximum income standard: (A percentage of the federal poverty level:	(as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household	
Demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size. The state's effective income level for this classification of children under a Medicaid 1115 Demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size. Enter the amount of the maximum income standard: (A percentage of the federal poverty level:	•	as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by	
Demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size. Enter the amount of the maximum income standard: (A percentage of the federal poverty level:	\subset	Demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or	
The state's AFDC payment standard in effect as of July 16, 1996, converted to a MAGIequivalent standard. This standard is described in S14 AFDC Income Standards. This option should only be selected for children 19 and older, and only if the state has not elected to cover the Adult Group. The state's TANF payment standard, converted to a MAGI-equivalent standard. This standard is described in S14 AFDC Income Standards. This option should only be selected for children 19 and older, and only if the state has not elected to cover the Adult Group. Other dollar amount Income Standard Entry - Dollar Amount - Automatic Increase Option S13: C statewide standard Standard varies by region Standard varies by living arrangement Standard varies in some other way Enter the standard by region	\subset	Demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or	
The state's AFDC payment standard in effect as of July 16, 1996, converted to a MAGIequivalent standard. This standard is described in S14 AFDC Income Standards. This option should only be selected for children 19 and older, and only if the state has not elected to cover the Adult Group. The state's TANF payment standard, converted to a MAGI-equivalent standard. This standard is described in S14 AFDC Income Standards. This option should only be selected for children 19 and older, and only if the state has not elected to cover the Adult Group. Other dollar amount Income Standard Entry - Dollar Amount - Automatic Increase Option S13: C Statewide standard Standard varies by region Standard varies by living arrangement Standard varies in some other way Enter the standard by region	En	ter the amount of the maximum income standard:	
equivalent standard. This standard is described in S14 AFDC Income Standards. This option should only be selected for children 19 and older, and only if the state has not elected to cover the Adult Group. The state's TANF payment standard, converted to a MAGI-equivalent standard. This standard is described in S14 AFDC Income Standards. This option should only be selected for children 19 and older, and only if the state has not elected to cover the Adult Group. Cother dollar amount Income Standard Entry - Dollar Amount - Automatic Increase Option S13: Statewide standard Standard varies by region Standard varies by living arrangement Standard varies in some other way Enter the standard by region	\subset	A percentage of the federal poverty level: %	
described in S14 AFDC Income Standards. This option should only be selected for children 19 and older, and only if the state has not elected to cover the Adult Group. Other dollar amount Income Standard Entry - Dollar Amount - Automatic Increase Option S13: The standard is as follows: Statewide standard Standard varies by region Standard varies by living arrangement Standard varies in some other way Enter the standard by region	(equivalent standard. This standard is described in S14 AFDC Income Standards. This option should only be selected for children 19 and older, and only if the state has not elected to cover the	
Income Standard Entry - Dollar Amount - Automatic Increase Option The standard is as follows: Statewide standard Standard varies by region Standard varies by living arrangement Standard varies in some other way Enter the standard by region	<u></u>	described in S14 AFDC Income Standards. This option should only be selected for children 19	
The standard is as follows: (Statewide standard Standard varies by region Standard varies by living arrangement Standard varies in some other way Enter the standard by region	(Other dollar amount	
 Statewide standard Standard varies by region Standard varies by living arrangement Standard varies in some other way Enter the standard by region	In	come Standard Entry - Dollar Amount - Automatic Increase Option	S13a
 Standard varies by region Standard varies by living arrangement Standard varies in some other way Enter the standard by region	Th	e standard is as follows:	
C Standard varies by living arrangement C Standard varies in some other way Enter the standard by region		C Statewide standard	
C Standard varies in some other way Enter the standard by region			
Enter the standard by region		C Standard varies by living arrangement	
		C Standard varies in some other way	
Remove Region		Enter the standard by region	
		Remove Re	egion

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	ne of region			Description	
Reg	ion 1				
	Household size	Standard (\$)		Additional incremental amount Yes No	
+	1	225	X	Increment amount \$ 92	
+	2	348	X		
+	3	448	X		
+	4	543	X		
+	5	640	X		
+	6	718	X		
	7	812	X		
+		1			
+		913	X		
		913		Dom ove	
+		913		Remove	Re
+ Nan	8	913		The state of the s	Re
+ Nan	8 ne of region	913		The state of the s	Re
+ Nan	8 ne of region	913 Standard (\$)	X	The state of the s	Re
+ Nan	ne of region ion 2 Household size		x	The state of the s	Re
+ Nam Reg	ne of region ion 2 Household size	Standard (\$)	X	The state of the s	Re
+ Nam	e of region ion 2 Household size 1	Standard (\$)	x	The state of the s	Re
+ H	Be of region ion 2 Household size 1 2 3	Standard (\$) 305 443	x x x	The state of the s	Re
+ Reg	Household size 1 2 3	Standard (\$) 305 443 555	x x x	The state of the s	Re
+ + +	Household size 1 2 3 4	Standard (\$) 305 443 555 666	X X X X	The state of the s	Re
+ + + +	Household size 1 2 3 4	Standard (\$) 305 443 555 666 786	X X X X	The state of the s	-

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	+	8	1,101	X	Additional incremental amount Yes No
					Increment amount \$ 107
					Remove
		on 3			Description
		T			Additional incremental amount
		Household size	Standard (\$)		Figure 1 No
	+	1	405	X	Increment amount \$ 108
	+	2	545	X	
	+	3	661	X	
	+	4	773	X	
	+	5	915	X	
	+	6	1,009	X	
	+	7	1,119	X	
	+	8	1,232	X	
				<u></u>	Add Regi
		ollar amounts increa	se automaticall	y each ye	ear
		es C No e basis of the increas	se is		
		€ CPI-U			
		C Other basis	Name:		
	The	e annual increase oc	curs in the mon	th and da	y indicated:
	Eve	ery Month : July			Day: 1
Income s	tandar	d chosen			
					wing income standard:

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Virginia

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The maximum income standard.

If not chosen as the maximum income standard, the state's effective income level for this classification under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.

If not chosen as the maximum income standard, and if higher than the effective income level used under the Medicaid state plan as of March 23, 2010, the state's effective income level for this classification under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.

If not chosen as the maximum income standard, and if higher than the effective income level used under the Medicaid state plan as of March 23, 2010, the state's effective income level for this classification under a Medicaid 1115 Demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.

If not chosen as the maximum income standard, and if higher than the effective income level used under the Medicaid state plan as of March 23, 2010, the state's effective income level for this classification under a Medicaid 1115 Demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.

Another income standard in-between the minimum and maximum standards allowed, provided it is higher than the effective income level for this classification in the state plan as of March 23, 2010, converted to a MAGI equivalent.

Individuals placed in foster care homes by private, non-profit agencies

- Income standard used
 - Minimum income standard

The minimum income standard for this classification of children is the AFDC payment standard in effect as of July 16, 1996, not converted to MAGI-equivalent. This standard is described in S14 AFDC Income Standards.

Maximum income standard

No income test was used (all income was disregarded) for this classification either in the Medicaid state plan as of December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013.

C Yes @ No

The state certifies that it has submitted and received approval for its converted income standards for this classification of children to MAGI-equivalent standards and the determination of the maximum income standard to be used for this classification of children under this eligibility group.

An attachment is submitted.

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	state's maximum income standard for this classification of children (which must exceed imum for the classification) is:	ed the
\subset	The state's effective income level for this classification of children under the Medicaic as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by size.	
•	The state's effective income level for this classification of children under the Medicaid as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts household size.	
\subset	The state's effective income level for this classification of children under a Medicaid Demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPI amounts by household size.	
\subset	The state's effective income level for this classification of children under a Medicaid Demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of amounts by household size.	
Ent	er the amount of the maximum income standard:	
	A percentage of the federal poverty level: %	
\subset	The state's AFDC payment standard in effect as of July 16, 1996, converted to a MAC equivalent standard. This standard is described in S14 AFDC Income Standards. This should only be selected for children 19 and older, and only if the state has not elected Adult Group.	option
	The state's TANF payment standard, converted to a MAGI-equivalent standard. This described in S14 AFDC Income Standards. This option should only be selected for chand older, and only if the state has not elected to cover the Adult Group.	
•	Other dollar amount	
Inc	come Standard Entry - Dollar Amount - Automatic Increase Option	n Si
Γhe	e standard is as follows:	
	C Statewide standard	
	Standard varies by region	
	C Standard varies by living arrangement	
	C Standard varies in some other way	
	Enter the standard by region	

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	ion I			Description
	Household size	Standard (\$)		Additional incremental amo
+	1	225	X	Increment amount \$ 92
+	2	348	X	-
+	3	448	X	
+	4	543	X	
+	5	640	X	
+	6	718	X	
+	7	812	X	
+	8	913	X	
$\overline{}$	ne of region ion II			Description
	Household size	Standard (\$)		
+	1	305	X	
+	2	443	X	
-	3	555	X	
+	4	666	X	
++	14		i 1	
_		786	X	
+	5	786 881	X	



-	8	1,101	Additional incremental amount Yes No
			Increment amount \$ 107
l Na	ame of region		Description
	egion III		
	Household size	Standard (\$)	Additional incremental amount • Yes • No
-	- 1	405	Increment amount \$ 108
	2	545	X
	3	661	X
	- 4	773	X
	5	915	x
	6	1,009	X
-	7	1,119	X
	8	1,232	X
			Add Region
The	dollar amounts increa	se automaticall	y each year
1	Yes \(\tag{No}\) he basis of the increas	: .	
1	© CPI-U	se is	
	C Other basis	Name:	
ļ	he annual increase oc	curs in the mon	
E	very Month: July		Day : 1
1.1	ard chosen		

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The maximum income standard.

If not chosen as the maximum income standard, the state's effective income level for this classification under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.

If not chosen as the maximum income standard, and if higher than the effective income level used under the Medicaid state plan as of March 23, 2010, the state's effective income level for this classification under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.

If not chosen as the maximum income standard, and if higher than the effective income level used under the Medicaid state plan as of March 23, 2010, the state's effective income level for this classification under a Medicaid 1115 Demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.

If not chosen as the maximum income standard, and if higher than the effective income level used under the Medicaid state plan as of March 23, 2010, the state's effective income level for this classification under a Medicaid 1115 Demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.

Another income standard in-between the minimum and maximum standards allowed, provided it is higher than the effective income level for this classification in the state plan as of March 23, 2010, converted to a MAGI equivalent.

Individuals placed in private institutions by public agencies

- Income standard used
 - Minimum income standard

The minimum income standard for this classification of children is the AFDC payment standard in effect as of July 16, 1996, not converted to MAGI-equivalent. This standard is described in S14 AFDC Income Standards.

Maximum income standard

No income test was used (all income was disregarded) for this classification either in the Medicaid state plan as of December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013.

C Yes @ No

The state certifies that it has submitted and received approval for its converted income standards for this classification of children to MAGI-equivalent standards and the determination of the maximum income standard to be used for this classification of children under this eligibility group.

An attachment is submitted.

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ate's maximum income standard for this classification of children (which must exceed the num for the classification) is: the state's effective income level for this classification of children under the Medicaid state plan is of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household ze. the state's effective income level for this classification of children under the Medicaid state plan is of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by bousehold size. the state's effective income level for this classification of children under a Medicaid 1115 emonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or mounts by household size. the state's effective income level for this classification of children under a Medicaid 1115 emonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or mounts by household size. the amount of the maximum income standard:	
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sof December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by busehold size. the state's effective income level for this classification of children under a Medicaid 1115 temonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or mounts by household size. the state's effective income level for this classification of children under a Medicaid 1115 temonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or mounts by household size.	
the state's effective income level for this classification of children under a Medicaid 1115 remonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or mounts by household size.	
emonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or mounts by household size.	
the amount of the maximum income standard:	
percentage of the federal poverty level: %	
the state's AFDC payment standard in effect as of July 16, 1996, converted to a MAGI-quivalent standard. This standard is described in S14 AFDC Income Standards. This option could only be selected for children 19 and older, and only if the state has not elected to cover the dult Group.	
he state's TANF payment standard, converted to a MAGI-equivalent standard. This standard is escribed in S14 AFDC Income Standards. This option should only be selected for children 19 and older, and only if the state has not elected to cover the Adult Group.	
ther dollar amount	
me Standard Entry - Dollar Amount - Automatic Increase Option	S13
andard is as follows:	
Statewide standard	
Standard varies by region	
Standard varies by living arrangement	
Standard varies in some other way	
ater the standard by region	
The state of the s	ther dollar amount me Standard Entry - Dollar Amount - Automatic Increase Option andard is as follows: Statewide standard Standard varies by region Standard varies by living arrangement

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	ne of region			Description
Reg	gion I			
	Household size	Standard (\$)		Additional incremental amo
+	1	225	X	Increment amount \$ 92
+	2	348	X	
+	3	448	X	
+	4	543	X	
+	5	640	X	
+	6	718	X	
+	7	812	X	
+	8	913	X	
	ne of region			Description
Reg	gion II			
	Household size	Standard (\$)		
+	1	305	X	
+	2	443	X	
+	3	555	X	
+	4	666	X	
+	5	786	X	
	6	881	X	
+				

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	+ 8	1,101	X	Additional incremental amount Yes No
				Increment amount \$ 107
				Remove Re
	Name of region			Description
	Region III			
	Household s	ze Standard (\$)		Additional incremental amount
	+ 1	405	X	• Yes C No
			-	Increment amount \$ 108
	+ 2	545	X	
	+ 3	661	X	
	4	773	X	
	+ 5	915	X	
	+ 6	1,009	X	
1	+ 7	1,119	X	
1	+ 8	1,232	X	
				Add Region
I	he dollar amounts in Yes C No	crease automatica	lly each	/ear
,	The basis of the inc	crease is		
	C Other basis			
	The annual increas		nth and o	
	Every Month:	luly		Day: 1
Income star	ndard chosen			
				owing income standard:
Individuals	s qualify under this	classification unde	r the foll	owing income standard.



The maximum income standard.

If not chosen as the maximum income standard, the state's effective income level for this classification under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.

If not chosen as the maximum income standard, and if higher than the effective income level used under the Medicaid state plan as of March 23, 2010, the state's effective income level for this classification under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.

If not chosen as the maximum income standard, and if higher than the effective income level used under the Medicaid state plan as of March 23, 2010, the state's effective income level for this classification under a Medicaid 1115 Demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.

If not chosen as the maximum income standard, and if higher than the effective income level used under the Medicaid state plan as of March 23, 2010, the state's effective income level for this classification under a Medicaid 1115 Demonstration as of December 31, 2013, converted to a MAGIequivalent percent of FPL or amounts by household size.

Another income standard in-between the minimum and maximum standards allowed, provided it is higher than the effective income level for this classification in the state plan as of March 23, 2010, converted to a MAGI equivalent.

Individuals placed in private institutions by private, non-profit agencies

- Income standard used
 - Minimum income standard

The minimum income standard for this classification of children is the AFDC payment standard in effect as of July 16, 1996, not converted to MAGI-equivalent. This standard is described in S14 AFDC Income Standards.

Maximum income standard

No income test was used (all income was disregarded) for this classification either in the Medicaid state plan as of December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013.

C Yes @ No

The state certifies that it has submitted and received approval for its converted income standards for this classification of children to MAGI-equivalent standards and the determination of the maximum income standard to be used for this classification of children under this eligibility group.

An attachment is submitted.

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	state's maximum income standard for this classification of children (which must exceed the imum for the classification) is:	
	The state's effective income level for this classification of children under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.	
•	The state's effective income level for this classification of children under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.	
\subset	The state's effective income level for this classification of children under a Medicaid 1115 Demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.	
\subset	The state's effective income level for this classification of children under a Medicaid 1115 Demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.	
Ent	er the amount of the maximum income standard:	
	A percentage of the federal poverty level: %	
(The state's AFDC payment standard in effect as of July 16, 1996, converted to a MAGI-equivalent standard. This standard is described in SI4 AFDC Income Standards. This option should only be selected for children 19 and older, and only if the state has not elected to cover the Adult Group.	
	The state's TANF payment standard, converted to a MAGI-equivalent standard. This standard is described in S14 AFDC Income Standards. This option should only be selected for children 19 and older, and only if the state has not elected to cover the Adult Group.	
•	Other dollar amount	
lno	come Standard Entry - Dollar Amount - Automatic Increase Option	SI
The	e standard is as follows:	
	C Statewide standard	
	C Standard varies by living arrangement	
	C Standard varies in some other way	
	Enter the standard by region	
- [Remove R	egion

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	e of region			Description
Regi	ion I			
	Household size	Standard (\$)		Additional incremental amor
+	1	225	X	Increment amount \$ 92
+	2	348	X	merement amount 5 192
+	3	448	X	
+	4	543	X	
+	5	640	X	
+	6	718	X	
+	7	812	X	
+	8	913	X	
L			<u></u> i	
	ne of region			Description
Reg	ion II			
	Household size	Standard (\$)		
+	1	305	X	
+	2	443	X	
+	3	555	X	
+	4	666	X	
+	5	786	X	
+	6	881	X	
-		+		

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				0 0
				• Yes C No
				Increment amount \$ 107
	ne of region			Remo Description
	gion III			
	Household size	Standard (\$)		Additional incremental amount Yes No
+	1	405	X	Increment amount \$ 108
+	2	545	X	increment amount 5 100
+	3	661	X	
+	4	773	X	
1	5	915	X	
+	6	1,009	X	
+	7	1,119	X	
+	8	1,232	X	
				Add Re



The maximum income standard.

If not chosen as the maximum income standard, the state's effective income level for this classification under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.

If not chosen as the maximum income standard, and if higher than the effective income level used under the Medicaid state plan as of March 23, 2010, the state's effective income level for this classification under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.

If not chosen as the maximum income standard, and if higher than the effective income level used under the Medicaid state plan as of March 23, 2010, the state's effective income level for this classification under a Medicaid 1115 Demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.

If not chosen as the maximum income standard, and if higher than the effective income level used under the Medicaid state plan as of March 23, 2010, the state's effective income level for this classification under a Medicaid 1115 Demonstration as of December 31, 2013, converted to a MAGIequivalent percent of FPL or amounts by household size.

Another income standard in-between the minimum and maximum standards allowed, provided it is higher than the effective income level for this classification in the state plan as of March 23, 2010, converted to a MAGI equivalent.

Individuals in adoptions subsidized in full or part by a public agency

Income standard used

Minimum income standard

The minimum income standard for this classification of children is the AFDC payment standard in effect as of July 16, 1996, not converted to MAGI-equivalent. This standard is described in S14 AFDC Income Standards.

Maximum income standard

No income test was used (all income was disregarded) for this classification either in the Medicaid state plan as of December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013.

C Yes @ No

The state certifies that it has submitted and received approval for its converted income standards for this classification of children to MAGI-equivalent standards and the determination of the maximum income standard to be used for this classification of children under this eligibility group.

S52-19

Approval Date: 02/21/2014

An attachment is submitted.

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The	e state's maximum income standard for this classification of children (which must exceed the imum for the classification) is:
\subset	The state's effective income level for this classification of children under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.
•	The state's effective income level for this classification of children under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.
\subset	The state's effective income level for this classification of children under a Medicaid 1115 Demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.
\subset	The state's effective income level for this classification of children under a Medicaid 1115 Demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.
Ent	er the amount of the maximum income standard:
\subset	A percentage of the federal poverty level: %
\subset	The state's AFDC payment standard in effect as of July 16, 1996, converted to a MAGI-equivalent standard. This standard is described in S14 AFDC Income Standards. This option should only be selected for children 19 and older, and only if the state has not elected to cover the Adult Group.
\subset	The state's TANF payment standard, converted to a MAGI-equivalent standard. This standard is described in S14 AFDC Income Standards. This option should only be selected for children 19 and older, and only if the state has not elected to cover the Adult Group.
•	Other dollar amount
In	come Standard Entry - Dollar Amount - Automatic Increase Option S13a
Th	e standard is as follows:
	C Statewide standard
	C Standard varies by living arrangement
	C Standard varies in some other way
	Enter the standard by region
	Remove Region

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	ne of region			Description
Reg	ion I			
	Household size	Standard (\$)		Additional incremental am
+	1	225	X	• Yes No
+	2	348	X	Increment amount \$ 92
+	3	448	X	
+	4	543	X	
+	5	640	X	
+	6	718	X	
+	7	812	X	
+	8	913	X	
	ne of region			Description
Reg	ion II			
	Household size	Standard (\$)		
+	1	305	X	
+	2	443	X	
+	3	555	X	
+	4	666	X	
+	5	786	X	
+	6	881	X	
+	7	987	X	

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	+	8	1,101	X	Additional incremental amount Yes No
					Increment amount \$ 107
					Remove
		e of region			Description
	Reg	ion III			
l li					
		Household size	Standard (\$)		Additional incremental amount Yes No
	+	1	405	X	Increment amount \$ 108
	+	2	545	x	merement amount 5 100
	+	3	661	X	
	+	4	773	X	
	+	5	915	X	
	+	6	1,009	X	
	+	7	1,119	X	
	+	8	1,232	X	
					Add Regi
		ollar amounts increa	ase automatical	ly each y	ear
		es \(\) No e basis of the increa	se is		
			,		
		C Other basis	Name:		
	Th	e annual increase oc	curs in the mor	nth and da	y indicated:
					Day : I
	Ev	ery Month : July			Day . [1
ncome sta	ndar	d chosen			
					wing income standard:

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The maximum income standard.

If not chosen as the maximum income standard, the state's effective income level for this classification under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.

If not chosen as the maximum income standard, and if higher than the effective income level used under the Medicaid state plan as of March 23, 2010, the state's effective income level for this classification under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.

If not chosen as the maximum income standard, and if higher than the effective income level used under the Medicaid state plan as of March 23, 2010, the state's effective income level for this classification under a Medicaid 1115 Demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.

If not chosen as the maximum income standard, and if higher than the effective income level used under the Medicaid state plan as of March 23, 2010, the state's effective income level for this classification under a Medicaid 1115 Demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.

Another income standard in-between the minimum and maximum standards allowed, provided it is higher than the effective income level for this classification in the state plan as of March 23, 2010, converted to a MAGI equivalent.

Individuals in nursing facilities, if nursing facility services are provided under this plan

- Income standard used
 - Minimum income standard

The minimum income standard for this classification of children is the AFDC payment standard in effect as of July 16, 1996, not converted to MAGI-equivalent. This standard is described in S14 AFDC Income Standards.

Maximum income standard

No income test was used (all income was disregarded) for this classification either in the Medicaid state plan as of December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013.

C Yes @ No

The state certifies that it has submitted and received approval for its converted income standards for this classification of children to MAGI-equivalent standards and the determination of the maximum income standard to be used for this classification of children under this eligibility group.

An attachment is submitted.



	e state's maximum income standard for this classification of children (which must exceed the imum for the classification) is:	
(The state's effective income level for this classification of children under the Medicaid state as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by house size.	
•	The state's effective income level for this classification of children under the Medicaid state as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.	plan
\subset	The state's effective income level for this classification of children under a Medicaid 1115 Demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.	
	The state's effective income level for this classification of children under a Medicaid 1115 Demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.	
Ent	ter the amount of the maximum income standard:	
\subset	A percentage of the federal poverty level: %	
\subset	The state's AFDC payment standard in effect as of July 16, 1996, converted to a MAGI-equivalent standard. This standard is described in S14 AFDC Income Standards. This option should only be selected for children 19 and older, and only if the state has not elected to covadult Group.	
\subset	The state's TANF payment standard, converted to a MAGI-equivalent standard. This standard described in S14 AFDC Income Standards. This option should only be selected for children and older, and only if the state has not elected to cover the Adult Group.	
•	Other dollar amount	
In	come Standard Entry - Dollar Amount - Automatic Increase Option	S13a
The	e standard is as follows:	
	C Statewide standard	
	C Standard varies by living arrangement	
	C Standard varies in some other way	
	Enter the standard by region	

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	e of region			Description	
Reg	ion I				
	Household size	Standard (\$)		Additional incremental • Yes • No	amour
+	1	225	X	Increment amount \$	92
+	2	348	X	• [
+	3	448	X		
+	4	543	X		
+	5	640	X		
+	6	718	X		
+	7	812	X		
+	8	913	X		
	ne of region			Description	
	ne of region			Description	
				Description	
		Standard (\$)		Description	
	gion II Household size	Standard (\$)	X	Description	
Re	gion II Household size		\vdash	Description	
# +	Household size	305	X	Description	
# +	Household size	305	x	Description	
# +	Household size 1 2 3	305 443 555	X X	Description	
+ +	Household size Household size 1 2 3 4	305 443 555 666	x x x	Description	

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Name of region Region III Household size Standard (\$) + 1	nount
Region III	7
Region III	Ren
Household size Standard (\$) + 1	
+ 1	
+ 1	
+ 1 405 X + 2 545 X + 3 661 X + 4 773 X + 5 915 X + 6 1,009 X + 7 1,119 X + 8 1,232 X The dollar amounts increase automatically each year © Yes © No	nount
+ 2 545 X + 3 661 X + 4 773 X + 5 915 X + 6 1,009 X + 7 1,119 X + 8 1,232 X The dollar amounts increase automatically each year • Yes © No	
+ 3 661	08
+ 4 773 X + 5 915 X + 6 1,009 X + 7 1,119 X + 8 1,232 X The dollar amounts increase automatically each year	
+ 5 915 X + 6 1,009 X + 7 1,119 X + 8 1,232 X The dollar amounts increase automatically each year • Yes C No	
+ 6 1,009 X + 7 1,119 X + 8 1,232 X The dollar amounts increase automatically each year • Yes • No	
The dollar amounts increase automatically each year Yes \(\cap \) No	
The dollar amounts increase automatically each year Yes C No	
The dollar amounts increase automatically each year Yes No	
• Yes C No	
• Yes C No	Add I
€ CPI-U	
C Other basis Name:	
The annual increase occurs in the month and day indicated:	
Every Month: July Day: 1	
Income standard chosen	



The maximum income standard.

If not chosen as the maximum income standard, the state's effective income level for this classification under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.

If not chosen as the maximum income standard, and if higher than the effective income level used under the Medicaid state plan as of March 23, 2010, the state's effective income level for this classification under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.

If not chosen as the maximum income standard, and if higher than the effective income level used under the Medicaid state plan as of March 23, 2010, the state's effective income level for this classification under a Medicaid 1115 Demonstration as of March 23, 2010, converted to a MAGIequivalent percent of FPL or amounts by household size.

If not chosen as the maximum income standard, and if higher than the effective income level used under the Medicaid state plan as of March 23, 2010, the state's effective income level for this classification under a Medicaid 1115 Demonstration as of December 31, 2013, converted to a MAGIequivalent percent of FPL or amounts by household size.

Another income standard in-between the minimum and maximum standards allowed, provided it is higher than the effective income level for this classification in the state plan as of March 23, 2010, converted to a MAGI equivalent.

Also individuals in Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF-IID), if these services are provided under this plan.

- Income standard used
 - Minimum income standard

The minimum income standard for this classification of children is the AFDC payment standard in effect as of July 16, 1996, not converted to MAGI-equivalent. This standard is described in S14 AFDC Income Standards.

Maximum income standard

No income test was used (all income was disregarded) for this classification either in the Medicaid state plan as of December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013.

C Yes @ No

The state certifies that it has submitted and received approval for its converted income standards for this classification of children to MAGI-equivalent standards and the determination of the maximum income standard to be used for this classification of children under this eligibility group.

An attachment is submitted.

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	e of region			Description
Reg	ion I			
	Household size	Standard (\$)		Additional incremental amount Yes No
+	1	225	X	Increment amount \$ 92
+	2	348	X	
+	3	448	X	
+	4	543	X	
+	5	640	X	
+	6	718	X	
+	7	813	X	
+ Nam		913	X	Ren
Nam	8 ne of region ion II	913	X	Description
Nam	e of region	913 Standard (\$)	X	Appellular and the second and the se
Nam	e of region		X	Appellular and the second and the se
Nam	e of region ion II Household size	Standard (\$)		Appellular and the second and the se
Nam Reg	e of region ion II Household size	Standard (\$)	X	Appellular and the second and the se
Nam Reg	Household size	Standard (\$) 305 443	X	Appellular and the second and the se
Nam Reg	Household size 1 2	Standard (\$) 305 443 555	X X X	Appellular and the second and the se
Nam Reg	Household size 1 2 3	Standard (\$) 305 443 555 666	X X X	Appellular and the second and the se

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	+	8	1,101	X	Additional incremental amou	nt
4					• Yes C No	
		4 - 141 - 14		w #111	Increment amount \$ 107	
	N	C '			Description	Remove Reg
dendage v		e of region ion III			Description	
1						
						No.
		Household size	Standard (\$)		Additional incremental amou	int
	+	1	405	X		
10.00	+	2	545	X	Increment amount \$ 108	
e alle de la deservación de la constante de la	+	3	661			
		3		X		
	+	4	773	X		
	+	5	915	X		
4	+	6	1,009	X		
	+	7	1,119	X		
	+	8	1,232	X		
			.,252	^	1	
						Add Region
	The d	ollar amounts increa	an automaticall	v each v	agr	
1		es (No	ase automatican	y cacii ye	ναι Σαι	
		e basis of the increa	se is			
		© CPI-U				
		C Other basis	Name:			
	The	e annual increase oc	curs in the mon	th and da	y indicated:	
	Eve	ery Month : July			Day: 1	
Income st	ndar	d chosen				
THEOHIE ST						



	CDI			
(•	The	maximum	income	standard.

If not chosen as the maximum income standard, the state's effective income level for this classification under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.

If not chosen as the maximum income standard, and if higher than the effective income level used under the Medicaid state plan as of March 23, 2010, the state's effective income level for this classification under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.

If not chosen as the maximum income standard, and if higher than the effective income level used under the Medicaid state plan as of March 23, 2010, the state's effective income level for this classification under a Medicaid 1115 Demonstration as of March 23, 2010, converted to a MAGIequivalent percent of FPL or amounts by household size.

If not chosen as the maximum income standard, and if higher than the effective income level used under the Medicaid state plan as of March 23, 2010, the state's effective income level for this classification under a Medicaid 1115 Demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.

Another income standard in-between the minimum and maximum standards allowed, provided it is higher than the effective income level for this classification in the state plan as of March 23, 2010, converted to a MAGI equivalent.

Other Reasonable Classifications Previously Covered

The state covers reasonable classifications of children <u>not</u> covered in the Medicaid state plan as of March 23, 2010, but covered under the Medicaid state plan as of December 31, 2013 or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013 with an income standard higher than the current mandatory income standard for the age group.

C Yes @ No

Additional new age groups or reasonable classifications covered

If the state has <u>not</u> elected to cover the Adult Group (42 CFR 435.119), it may elect to cover additional new age groups or reasonable classifications that have not been covered previously. If the state covers the Adult Group, this additional option is not available, as the standard for the new age groups or classifications is lower than that used for mandatory coverage.

The state does <u>not</u> cover the Adult Group and elects the option to include in this eligibility group additional age groups or reasonable classifications that have not been covered previously in the state plan or under a Medicaid 1115 Demonstration. Any additional age groups or reasonable classifications not previously covered are restricted to the AFDC income standard from July 16, 1996, not converted to a MAGI-equivalent standard.

C Yes © No

There is no resource test for this eligibility group.

PRA Disclosure Statement



According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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OMB Control Number 0938-1148

	OMB Expiration date: 10/31/2014
Eligibility Groups - Options for Coverage Children with Non IV-E Adoption Assistance	\$53
42 CFR 435.227 1902(a)(10)(A)(ii)(VIII)	
Children with Non-IV-E Adoption Assistance - The state elects to cover children with special radoption assistance agreement in effect with a state, who were eligible for Medicaid, or who had established by the state and in accordance with provisions described at 42 CFR 435.227.	
• Yes C No	
The state attests that it operates this eligibility group in accordance with the following pr	rovisions:
Individuals qualifying under this eligibility group must meet the following criteria:	
The state adoption agency has determined that they cannot be placed without M needs for medical or rehabilitative care;	fedicaid coverage because of special
Are under the following age (see the Guidance for restrictions on the selection of the selection).	of an age):
€ Under age 21	
C Under age 20	
C Under age 19	
C Under age 18	
MAGI-based income methodologies are used in calculating household income. Plea Based Income Methodologies, completed by the state.	ase refer as necessary to S10 MAGI-
The state covered this eligibility group in the Medicaid state plan as of December 31, 20 Demonstration as of March 23, 2010 or December 31, 2013. • Yes • No	13, or under a Medicaid 1115
The state also covered this eligibility group in the Medicaid state plan as of March 2 • Yes • No	23, 2010.
Individuals qualify under this eligibility group if they were eligible under the execution of the adoption agreement.	the state's approved state plan prior to
The state used an income standard or disregarded all income for this eligibility as of March 23, 2010 or December 31, 2013, or under a Medicaid 1115 Demon December 31, 2013.	
€ Yes ← No	
■ Income standard used for this eligibility group	
Minimum income standard	
The minimum income standard for this eligibility group is the AFDC 16, 1996, not converted to MAGI-equivalent. This standard is described.	payment standard in effect as of July bed in S14 AFDC Income Standards.
Maximum income standard	

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	plar	income test was used (all income was disregarded) for this eligibility group either in the Medicaid state as of March 23, 2010 or December 31, 2013, or under a Medicaid 1115 Demonstration as of March 2010 or December 31, 2013.
	\subset	Yes • No
	V	The state certifies that it has submitted and received approval for its converted income standard(s) for this eligibility group to MAGI-equivalent standards and the determination of the maximum income standard to be used for individuals under this eligibility group.
		An attachment is submitted.
	The	e state's maximum income standard for this eligibility group (which must exceed the minimum) is:
	•	The state's effective income level for this eligibility group under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.
	\subset	The state's effective income level for this eligibility group under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.
	\subset	The state's effective income level for this eligibility group under a Medicaid 1115 Demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.
	\subset	The state's effective income level for this eligibility group under a Medicaid 1115 Demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.
	Ent	er the amount of the maximum income standard:
	\subset	A percentage of the federal poverty level: \[\] \%
	•	The state's AFDC payment standard in effect as of July 16, 1996, converted to a MAGI-equivalent standard. This standard is described in S14 AFDC Income Standards. This option should be selected only if Under age 21 or Under age 20 was selected, and if the state has not elected to cover the Adult Group.
	\subset	The state's TANF payment standard, converted to a MAGI-equivalent standard. This standard is described in S14 AFDC Income Standards. This option should be selected only if Under age 21 or Under age 20 was selected, and if the state has not elected to cover the Adult Group.
	\subset	Other dollar amount
	Inc	ome standard chosen
		ividuals qualify under this eligibility group under the following income standard, which must be higher in the minimum for this child's age:
	\subset	The minimum standard.
	•	The maximum income standard.
	\subset	If not chosen as the maximum income standard, the state's effective income level for this eligibility group under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.
	\subset	If not chosen as the maximum income standard, and if higher than the effective income level used under the Medicaid state plan as of March 23, 2010, the state's effective income level for this eligibility group under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL, or amounts by household size
9-MN	/ 1	or amounts by household size Date: 02/21/2014 Effective Date: 01/01/2014

TN No. 13-0009-MM1
Virginia

\$53-2



- If not chosen as the maximum income standard, and if higher than the effective income level used under the Medicaid state plan as of March 23, 2010, the state's effective income level for this eligibility group under a Medicaid 1115 Demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.
- If not chosen as the maximum income standard, and if higher than the effective income level used under the Medicaid state plan as of March 23, 2010, the state's effective income level for this eligibility group under a Medicaid 1115 Demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.
- Another income standard in-between the minimum and maximum standards allowed, provided it is higher than the effective income level for this eligibility group in the state plan as of March 23, 2010, converted to a MAGI-equivalent.
- There is no resource test for this eligibility group.

PRA Disclosure Statement

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OMB Control Number 0938-1148 OMB Expiration date: 10/31/2014

Eligibility Groups - Options for Coverage Optional Targeted Low Income Children

S54

1902(a)(10)(A)(ii)(XIV) 42 CFR 435.229 and 435.4 1905(u)(2)(B)

Optional Targeted Low Income Children - The state elects to cover uninsured children who meet the definition of optional targeted low income children at 42 CFR 435.4, who have household income at or below a standard established by the state and in accordance with provisions described at 42 CFR 435.229.

Yes • No

PRA Disclosure Statement

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TN No. 13-0009-MM1 Virginia Approval Date: 02/21/2014 S54-1



OMB Control Number 0938-1148 OMB Expiration date: 10/31/2014

Eligibility Groups - Options for Coverage Individuals with Tuberculosis

S55

1902(a)(10)(A)(ii)(XII) 1902(z)

Individuals with Tuberculosis - The state elects to cover individuals infected with tuberculosis who have income at or below a standard established by the state, limited to tuberculosis-related services.

Yes 6 No

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OMB Control Number 0938-1148 OMB Expiration date: 10/31/2014

Eligibility Groups - Options for Coverage Independent Foster Care Adolescents

S57

42 CFR 435.226 1902(a)(10)(A)(ii)(XVII)

Independent Foster Care Adolescents - The state elects to cover individuals under an age specified by the state, less than age 21, who were in state-sponsored foster care on their 18th birthday and who meet the income standard established by the state and in accordance with the provisions described at 42 CFR 435.226.

C Yes @ No

PRA Disclosure Statement

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TN No. 13-0009-MM1 Virginia

Approval Date: 02/21/2014 S57-1



OMB Control Number 0938-1148

OMB Expiration date: 10/31/2
Eligibility Groups - Options for Coverage ndividuals Eligible for Family Planning Services
902(a)(10)(A)(ii)(XXI) 2 CFR 435.214
ndividuals Eligible for Family Planning Services - The state elects to cover individuals who are not pregnant, and have household not not below a standard established by the state, whose coverage is limited to family planning and related services and in accordance with provisions described at 42 CFR 435.214.
Yes (No
The state attests that it operates this eligibility group in accordance with the following provisions:
The individual may be a male or a female.
■ Income standard used for this group
Maximum income standard
The state certifies that it has submitted and received approval for its converted income standard(s) for pregnant women to MAGI-equivalent standards and the determination of the maximum income standard to be used for the eligibility group.
An attachment is submitted.
The state's maximum income standard for this eligibility group is the highest of the following:
The state's current effective income level for the Pregnant Women eligibility group (42 CFR 435.116) under the Medicaid state plan.
C The state's current effective income level for pregnant women under a Medicaid 1115 demonstration.
C The state's current effective income level for Targeted Low-Income Pregnant Women under the CHIP state plan.
C The state's current effective income level for pregnant women under a CHIP 1115 demonstration.
The amount of the maximum income standard is: 143 % FPL
■ Income standard chosen
The state's income standard used for this eligibility group is:
C The maximum income standard
Another income standard less than the maximum standard allowed.
The amount of the income standard is: 100 % FPL
MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.

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Virginia



D	All of the members of the family are included in the household
F	
L	Only the applicant is included in the household
	The state increases the household size by one
■ In	determining eligibility for this group, the state uses the following income methodology:
(The state considers the income of the applicant and all legally responsible household members (using MAGI-based methodology).
(The state considers only the income of the applicant.
■ B	enefits for this eligibility group are limited to family planning and related services described in the Benefit section.
■ P	resumptive Eligibility
	The state makes family planning services and supplies available to individuals covered under this group when determin presumptively eligible by a qualified entity.
(Yes 6 No

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