

## **Table of Contents**

**State Name:** Virginia

**State Plan Amendment (SPA) #:** 14-0018

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Page

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 #082220144023

SEP 22 2014

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

Dear Ms. Jones:

We have reviewed State Plan Amendment (SPA) 14-0018, Eligibility Groups - Mandatory Coverage Former Foster Care Children S33 which was submitted to the Centers for Medicare & Medicaid Services (CMS) on July 16, 2014. Virginia SPA 14-0018 proposes to amend Eligibility Groups - Mandatory Coverage Former Foster Care Children S33 to cover children who were in foster care and on Medicaid in any State at the time they turned 18, or aged out of the foster care system.

This SPA is acceptable. Therefore, we are approving SPA 14-0018 with an effective date of July 1, 2014. Enclosed is a copy of the Summary Page (CMS-179) and the new State Plan page which is to supersede S33 from Virginia SPA 13-0009.

If you have further questions about this SPA, please contact Margaret Kosherzenko of my staff at 215-861-4288 or by email at [Margaret.Kosherzenko@cms.hhs.gov](mailto:Margaret.Kosherzenko@cms.hhs.gov).

Sincerely,

/s/

  
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-14-0018

**Proposed Effective Date**

07/01/2014 (mm/dd/yyyy)

**Federal Statute/Regulation Citation**

1902(a)(10)(A)(i)(IX) of the Social Security Act

**Federal Budget Impact**

	Federal Fiscal Year	Amount
First Year	2015	\$ 11283.00
Second Year	2016	\$ 11312.00

**Subject of Amendment**

MAGI Medicaid Eligibility: S33 (Former Foster Care Children). This SPA supersedes S33 from TN. No. 13-0009.

**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: Sep 17, 2014

Submit Date: Jul 16, 2014

SEP 22 2014



# Medicaid Eligibility

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 Medicaid and in foster care when they turned age 18 or aged out of foster care.

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 under this group takes precedence over eligibility under the Adult Group.

Were in foster care under the responsibility of the state or Tribe and were enrolled in Medicaid under the state's 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 any state at the time they turned 18 or aged out of the foster care system.

Yes     No

The state covers individuals under this group when determined presumptively eligible by a qualified entity. The state assures it also covers individuals under the Pregnant Women (42 CFR 435.116) and/or Infants and Children under Age 19 (42 CFR 435.118) eligibility groups when determined presumptively eligible.

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.