

## **Table of Contents**

**State Name:** Virginia

**State Plan Amendment (SPA) #:** 16-004

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**

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SWIFT #072620164085

October 17, 2016

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

Dear Ms. Jones:

The Centers for Medicare & Medicaid Services (CMS) has reviewed Virginia's State Plan Amendment (SPA) 16-004, Coverage in Approved Supportive Housing. This SPA proposes to provide Medicaid coverage to individuals living in approved supportive housing. The SPA adds the payment category of aged, blind, disabled in approved supportive housing with an income level of 300% of the Supplemental Security Income (SSI) payment limit.

This SPA is acceptable. Therefore, we are approving SPA 16-004 with an effective date of July 1, 2016. Enclosed is the approved SPA page and signed CMS-179 form.

If you have further questions about this SPA, please contact Margaret Kosherzenko of my staff at 215-861-4288.

Sincerely,

/S/

Francis McCullough  
Associate Regional Administrator

Enclosures

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

1. TRANSMITTAL NUMBER

1 6 - 0 0 4

2. STATE

Virginia

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
CENTERS FOR MEDICARE & MEDICAID SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

July 1, 2016

5. TYPE OF PLAN MATERIAL (Check One)

NEW STATE PLAN

AMENDMENT TO BE CONSIDERED AS NEW PLAN

AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION

42 CFR Part 435

7. FEDERAL BUDGET IMPACT

a. FFY 2016 \$ -0-

b. FFY 2017 \$ -0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 2.6A, Supplement 6, revised page 1

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Same page

10. SUBJECT OF AMENDMENT

Coverage in Approved Supportive Housing

11. GOVERNOR'S REVIEW (Check One)

- GOVERNOR'S OFFICE REPORTED NO COMMENT<sup>2016</sup>  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED

Secretary of Health and Human Resources

12. SIGNATURE OF STATE AGENCY OFFICIAL

/s/

13. TYPED NAME

Cynthia B. Jones

14. TITLE

Director

15. DATE SUBMITTED

7/22/16

16. RETURN TO

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

Attn: Regulatory Coordinator

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED

July 26, 2016

18. DATE APPROVED

October 17, 2016

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL

July 1, 2016

20. SIGNATURE OF REGIONAL OFFICIAL

/s/

21. TYPED NAME

Francis McCullough

22. TITLE

Associate Regional Administrator

23. REMARKS

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

State of VIRGINIA

**STANDARDS FOR OPTIONAL STATE SUPPLEMENTARY PAYMENTS**

| Payment Category<br>(Reasonable<br>Classification)<br><br>(1) | Administered by    |       | Income Level                            |   | Income<br>Disregards<br>Employed<br><br>(5) |
|---|--------------------|-------|---|---|---|
|   | Federal<br><br>(2) | State | Gross<br>1 person/<br>Couple<br><br>(3) | Net<br>1 person/<br>Couple<br><br>(4)   |   |
| a) Aged, blind, disabled in domiciliary facilities            |                    | X     | 300 % of SSI payment limit              | Rate of home up to a maximum of \$1219 per month. Maximum for homes in Planning District 8 is \$1402 per month. | Disregards of SSI Program                   |
| b) Aged, blind, disabled in approved adult foster care homes  |                    | X     | 300 % of SSI payment limit              | Rate of home up to a maximum of \$1219 per month. Maximum for homes in Planning District 8 is \$1402 per month. | Disregards of SSI Program                   |
| c) Aged, blind, disabled in approved supportive housing       |                    | X     | 300 % of SSI payment limit              | Rate of home up to a maximum of \$1219 per month. Maximum for homes in Planning District 8 is \$1402 per month. | Disregards of SSI Program                   |