Table of Contents

State Name: Virginia

State Plan Amendment (SPA) #: 17-0021

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) 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 #092120174039

December 12, 2017

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) 17-0021, Former Foster Care Children. This SPA responds to the November 21, 2016 CMS published final rule which changed the eligibility requirements for the out of state former foster care youth. As a result of the new rule, Virginia no longer has the authority to cover the former foster care youth from out of state under the State Plan. However, CMS did give states the option to continue to cover these youths under a section 1115 demonstration. Virginia requested to amend its current section 1115 demonstration, Governor's Access Plan (GAP) and Addiction and Recovery Treatment Services (ARTS) Delivery System Transformation to cover the former foster care youth who were in foster care and Medicaid on their 18th birthday in a different state and who have now moved to Virginia. SPA 17-0021 proposes to remove the coverage of former foster care youth from the State Plan, as these individuals will be covered under the 1115 authority.

This SPA is acceptable. Therefore, we are approving SPA 17-0021 with an effective date of October 1, 2017. Enclosed are the approved SPA pages.

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

CMS-10434 OMB 0938-1188 Approval Notice DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services 7500 Security Boulevard, Mail Stop S2-14-26 Baltimore, Maryland 21244-1850 Date: 12/11/2017 Head of Agency: Cindi Jones Titie/Dept: Director Address 1: 600 E. Broad Street Address 2: City: Richmond State: VA Zip: 23219 MACPro Package ID: VA2017MS00020 SpA ID: VA-70021 Subject Former Foster Care Children Dear Cindi Jones Titie Jones This is an informal communication that will be followed with an official communication to the State's Medicaid Director. The Centers for Medicare and Medicaid Services (CMS) is pleased to inform you that we are recommending approval for your request for Virginia SPA 17-0021, Former Foster Care Children Reviewable Unit Effective Date Optional Eligibility Groups 10/1/2017 Financial Eligibility Groups 10/1/2017 Former Foster Care Children 10/1/2017 Fo		
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Former Foster Care Children 10/1/2017		
	Former Foster Care Children	10/1/2017
Virginia submitted SPA 17-0021, to remove the coverage of former foster care youth from the Virginia State Plan, as these individuals will covered under the 1115 authority. The Federal Budget Impact for FFY 2017 - \$0 FFY 2018 - \$0	Virginia submitted SPA 17-0021, to remove the coverage of forme covered under the 1115 authority.	r foster care youth from the Virginia State Plan, as these individuals will be

Sincerely,

Maritza Bodon

Approval Documentation

Name

Date Created

Ty pe

No items available

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Name		Date Created	pē
Package Information		an a	a anna an
-	VA2017MS00020	Submission Typ	e Official
Program Name			e VA
-	VA-17-0021		n Philadelphia, PA
Version Number	4	Package Statu	
Submitted By	Emily McClellan	Submission Dat	
Package Disposition	\bigcirc	Approval Dat	e 12/11/2017 4:01 PM EST
Priority Code	P1		
Submission - Sum MEDICAID Medicaid State Plan Eligibili Not Started	ity VA2017MS00020 VA-17-002		Complete
Package Header			
-	VA2017M50002O	SPA I	D VA-17-0021
Submission Type	Official	Initial Submission Dat	e 9/21/2017
Approval Date	12/11/2017	Effective Dat	e N/A
Superseded SPA ID	N/A		
State Information			
State/Territory Name:	Virginia	Medicaid Agency Name	Department of Medical Assistance Services
Submission Componen	t		
State Plan Amendment		Medicaid	
Submission Type			
Contraction Package		Allow this official package to be v	demakte ku etk iv et i - 2
		Yes	rewable by other states:
O Draft Submission Package		() No	
Key Contacts		0	
Name	Title	Phone Number	Email Address
McClellan, Emily	Regulatory Supervisor	10041371-4300	emily.mcclellan@dmas.virginia.g
SPA ID and Effective Da			ov
SPA ID	VA-17-0021		

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Proposed Effective Date
10/1/2017
10/1/2017
10/1/2017
10/1/2017

 Summary Description Including
 The Affordable Care Act created a new mandatory Medicaid eligibility group section 1902(a)(10)(A)(i)(IX) of

 Goals and Objectives
 The Affordable Care Act created a new mandatory Medicaid eligibility group section 1902(a)(10)(A)(i)(IX) of

 the Act to provide an opportunity for former foster care youth to obtain Medicaid coverage until age 26
 from the state responsible for the individual's foster care. On January 22, 2013, the Centers for Medicare

 and Medicaid Services (CMS) issued a notice of proposed rulemaking, that proposed to implement the
 former foster care group in regulations at 42 CFR 435.150 and gave states the opportunity to cover youth

 who were in foster care under the responsibility of another state and aged out at age 18, but now were
 living in a new state. Virginia opted to cover youth who were now living in Virginia, but had received their

 foster care and Medicaid in a different state and implemented coverage for both groups of youth on
 January 1, 2014.

On November 21, 2016, CMS published a new final rule which changed the eligibility requirements for the out of state former foster care youth. As a result of this new rule, Virginia no longer has the authority to cover the former foster care youth from out of state under the State Plan. However, CMS did give states the option to continue to cover these youth under a section 1115 demonstration. Virginia requested to amend its current section 1115 demonstration, GAP, to cover the former foster care youth who were in foster care and Medicaid on their 18th birthday in a different state and who have now moved to Virginia.

Virginia is filing this state plan amendment to remove the coverage of former foster care youth from the state plan, as these individuals will soon be covered under 1115 authority.

Dependency Description

Description of any dependencies Tis SPA contains content related to an 1115 waiver application that is pending. between this submission package

- and any other submission
- package undergoing review

Disaster-Related Submission

This submission is related to a disaster

⊖ ^Yes

💮 No

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Y		 Amount		
First	2017		\$0		
Second	2018		\$0		
Federal Statut	e / Regulation Citatio	on .			
1902(a)(10)(A)(l))(X) of the Act; 42 CFR	435.150			
Governor	's Office Revi	ew			
	ent			Describe	Submission approved on
	s received				9/12/17
No respon	se within 45 days				
💮 Other					

Authorized Submitter

The following information will be provided by the system once the package is submitted to CMS.

Name of Authorized Submitter Emily McClellan

Phone number 8045191621

Email address Emily.McClellan@dmas.virginia.gov

Authorized Submitter's Signature Emily McClellan

I hereby certify that I am authorized to submit this package on behalf of the Medicaid Agency.

Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | VA2017MS00020 | VA-17-0021

Not Started		In Progress	Complete
Package Header			
Package ID	VA2017MS0002O	SPA ID	VA-17-0021
Submission Type	Official	Initial Submission Date	9/21/2017
Approval Date	12/11/2017	Effective Date	N/A
Superseded SPA ID	N/A		
Indicate whether public comment Public notice was not federally re Public notice was not federally re	equired and comment was no equired, but comment was so	t solicited	
Public notice was federally requi	red and comment was solicite	20	
Submission - Trib	•	0021	
Not Started		In Progress	Complete
Package Header			
Package ID	VA2017M50002O	SPA ID	VA-17-0021
Submission Type	Official	Initial Submission Date	9/21/2017
Approval Date	12/11/2017	Effective Date	N/A
Superseded SPA ID	N/A		
One or more Indian health program Yes No	ıs or Urban Indian Organiza	tions furnish health care services in this s	tate
Medicaid State Pl	an Eligibility		
Financial Eligibility Red MEDICAID Medicaid State Plan Eligibil	uirements for No	-	
Not Started		In Progress	Complete
Package Header			
Package ID	VA2017MS0002O	SPA ID	VA-17-0021
Submission Type	Official	Initial Submission Date	9/21/2017

Approval Date 12/11/2017

Effective Date 10/1/2017

Superseded SPA ID N/A

The state applies the following financial methodologies for all eligibility groups whose eligibility is not based on modified adjusted gross income (MAGI) rules (described in 42 C.F.R. §435.603):

A. Financial Eligibility Methodologies

The state determines financial eligibility consistent with the methodologies described in 42 C.F.R. \$435.601.

B. Eligibility Determinations of Aged, Blind and Disabled Individuals

Eligibility is determined for aged, blind and disabled individuals based on one of the following:

SSA Eligibility Determination State (1634 State)

The state has an agreement under section 1634 of the Social Security Act for the Social Security Administration to determine Medicaid eligibility of SSI beneficiaries. For all other individuals who seek Medicaid eligibility on the basis of being aged, blind or disabled, the state requires a separate Medicaid application and determines financial eligibility based on SSI income and resource methodologies.

State Eligibility Determination (SSI Criteria State)

The state requires all individuals who seek Medicaid eligibility on the basis of being aged, blind or disabled, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility based on SSI income and resource methodologies.

State Eligibility Determination (209(b) State)

The state requires all individuals who seek Medicaid eligibility on the basis of being aged, blind or disabled, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility using income and resource methodologies more restrictive than SSI.

C. Financial Responsibility of Relatives

The state determines the financial responsibility of relatives consistent with the requirements and methodologies described in 42 C.F.R.

D. Additional Information (optional)

Medicaid State Plan Eligibility

Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | VA2017MS00020 | VA-17-0021

Not Started		o Progress		Complete
Package Header				
Package ID	VA2017M50002O		SPA ID	VA-17-0021
Submission Type	Official	Initial Su	bmission Date	9/21/2017
Approval Date	12/11/2017		Effective Date	10/1/2017
Superseded SPA ID	N/A			
Mandatory Coverage				
A. The state provides Medicaid to n	nandatory groups of individu	als. The mandatory groups	covered are:	
Families and Adults				
Eligibility Group Name	Covered in Stat Plan	e Include RU In Package 🕢	Included in Ar Submissic Package	on Source Type 🕢
Infants and Children 🛛 🖗	1/6 /63.60		0	CONVERTED
				CONVERTED

Eligibility Group Name		Covered In State Plan	Include RU In Package 🥹	Included in Another Submission Package	Source Type 🛛
Parents and Other Caretaker Relatives	ø		Land Contraction	0	
Pregnant Women				0	CONVERTED
Deemed Newborns	Ø			0	NEW
Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care	Ø			0	NEW
Former Foster Care Children	Ø			0	APPROVED
Transitional Medical Assistance			[0	NEW
Extended Medicaid due to Spousal Support Collections	Ø			0	NEW

Aged, Blind and Disabled

.

Eligibility Group Name		Covered In State Plan	include RU in Package 🙆	Included in Another Submission Package	Source Type 🛛
Aged, Blind and Disabled Individuals in 209(b) States	•	<u>L</u>		0	NEW
Individuals Receiving Mandatory State Supplements			Contractor	0	NEW
Individuals Who Are Essential Spouses			fraction for the second s	0	NEW
Institutionalized Individuals Continuously Eligible Since 1973				0	NEW
Blind or Disabled Individuals Eligible in 1973		Name of State of Stat	· · ·	0	NEW
Individuals Who Lost Eligibility for SSI/SSP Due to an increase in OASDI Benefits in 1972				0	NEW
Individuals Who Would be Eligible for SSI/SSP but for OASDI COLA increases since April, 1977			i contra	0	NEW
Disabled Widows and Widowers Ineligible for SSI due to Increase in OASDI			· ·	0	NEW

		Covered In State Plan	Include RU In Package 😡	Included in A Submissi Package	on	Source Type 🛛
Disabled Widows and Widowers Ineligible for SSI due to Early Receipt of Social Security				0	· · · · ·	NEW
Working Disabled under 1619(b)	Ø	- Laurenter		0		NEW
Disabled Adult Children	Ø			0	-	NEW
Qualified Medicare Beneficiaries	ø			0		NEW
Qualified Disabled and Working Individuals	Ø		(united)	0	: ; ;	NEW
Specified Low Income Medicare Beneficiaries	Ø		L	0		NEW
Qualifying Individuals	Ø			0	-	NEW
he following eligibility g s part of this submission • N/A	n (optional) I S Deselec roups were pro n package:	ted from Covera	ge	f the state plan a	and deselect	ted from covera
Yes No Additional Information Igibility Group he following eligibility g s part of this submission · N/A Addicaid Stat Igibility Group ormer Foster C EDICAID Medicaid State P dividuals under the age of 3	n (optional) Is Deselec Iroups were pro In package: Ate Plar Is - Manda Gare Childu	viously covered in the so Eligibility tory Coverage	ge urce approved version o			
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Yes No Additional Information ligibility Group the following eligibility g spart of this submission • N/A Aedicaid State ligibility Group ormer Foster C EDICAID Medicaid State P dividuals under the age of 3 ster care. Not Star ackage Header Pa Submiss	a (optional) as Deselect roups were pro- n package: ate Plan s - Manda are Childu lan Eligibility V 26, not otherwise ted ackage ID VA20 sion Type Offic oval Date 12/1 ed SPA ID VA-1	eviously covered in the so Eligibility tory Coverage ren (A2017MS00020 VA-17-002 mandatorily eligible, who we In 017MS00020 tal 1/2017	ge urce approved version o 1 re on Medicaid and were in f Progress	oster care when the management SPA ID ubmission Date	ey turned age Complete VA-17-0021 9/21/2017	18 or aged out of

1. Are under age 26

2. 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

B. Individuals Covered

1. The state covers individuals who were in foster care under the responsibility of the state or a Tribe within the state (including children who were cared for through a grant to the state under the unaccompanied refugee minor program) and were enrolled in Medicaid under the state's Medicaid state plan or 1115 demonstration when they turned 18 or a higher age at which that state's or Tribe's foster care assistance ends under title IV-E of the Act.

2. Additionally, the state covers individuals who were in foster care under the responsibility of the state or a Tribe within the state (including children who were cared for through a grant to the state under the unaccompanied refugee minor program) when they turned 18 or a higher age at which the state's or Tribe's foster care assistance ends under title IV-E of the Act, and meet the following criteria:

a. They were enrolled in Medicaid under the state's Medicaid state plan or 1115 demonstration at any time during the foster care period in which they turned 18 or a higher age at which the state's or Tribe's foster care assistance ends.

b. They were placed by the state or Tribe in another state and were enrolled in Medicaid under the other state's Medicaid state plan or 1115 demonstration project when they turned 18 or a higher age at which the state's or Tribe's foster care assistance ends.

c. They were placed by the state or Tribe in another state and were enrolled in Medicaid under the other state's Medicaid state plan or 1115 demonstration project at any time during the foster care period in which they turned 18 or a higher age at which the state's or Tribe's foster care assistance ends.

C. Additional Information (optional)

Medicaid State Plan Eligibility

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | VA2017MS00020 | VA-17-0021

Not Start	ed	In Pro	gress		Complete
Package Header					
Pa	kage ID VA2017	MS0002O		SPA ID	VA-17-0021
Submissi	on Type Official		Initial S	ubmission Date	9/21/2017
Appro	val Date 12/11/2	2017		Effective Date	10/1/2017
Supersede	d SPA ID N/A				
A. Options for Co	verage				
Yes No The optional eligibility group from the paper-based state Families and Adults	os covered in the s plan to MACPro):	state plan are (elections mac	le in this screen may r	not be compreher	isive during the transition period
Eligibility Group Name		Covered In State Plan	Include RU In Package Ø	Included in A Submissi Packag	on Source Type 😡
Optional Coverage of Parents and Other Caretaker Relatives				. 0	NEW
Reasonable Classifications of Individuals under Age 21				0	CONVERTED
Children with Non- IV-E Adoption Assistance				0	CONVERTED

Eligibility Group Name		Covered In State Plan	Include RU In Package Ø	Included in Another Submission Package	Source Type 🛛
ndependent Foster Care Adolescents				0	NEW
Optional Targeted Low Income Children			an a	0	NEW
ndividuals above 133% FPL under Age 55				0	NEW
Certain Individuals Needing Treatment for Breast or Cervical Cancer	ø			0	NEW
ndividuals Eligible or Family Planning Services	Ø		and the second s	0	CONVERTED
ndividuals with Fuberculosis				0	NEW
ndividuals Electing COBRA Continuation Coverage	Ø		[]	0	NEW
ged, Blind and Disab	led		,,	•	
Eligibility Group Name		Covered in State Plan	Include RU In Package 😯	Included in Another Submission Package	Source Type 🛛
lged, Blind or Disabled Individuals Eligible for but Not Receiving Cash				0	NEW
ndividuals Eligible or Cash except for nstitutionalization				0	NEW ,
ndividuals Receiving Home and Community Based Services under nstitutional Rules	Ø	Louis		0	NEW
Dptional State Supplement Seneficiaries-209(b) States, and SSI Criteria States vithout 1616 & greements	1			0	NEW
nstitutionalized ndividuals Eligible under a Special ncome Level			generaliza y generaliza y gener	0	NEW
ndividuals participating in a PACE Program under nstitutional Rules	<u>@</u>			0	NEW

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Name		Covered In State Plan	Include RU In Package Ø	Included in Another Submission Package	Source Type 🛿
Individuals Receiving Hospice Care			·	· [
Qualified Disabled Children under Age 19				0	NEW
Poverty Level Aged or Disabled				0	NEW
Work Incentives Eligibility Group	Ø	[]	C	0	NEW
Ticket to Work Basic Group				0	NEW
Ticket to Work Medical improvements Group	Ø			Ο	NEW
Family Opportunity Act Children with Disabilities				Ο	NEW
Individuals Eligible for Home and Community-Based Services	Ø	Language and the second s		0	NEW
Individuals Eligible for Home and		(****)	11		
Community-Based Services - Special Income Level B. Medically Nee		for Coverage		U	NEW
Services - Special Income Level B. Medically Nee The state provides Medica Yes No The medically needy eligibili 1. Mandatory Me	dy Options id to specified gro	oups of individuals who a	re medically needy.	U	NEW
Services - Special Income Level B. Medically Nee The state provides Medical Yes No The medically needy eligibili	dy Options id to specified gro	oups of individuals who a	re medically needy. include RU in Package Q	Included in Another Submission Parkage	NEW
Services - Special Income Level B. Medically Nee The state provides Medica Yes No The medically needy eligibili 1. Mandatory Me Families and Adults Eligibility Group	dy Options id to specified gro	oups of individuals who a in the state plan are: dy: Covered In State	include RU in		
Services - Special Income Level B. Medically Nee The state provides Medical Yes No The medically needy eligibili 1. Mandatory Me Families and Adults Eligibility Group Name Medically Needy	dy Options id to specified gro ty groups covered edically Nee	oups of individuals who a in the state plan are: dy: Covered In State	include RU In Package O	Submission	Source Type 📀
Services - Special Income Level B. Medically Nee The state provides Medical Yes No The medically needy eligibilit 1. Mandatory Me Families and Adults Eligibility Group Name Medically Needy Pregnant Women Medically Needy Children under Age	dy Options id to specified gro ty groups covered edically Nee	oups of individuals who a in the state plan are: dy: Covered In State	include RU in	Submission	Source Type <section-header></section-header>
Services - Special Income Level B. Medically Nee The state provides Medical Yes No The medically needy eligibilit 1. Mandatory Me Families and Adults Eligibility Group Name Medically Needy Pregnant Women Medically Needy Children under Age 18	dy Options id to specified gro ty groups covered edically Nee	oups of individuals who a in the state plan are: dy: Covered In State	include RU In Package O	Submission	Source Type <section-header></section-header>

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Eligibility Group Name		Covered In State Plan	Include RU In Package 🕢	Included in Another Submission Package	Source Type 0
Individuals Eligible in 1973					
2. Optional Medi	cally Need	y:		An an an an an an an an	
amilies and Adults					
Eligibility Group Name		Covered In State Plan	Include RU In Package 😡	Included in Another Submission Package	Source Type 🛛
Medically Needy Children Age 18 through 20	Ø			0	NEW
Medically Needy Parents and Other Caretakers	P			0	NEW
Aged, Blind and Disab	led				
Eligibility Group Name		Covered In State Plan	Include RU In Package 😡	Included in Another Submission Package	Source Type 🛛
Medically Needy Aged, Blind or Disabled	ø			0	NEW
с. 6.1.1:4: сто о I. I. о б	ormation (ontional)			
The following eligibility gr	S Deselecte	d from Coverage		f the state plan and dese	lected from cover
Eligibility Group	S Deselecte	d from Coverage		f the state plan and dese	lected from cover
Eligibility Group: The following eligibility gr as part of this submission • N/A PRA Disclosure Statement: Act Jisplays a valid OMB control r nformation collection is estim- receded, and complete and ret	s Deselecte roups were previo package: cording to the Paper number. The valid Of hated to average 40 I view the information	d from Coverage	e approved version o o persons are required t ormation collection is 05 the time to review instru- ents concerning the accu	to respond to a collection of it 138-1188. The time required to citions, search existing data n rracy of the time estimate(s) o	nformation unless it o complete this esources, gather the or suggestions for