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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
Title/Dept : Director
Address 1: 600 E. Broad Street
Address 2:
City : Richmond
State: VA
Zip: 23219
MACPro Package ID: VA2017MS00020
SPA ID: VA-17-0021

Subject
 Former Foster Care Children

Dear Cindi 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 Requirements for Non-MAGI Groups	10/1/2017
Mandatory Eligibility Groups	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 be covered under the 1115 authority.

The Federal Budget Impact for FFY 2017 - \$0 FFY 2018 - \$0

Sincerely,

Maritza Bodon


Approval Documentation

Name	Date Created	Type
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No items available

Name	Date Created	Type
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Package Information

Package ID VA2017MS00020	Submission Type Official
Program Name N/A	State VA
SPA ID VA-17-0021	Region Philadelphia, PA
Version Number 4	Package Status Approved
Submitted By Emily McClellan	Submission Date 9/21/2017
Package Disposition 	Approval Date 12/11/2017 4:01 PM EST
Priority Code P1	

Submission - Summary

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

Not Started	In Progress	Complete
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Package Header

Package ID VA2017MS00020	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	

State Information

State/Territory Name: Virginia	Medicaid Agency Name: Department of Medical Assistance Services
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Submission Component

<input checked="" type="radio"/> State Plan Amendment	<input checked="" type="radio"/> Medicaid
	<input type="radio"/> CHIP

Submission Type

<input checked="" type="radio"/> Official Submission Package	Allow this official package to be viewable by other states?
<input type="radio"/> Draft Submission Package	<input checked="" type="radio"/> Yes
	<input type="radio"/> No

Key Contacts

Name	Title	Phone Number	Email Address
McClellan, Emily	Regulatory Supervisor	(804)371-4300	emily.mcclellan@dmas.virginia.gov

SPA ID and Effective Date

SPA ID VA-17-0021

Reviewable Unit	Proposed Effective Date
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Reviewable Unit	Proposed Effective Date
Optional Eligibility Groups	10/1/2017
Financial Eligibility Requirements for Non-MAGI Groups	10/1/2017
Mandatory Eligibility Groups	10/1/2017
Former Foster Care Children	10/1/2017

Executive Summary

Summary Description Including 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 between this submission package and any other submission package undergoing review This SPA contains content related to an 1115 waiver application that is pending.

Disaster-Related Submission

This submission is related to a disaster

- Yes
- No

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2017	\$0
Second	2018	\$0

Federal Statute / Regulation Citation

1902(a)(10)(A)(i)(X) of the Act; 42 CFR 435.150

Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

Describe Submission approved on 9/12/17

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. §435.602.

D. Additional Information (optional)

Medicaid State Plan Eligibility

Mandatory Eligibility Groups

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

Not Started	In Progress	Complete
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Package Header

Package ID	VA2017MS00020	SPA ID	VA-17-0021
Submission Type	Official	Initial Submission Date	9/21/2017
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Superseded SPA ID	N/A		








Mandatory Coverage

A. The state provides Medicaid to mandatory groups of individuals. The mandatory groups covered are:









Families and Adults

Eligibility Group Name	Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Infants and Children under Age 19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CONVERTED
			<input checked="" type="checkbox"/>	CONVERTED

Medicaid State Plan Print View

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Parents and Other Caretaker Relatives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	
Pregnant Women		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Deemed Newborns		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Former Foster Care Children		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Transitional Medical Assistance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Extended Medicaid due to Spousal Support Collections		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	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		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Mandatory State Supplements		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Who Are Essential Spouses		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Institutionalized Individuals Continuously Eligible Since 1973		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Blind or Disabled Individuals Eligible in 1973		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Who Lost Eligibility for SSI/SSP Due to an Increase in OASDI Benefits in 1972		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Who Would be Eligible for SSI/SSP but for OASDI COLA increases since April, 1977		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Disabled Widows and Widowers Ineligible for SSI due to Increase in OASDI		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Disabled Widows and Widowers Ineligible for SSI due to Early Receipt of Social Security	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Working Disabled under 1619(b)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Disabled Adult Children	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualified Medicare Beneficiaries	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualified Disabled and Working Individuals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Specified Low Income Medicare Beneficiaries	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualifying Individuals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

B. The state elects the Adult Group, described at 42 C.F.R. 5435.219.

Yes No

C. Additional Information (optional)

Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

Medicaid State Plan Eligibility Eligibility Groups - Mandatory Coverage

Former Foster Care Children

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

Individuals under the age of 26, not otherwise mandatorily eligible, who were on Medicaid and were in foster care when they turned age 18 or aged out of foster care.

Not Started	In Progress	Complete
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Package Header

Package ID VA2017MS00020 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 VA-14-0018
 System-Derived

The state covers the mandatory former foster care children group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

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 Started	In Progress	Complete
Package Header		
Package ID	VA2017MS00020	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	

A. Options for Coverage

The state provides Medicaid to specified optional groups of individuals.








Yes No

The optional eligibility groups covered in the state plan are (elections made in this screen may not be comprehensive during the transition period from the paper-based state plan to MACPro):








Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Optional Coverage of Parents and Other Caretaker Relatives	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Reasonable Classifications of Individuals under Age 21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Children with Non-IV-E Adoption Assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED

Medicaid State Plan Print View

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Independent Foster Care Adolescents		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Optional Targeted Low Income Children		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals above 133% FPL under Age 65		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Certain Individuals Needing Treatment for Breast or Cervical Cancer		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Family Planning Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Individuals with Tuberculosis		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Electing COBRA Continuation Coverage		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	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 or Disabled Individuals Eligible for but Not Receiving Cash		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Cash except for Institutionalization		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Home and Community Based Services under Institutional Rules		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Optional State Supplement Beneficiaries-209(b) States, and SSI Criteria States without 1616 Agreements		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Institutionalized Individuals Eligible under a Special Income Level		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals participating in a PACE Program under Institutional Rules		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Individuals Receiving Hospice Care					
Qualified Disabled Children under Age 19		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Poverty Level Aged or Disabled		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Work Incentives Eligibility Group		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Ticket to Work Basic Group		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Ticket to Work Medical Improvements Group		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Family Opportunity Act Children with Disabilities		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Home and Community-Based Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Home and Community-Based Services - Special Income Level		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

B. Medically Needy Options for Coverage

The state provides Medicaid to specified groups of individuals who are medically needy.

Yes No

The medically needy eligibility groups covered in the state plan are:

1. Mandatory Medically Needy:

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Medically Needy Pregnant Women		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Medically Needy Children under Age 18		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW



Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Medically Needy Blind or Disabled		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW


Eligibility Group Name	Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Individuals Eligible in 1973				

2. Optional Medically Needy:

Families 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		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Medically Needy Parents and Other Caretakers		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Medically Needy Aged, Blind or Disabled		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

C. Additional Information (optional)

Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

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 0938-1188. 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.

This view was generated on 12/11/2017 5:33 PM EST