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State Name: Virginia

State Plan Amendment (SPA) #: 18-0004

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
801 Market Street - Suite 9400
Philadelphia, Pennsylvania 19107



Region III/Division of Medicaid and Children's Health Operations

SWIFT #082820184052

October 5, 2018

Jennifer S. Lee, M.D., Director
Department of Medical Assistance Services
600 East Broad Street, Suite 1300
Richmond, VA 23219

Dear Dr. Lee:

The Centers for Medicare & Medicaid Services (CMS) has reviewed Virginia's State Plan Amendment (SPA) 18-0004, Adult Group. This SPA proposes that the adult group described in Title 42 of the Code of Federal Regulations (CFR) §435.119 will be covered, effective January 1, 2019. The adult group will include non-pregnant individuals age 19 through 64, not otherwise mandatorily eligible, and are not entitled to or enrolled for Part A or B Medicare benefits with income at or below 133% FPL.

This SPA is acceptable. Therefore, we are approving SPA 18-0004 with an effective date of January 1, 2019. 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: 10/05/2018
Head of Agency: Jennifer Lee, M.D.
Title/Dept : Director
Address 1: 600 E. Broad Street
Address 2:
City : Richmond
State: VA
Zip: 23219
MACPro Package ID: VA2018MS00060
SPA ID: VA-18-0004

Subject

Adult Group SPA

Dear Jennifer Lee, M.D.

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 Approval of Virginia SPA 18-004

Reviewable Unit	Effective Date
Mandatory Eligibility Groups	1/1/2019
Adult Group	1/1/2019
Optional Eligibility Groups	1/1/2019

We are pleased to inform you of the approval of Virginia State Plan Amendment (SPA) 18-004. This amendment modifies the State Plan to provide Medicaid coverage for the Adult Group described in 42 CFR 435.119. The Adult Group will include non-pregnant individuals age 19 through 64, not otherwise mandatorily eligible, and are not entitled to or enrolled for Medicare Part A or B benefits with income at or below 133% FPL. Enclosed is a copy of the approved SPA pages and the signed CMS-179 form. The effective date of this amendment is January 1, 2019. If you have any questions, you may contact Peggı Kosherzenko at (215) 861-4288.

Sincerely,

Stephanie Kaminsky
 Acting Division Director

Approval Documentation

Name	Date Created	
SWIFT-082820184052-Approval Letter VA 18-0004	10/5/2018 4:39 PM EDT	

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | VA2018MS00060 | VA-18-0004

Package Header

Package ID VA2018MS00060
Submission Type Official
Approval Date 10/5/2018
Superseded SPA ID N/A

SPA ID VA-18-0004
Initial Submission Date 6/8/2018
Effective Date N/A

State Information

State/Territory Name: Virginia

Medicaid Agency Name: Department of Medical Assistance Services

Submission Component

State Plan Amendment

Medicaid

CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | VA2018MS0006O | VA-18-0004

Package Header

Package ID VA2018MS0006O
Submission Type Official
Approval Date 10/5/2018
Superseded SPA ID N/A

SPA ID VA-18-0004
Initial Submission Date 6/8/2018
Effective Date N/A

SPA ID and Effective Date

SPA ID VA-18-0004

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Mandatory Eligibility Groups	1/1/2019	VA-17-0021
Adult Group	1/1/2019	
Optional Eligibility Groups	1/1/2019	VA-17-0021

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | VA2018MS00060 | VA-18-0004

Package Header

Package ID VA2018MS00060	SPA ID VA-18-0004
Submission Type Official	Initial Submission Date 6/8/2018
Approval Date 10/5/2018	Effective Date N/A
Superseded SPA ID N/A	

Executive Summary

Summary Description Including Goals and Objectives Virginia is submitting an amendment on the pre-printed CMS state plan page indicating that the adult group described in 42 CFR 435.119 will be covered, effective January 1, 2019.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2019	\$885628823
Second	2020	\$2106526036

Federal Statute / Regulation Citation

42 CFR 435.119

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | VA2018MS0006O | VA-18-0004

Package Header

Package ID VA2018MS0006O
Submission Type Official
Approval Date 10/5/2018
Superseded SPA ID N/A

SPA ID VA-18-0004
Initial Submission Date 6/8/2018
Effective Date N/A

Governor's Office Review

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

Describe Secretary of Health and Human Resources

Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | VA2018MS00060 | VA-18-0004

Package Header

Package ID VA2018MS00060
Submission Type Official
Approval Date 10/5/2018
Superseded SPA ID N/A

SPA ID VA-18-0004
Initial Submission Date 6/8/2018
Effective Date N/A

Indicate whether public comment was solicited with respect to this submission.

- Public notice was not federally required and comment was not solicited
- Public notice was not federally required, but comment was solicited
- Public notice was federally required and comment was solicited

Submission - Tribal Input

MEDICAID | Medicaid State Plan | Eligibility | VA2018MS00060 | VA-18-0004

Package Header

Package ID	VA2018MS00060	SPA ID	VA-18-0004
Submission Type	Official	Initial Submission Date	6/8/2018
Approval Date	10/5/2018	Effective Date	N/A
Superseded SPA ID	N/A		

One or more Indian health programs or Urban Indian Organizations furnish health care services in this state

- Yes
- No

Medicaid State Plan Eligibility

Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | VA2018MS00060 | VA-18-0004

Package Header

Package ID VA2018MS00060	SPA ID VA-18-0004
Submission Type Official	Initial Submission Date 6/8/2018
Approval Date 10/5/2018	Effective Date 1/1/2019
Superseded SPA ID VA-17-0021	
System-Derived	

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="radio"/>	CONVERTED
Parents and Other Caretaker Relatives		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Pregnant Women		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Deemed Newborns		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Former Foster Care Children		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Transitional Medical Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Extended Medicaid due to Spousal Support Collections		<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Mandatory State Supplements		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Who Are Essential Spouses		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Institutionalized Individuals Continuously Eligible Since 1973		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Blind or Disabled Individuals Eligible in 1973		<input checked="" 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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Disabled Widows and Widowers Ineligible for SSI due to Increase in OASDI		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Disabled Widows and Widowers Ineligible for SSI due to Early Receipt of Social Security		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Working Disabled under 1619(b)		<input checked="" 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 Adult Children	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualified Medicare Beneficiaries	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualified Disabled and Working Individuals	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Specified Low Income Medicare Beneficiaries	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualifying Individuals	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | VA2018MS00060 | VA-18-0004

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Superseded SPA ID VA-17-0021 System-Derived	

B. The state elects the Adult Group, described at 42 C.F.R. §435.219.

Yes No

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Adult Group		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED

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

Adult Group

MEDICAID | Medicaid State Plan | Eligibility | VA2018MS00060 | VA-18-0004

Non-pregnant individuals age 19 through 64, not otherwise mandatorily eligible, with income at or below 133% FPL.

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Approval Date	10/5/2018	Effective Date	1/1/2019
Superseded SPA ID	N/A		

The state covers the Adult Group in accordance with the following provisions:

A. Characteristics

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

1. Have attained age 19 but not age 65
2. Are not pregnant
3. Are not entitled to or enrolled for Part A or B Medicare benefits
4. Are not otherwise eligible for and enrolled for mandatory coverage under the state plan in accordance with 42 CFR 435, subpart B.
5. Note: In 209(b) states, individuals receiving SSI or deemed to be receiving SSI who do not qualify for mandatory Medicaid eligibility due to more restrictive requirements may qualify for this eligibility group if otherwise eligible.

B. Financial Methodologies

MAGI-based methodologies are used in calculating household income. Please refer as necessary to MAGI-Based Methodologies, completed by the state.

C. Income Standard Used

The amount of the income standard for this group is 133% FPL.

D. Coverage of Dependent Children

Parents or caretaker relatives living with a child under the age specified below are not covered unless the child is receiving benefits under Medicaid, CHIP or through the Exchange or otherwise enrolled in minimum essential coverage, as defined in 42 CFR 435.4.

1. Under age 19, or
2. A higher age of children, if any covered under the Reasonable Classifications of Children eligibility group (42 CFR 435.222) on March 23, 2010:
- a. Under age 20
 - b. Under age 21

Adult Group

MEDICAID | Medicaid State Plan | Eligibility | VA2018MS0006O | VA-18-0004

Package Header

Package ID VA2018MS0006O
Submission Type Official
Approval Date 10/5/2018
Superseded SPA ID N/A

SPA ID VA-18-0004
Initial Submission Date 6/8/2018
Effective Date 1/1/2019

E. Additional Information (optional)

Medicaid State Plan Eligibility

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | VA2018MS00060 | VA-18-0004

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Submission Type	Official	Initial Submission Date	6/8/2018
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Superseded SPA ID	VA-17-0021		
	System-Derived		

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 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="radio"/>	CONVERTED
Children with Non-IV-E Adoption Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Family Planning Services		<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Home and Community Based Services under Institutional Rules		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Optional State Supplement Beneficiaries- 209(b)States, and SSI Criteria States without 1616 Agreements		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Institutionalized Individuals Eligible under a Special Income Level		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals participating in a PACE Program under Institutional Rules		<input checked="" 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		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualified Disabled Children under Age 19		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Poverty Level Aged or Disabled		<input checked="" 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 checked="" 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

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | VA2018MS00060 | VA-18-0004

Package Header

Package ID VA2018MS00060	SPA ID VA-18-0004
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System-Derived	

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Medically Needy Children under Age 18		<input checked="" 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 Individuals Eligible in 1973		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | VA2018MS00060 | VA-18-0004

Package Header

Package ID	VA2018MS00060	SPA ID	VA-18-0004
Submission Type	Official	Initial Submission Date	6/8/2018
Approval Date	10/5/2018	Effective Date	1/1/2019
Superseded SPA ID	VA-17-0021		
	System-Derived		

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.

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