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#### **Table of Contents**

State/Territory Name: Virginia

State Plan Amendments (SPA) #: VA-13-0017

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) SPA Summary Form
- 3) Approved SPA Pages

The complete title XXI state plan for Massachusetts consists of the most recent state plan posted on Medicaid.gov under CHIP and State Plan Amendments. The link is provided below. The following approved templates are in addition to, or replace sections of the state's posted current state plan. The attached approval letter(s) explain how these templates fit into that state plan.

Link to state title XXI state plans and amendments: <a href="http://medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Childrens-Health-Insurance-Program-CHIP/CHIP-State-Program-Information.html">http://medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Childrens-Health-Insurance-Program-CHIP/CHIP-State-Program-Information.html</a>

#### DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services 7500 Security Boulevard, Mail Stop: S2-26-12 Baltimore, Maryland 21244-1850



Children and Adults Health Programs Group

NOV 1 8 2013

Rebecca Mendoza Director, Division of Maternal and Child Health Virginia Department of Medical Assistance Services 600 East Broad Street, Suite 1300 Richmond, VA 23219

Dear Ms. Mendoza:

I am pleased to inform you that your Title XXI Children's Health Insurance Program (CHIP) state plan amendments (SPA) VA-13-0017 and VA-13-19 submitted on October 6, 2013 and related to Modified Adjusted Gross Income (MAGI) Eligiblity have been approved with an effective date of January 1, 2014.

#### Establish 2101(f) Group:

SPA number VA-13-0017 provides coverage in Virginia's separate CHIP, as specified in the state's submission of CS14: Children Ineligible for Medicaid as a Result of the Elimination of Income Disregards. A copy of the approved state plan page (CS14) is attached, and should be incorporated within a separate subsection under Section 4.1 of Virginia's approved CHIP state plan.

#### Non-Financial Eligibility:

SPA number VA-13-19 is approved to clarify the state's non-financial eligibility policies on residency; citizenship; social security numbers; and other eligibility standards. We are approving this SPA in the absence of state plan page CS20. The state's non-financial eligibility policy on substitution of coverage will be submitted when the state legislature has met and approved the change to the waiting period. Copies of the approved state plan pages are attached and these approved pages supersede sections of Virginia's current state plan as laid out below:

New State Plan Page	Impact on Current State Plan Section		
CS17: Non-Financial Eligibility – Residency	Section 4.1.5		
CS18: Non-Financial Eligibility – Citizenship	Section 4.1.0; and 4.1-LR		
CS19: Non-Financial Eligibility – Social Security	Section 4.1.9.1		
Number			
CS23: Other Eligibility Standards	Section 4.1.6; 4.1.7; 4.1.8; 4.1.9		

#### Page 2 - Ms. Rebecca Mendoza

Your Title XXI project officer is Ms. Ticia Jones. She is available to answer questions concerning these amendments and other CHIP-related issues. Ms. Jones' contact information is as follows:

Centers for Medicare & Medicaid Services Center for Medicaid & CHIP Services Mail Stop: S2-01-16 7500 Security Boulevard Baltimore, MD 21244-1850 Telephone: (410) 786-8145 Facsimile: (410) 786-5882

E-mail: <u>Ticia.Jones@cms.hhs.gov</u>

If you have questions or wish to discuss this determination further, please contact Mr. Francis McCullough, Associate Regional Administrator (ARA) in our Philadelphia Regional Office. Mr. McCullough's address is:

Centers for Medicare & Medicaid Services Division of Medicaid and Children's Health Operations Suite 216, The Public Ledger Building 150 Independence Mall West Philadelphia, PA 19106

Congratulations on the approval. We look forward to continuing to work with you and your staff toward the approval of your remaining MAGI Eligibility SPAs. If you have additional questions, please contact Ms. Linda Nablo, Director of the Division of State Coverage Programs, at (410) 786-5143.

We look forward to continuing to work with you and your staff.

Sincerely,

Eliot Fishman Director

**Enclosure** 

cc: Francis McCullough, ARA, CMS Region III, Philadelphia

VA.0386.R00.01 - Jan 01, 2014 (as of Oct 03, 2014)

Control Panel	<i>u</i> =	
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Children's Health In	surance Program Eligibility:
Summary Page	
State/Territory	Virginia
name:	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 sub	mission year, and 0000 = a four digit number
with leading zero	os. The dashes must also be entered.

### Type of SPA:

VA-14-0025

- MAGI Eligibility & Methods
- XXI Medicaid Expansion
- ✓ Establish 2101(f) Group
- Eligibility Processing
- Non-Financial Eligibility

### **Proposed Effective Date**

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

### Federal Statute/Regulation Citation

Section 1902(e)(14) of the Social Security Act

### **Federal Budget Impact**

This SPA has a budget impact. Total budget impact:

State Funds: \$
Federal Funds: \$

### **Subject of Amendment**

Please provide a brief summary of SPA changes.

Character Count:89 out of 2000

CS14 Children ineligible for Medicaid as a result of the elimination of income disregards

### **Signature of State Agency Official**

Submitted By: Brian McCormick

Last Revision Sep 10, 2014

Date:

Submit Date: Jun 26, 2014



# **CHIP Eligibility**

OMB Control Number: 0938-1148

Expiration date: 10/31/2014

Child Health Insurance Program Eligibility - Children Ineligible for Medicaid as a Result of the Elimination of Income Disregards						
Section 2101(f) of the ACA and 42 CFR 457.310(d)						
Children Ineligible for Medicaid as a Result of the Elimination of Income Disregards						
The CHIP agency provides coverage for this group of children as follows:						
The state has received approval from CMS to maintain Medicaid eligibility for children who would otherwise be subject to Section 2101(f) such that no child in the state will be subject to this provision.						
The state assures that separate CHIP coverage will be provided for children ineligible for Medicaid due to the elimination of income disregards in accordance with 42 CFR 457.310(d). Coverage for this population will cease when the last child protected from loss of Medicaid coverage as a result of the elimination of income disregards has been afforded 12 months of coverage in a separate CHIP (expected to be no later than April 1, 2016).						
Describe the methodology used by the state to identify and enroll children in a separate CHIP who are subject to the protection afforded by Section 2101(f) of the Affordable Care Act:						
The state has demonstrated and CMS has agreed that all children qualifying for section 2101(f) protection will qualify for the state's existing separate CHIP.						
The state will enroll all children in a separate CHIP who lose Medicaid eligibility because of an increase in family income at their first renewal applying MAGI methods.						
The state will enroll children in a separate CHIP whose family income falls above the converted MAGI Medicaid FPL but at or below the following percentage of FPL. The state has demonstrated and CMS has agreed that all or almost all the children who would have maintained Medicaid eligibility if former disregards were applied will be within this income range and therefore covered in the separate CHIP.						
% FPL						
The state will enroll children in a separate CHIP who are found to be ineligible for Medicaid based on MAGI but whose family income has not increased since the child's last determination of Medicaid eligibility or who would have remained eligible for Medicaid (based on the 2013 Medicaid income standard) if the value of their 2013 disregards had been applied to the family income as determined by MAGI methodology.						
C Other.						
Describe the benefits provided to this population:						
C This population will be provided the same benefits as are provided to children in the state's Medicaid program.						
This population will be provided the same benefits as are provided to children in the state's separate CHIP.						
Other (consistent with Section 2103 of the SSA and 42 CFR 457 Subpart D).						
Describe premiums and cost sharing required of this population:						
Cost sharing is the same as for children in the Medicaid program.						



## **CHIP Eligibility**

(•	Premiums and cost shar	ring are the same as for	r targeted low-income	children in the	e state's separate CHIP.

No premiums, copayments, deductibles, coinsurance or other cost sharing is required.

Other premiums and/or cost-sharing requirements (consistent with Section 2103(e) of the SSA and 42 CFR 457 Subpart E).

#### 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 50 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.

NOV 1 8 2013

Approval Date: