

## **Table of Contents**

**State Name:** Virginia

**State Plan Amendment (SPA) #:** 19-014

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS-179
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
601 E. 12<sup>th</sup> Street, Room 355  
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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March 10, 2020

Karen Kimsey, Director  
Department of Medical Assistance Services  
600 East Broad Street, Suite 1300  
Richmond, VA 23219

RE: Virginia State Plan Amendment 19-014

Dear Ms. Kimsey:

The Centers for Medicare & Medicaid Services (CMS) has reviewed Virginia's State Plan Amendment (SPA) 19-014, Processing Medicaid Applications Using Supplemental Nutrition Assistance Program (SNAP) Income. This SPA proposes to determine financial eligibility under a MAGI-based Medicaid eligibility group using gross household income determined by SNAP for SNAP participants who are certain to be income eligible using MAGI-based methods.

This SPA is acceptable. Therefore, we are approving SPA 19-014 with an effective date of October 1, 2019. Enclosed are the approved SPA pages and signed CMS-179 form.

If you have any questions concerning this information, please contact me at (816) 426-6417, or your staff may contact Margaret Kosherzenko at [Margaret.Kosherzenko@cms.hhs.gov](mailto:Margaret.Kosherzenko@cms.hhs.gov) or (215) 861-4288.

Sincerely,

/S/

James G. Scott, Director  
Division of Program Operations

cc:  
Emily McClellan

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

1. TRANSMITTAL NUMBER

1 9 - 0 1 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

10/1/2019

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 2019 \$ 0  
b. FFY 2020 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Section 2, pages 11b, 11c, and 11g - revised

Pen & ink  
2/19/20  
EM

↑ 11f,

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Same as box 8

10. SUBJECT OF AMENDMENT

Processing Medicaid Applications Using SNAP Income

GOVERNOR'S REVIEW (Check One)

- GOVERNOR'S OFFICE REPORTED NO COMMENT <sup>2019</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

[Redacted Signature] /S/

13. TYPED NAME

Karen Kinsey

14. TITLE

Director

15. DATE SUBMITTED

11-8-19

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  
December 5, 2019

18. DATE APPROVED  
February 28, 2020

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL  
October 1, 2019

20. SIGNATURE OF REGIONAL OFFICIAL  
/S/

21. TYPED NAME  
James G. Scott

22. TITLE  
Director, Division of Program Operations

23. REMARKS

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

**SECTION 2- COVERAGE AND ELIGIBILITY**

**2.1 Application, Determination of Eligibility and Furnishing Medicaid (continued)**

**X (f) Using the Income Determination from another Means-Tested Public Benefit Program to Support Medicaid Determinations**

- (1) **The state elects the option to use income determined by the following public means-tested public benefits program(s) to support Medicaid eligibility determinations:**

  X SNAP

   TANF

   Other Means-Tested Program: \_\_\_\_\_

In electing this option, the state assures that it:

- (a) Verifies citizenship and non-citizen status consistent with Medicaid statutory and regulatory requirements in Section 1137 of the Social Security Act, 42 CFR 435.406, and 435.407.
- (b) Complies with Medicaid reporting requirements with respect to participants enrolled through this strategy.
- (c) Provides applicants with program information required under 42 CFR 435.905, such as information about available services and the rights and responsibilities of applicants and beneficiaries.
- (d) Has procedures to ensure that eligible individuals are enrolled in the appropriate Medicaid eligibility group. Please describe:

Please see text box on page 11c.

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

SECTION 2- COVERAGE AND ELIGIBILITY

The state will utilize SNAP gross income in two ways, ensuring that eligible individuals are enrolled in the appropriate MEG in each strategy:

1. The state will use the SNAP strategy to process pending MAGI Medicaid applications for individuals who are currently enrolled in SNAP. The Virginia Case Management System (VaCMS—integrated eligibility determination system) will only execute this strategy if all individuals applying for Medicaid are on the approved SNAP case. Additionally, because the application submission may contain attested information that is more recent than that used to make the SNAP determination of gross income, VaCMS will check to ensure the applicant's attested income from the application is below the Medicaid eligibility threshold. If these criteria are met and there is nothing else on the application that would affect eligibility, VaCMS is programmed to run Medicaid MAGI eligibility rules using SNAP gross income to determine placement in the appropriate eligibility group for each applicant.
2. The state plans to conduct future automated data matches to target individuals currently receiving SNAP but not Medicaid for evaluation in MAGI groups. The Virginia Case Management System (VaCMS—integrated eligibility determination system) is programmed to run Medicaid MAGI eligibility rules for this population using SNAP gross income to determine placement in the appropriate eligibility group for each applicant.

- (e) Has procedures to ensure that eligible American Indians or Alaska Natives enrolled through this strategy are exempt from cost sharing/and or premiums, consistent with section 1916 A(b)(3) of the Social Security Act.

Please describe:

Information on individuals who declare themselves to be an Alaska Native or a member of a federally recognized tribe is transmitted from the eligibility determination system to the Medicaid agency and claims edits are put in place to keep these individuals from being charged cost-sharing amounts.

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

SECTION 2- COVERAGE AND ELIGIBILITY

2.1 Application, Determination of Eligibility and Furnishing Medicaid (continued)

- (f) None of the household’s income is excluded from gross income as payment of child support for children living outside of the household.

Does the state exclude payment of child support for children from gross income when determining eligibility for SNAP?

\_\_\_ Yes. The state adds the amount of child support excluded to the household’s SNAP gross income.

\_\_\_ Yes, these families will be excluded from the method

X No

- (g) The state obtains all information necessary for a Medicaid eligibility determination that is not contained in the case record for SNAP. If available, electronic data sources are consulted before paper documentation is requested.

(ii) Collection of Information to Determine Eligibility

- (a) Describe how the state collects information to ensure that no one in the SNAP household is part of a tax household that includes an individual who lives outside the home:

(Strategy 1) Information is available through electronic data sources.

Information is collected on the application or renewal form for the means-tested program.

(Strategy 2) The state agency provides a form to the individual to complete and return. (Please submit an attachment)

For renewals only, the state agency provides a renewal notice requesting that the beneficiary notify the agency if household information has changed. (Please submit an attachment).

Other. Please describe:

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

SECTION 2- COVERAGE AND ELIGIBILITY

**2.1 Application, Determination of Eligibility and Furnishing Medicaid (continued)**

- (a) Describe how the state identifies individuals who have income which is counted in determining household income using MAGI-based methodologies but is not included in SNAP gross income. This includes, but may not be limited to income received through an AmeriCorps Education Award income from a minor dependent child above the applicable tax filing threshold:

- (Strategy 1) Information is available through electronic data sources.
- Information is collected on the application or renewal form for the means-tested program. (Please submit an attachment)
- (Strategy 2) The state agency provides a form to the individual to complete and return. (Please submit an attachment)
- For renewals only, the state agency provides a renewal notice requesting that the beneficiary notify the agency if anyone in the household has a new type of income (Please submit an attachment).

Other. Please describe:

- (b) Describe how the state obtains a signature authorizing a determination of Medicaid eligibility as required under 42 CFR 435.907(f).

- The household applies for Medicaid by requesting a Medicaid determination through the application for SNAP.
- The household applies for Medicaid at its SNAP recertification by requesting a Medicaid determination on the SNAP recertification form.
- (Strategy 2) Individuals are sent a separate form for signature and return. The state allows the form to be completed:
  - On paper
  - By telephone
  - Online
  - Through other means. Please describe: \_\_\_\_\_
  - Not applicable. State has only elected option to use strategy at Medicaid renewal.
- Other. Please describe: [Strategy 1] Signature is collected on full Medicaid application.