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State/Territory Name: **Virginia**

State Plan Amendment (SPA) #: **22-0001**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

VA Submission Package VA2022MS0001O (VA 22 0001) Eligibility

[Summary](#) [Reviewable Units](#) [Versions](#) [Correspondence Log](#) [Analyst Notes](#) [Approval Letter](#) [RAI](#) [Transaction Logs](#) [News](#)

Related Actions

CMS-10434 OMB 0938-1188

Package Information

Package ID	VA2022MS0001O	Submission Type	Official
Program Name	N/A	State	VA
SPA ID	VA-22-0001	Region	Philadelphia, PA
Version Number	4	Package Status	Approved
Submitted By	Emily McClellan	Submission Date	8/25/2022
Package Disposition		Approval Date	1/9/ 02 11 1 AM E T
Priority Code	P2		
Lead Division	DEPO		

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Medicaid and CHIP Operations Group
601 E 1st Room 5
Kansas City, MO 64106



Center for Medicaid & CHIP Services

January 09, 2023

Cheryl J. Roberts
Director
Department of Medical Assistance Services
600 E. Broad Street
Richmond VA 219

Re: Approval of State Plan Amendment VA-22-0001

Dear Cheryl J. Roberts,

On August 25, 2022, the Centers for Medicare and Medicaid Services (CMS) received Virginia State Plan Amendment (SPA) VA-22-0001 to amend the state's paper alternative single streamlined application.

We approve Virginia State Plan Amendment (SPA) VA-22-0001 with an effective date(s) of July 01, 2022.

If you have any questions regarding this amendment please contact Margaret Kosherzenko at Margaret.Kosherzenko@cms.hhs.gov

Sincerely,

[Redacted Signature]

Division of Program Operations

Center for Medicaid & CHIP Services

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | VA2022MS0001O | VA 22 0001

Package Header

Package ID VA2022MS0001O
Submission Type Official
Approval Date 1/9/2023
Superseded PA ID N/A

SPA ID VA-22-0001
Initial Submission Date 8/25/2022
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 | VA2022MS0001O | VA-22-0001

Package Header

Package ID VA2022MS0001O
Submission Type Official
Approval Date 1/9/2023
Superseded SPA ID N/A

SPA ID VA-22-0001
Initial Submission Date / /20
Effective Date N/A

SPA ID and Effective Date

PA ID VA 0001

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Application	7/1/2022	VA-18-0015

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | VA2022MS0001O | VA-22-0001

Package Header

Package ID	VA2022MS0001O	SPA ID	VA-22-0001
Submission Type	Official	Initial Submission Date	8/25/2022
Approval Date	1/9/2023	Effective Date	N/A
Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives This SPA submission includes an updated Medicaid enrollment application. The only changes are: 1) updating the pregnancy-related question from 60 days to 12 months to align with Virginia's postpartum extension; 2) adding language for MCO pre-selection for those that are found eligible for FAMIS.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2022	\$0
Second	2023	\$0

Federal Statute / Regulation Citation

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

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | VA2022MS0001O | VA-22-0001

Package Header

Package ID VA2022MS0001O
Submission Type Official
Approval Date 1/9/2023
Superseded SPA ID N/A

SPA ID VA-22-0001
Initial Submission Date 8/25/2022
Effective Date N/A

Governor's Office Review

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

Medicaid State Plan Eligibility

General Eligibility Requirements

Application

MEDICAID | Medicaid State Plan | Eligibility | VA2022MS0001O | VA-22-0001

Package Header

Package ID	VA2022MS0001O	SPA ID	VA-22-0001
Submission Type	Official	Initial Submission Date	8/25/2022
Approval Date	1/9/2023	Effective Date	7/1/2022
Superseded SPA ID	VA-18-0015		
	System-Derived		

A. MAGI Paper Application



The state uses the following paper application(s) for individuals applying for coverage based on the applicable modified adjusted gross income (MAGI) standard.

- 1. The single, streamlined application for all insurance affordability programs, developed by the Secretary in accordance with section 1413(b)(1)(A) of the Affordable Care Act
- 2. One or more alternative single, streamlined applications developed by the state in accordance with section 1413(b)(1)(B) of the Affordable Care Act and approved by the Secretary, which may be no more burdensome than the streamlined application developed by the Secretary

Name

Standard Application and Single Page Supplement

The paper application(s) has been uploaded.

Document Name	Date Created	
English Application Single Page Supplement 12_22_22	12/22/2022 5:10 PM EST	
English MAGI Standard Application 122222	12/22/2022 5:10 PM EST	

- 3. One or more alternative applications used to apply for multiple human service programs approved by the Secretary, provided that the agency makes readily available the single streamlined application used only for insurance affordability programs to individuals seeking assistance only through such programs
- 4. Other alternative applications, provided that the agency makes readily available the single streamlined application used only for insurance affordability programs to individuals seeking assistance only through such programs

Application

MEDICAID | Medicaid State Plan | Eligibility | VA2022MS0001O | VA-22-0001

Package Header

Package ID	VA2022MS0001O	SPA ID	VA-22-0001
Submission Type	Official	Initial Submission Date	/ / 20
Approval Date	1/9/2023	Effective Date	7/1/2022
Superseded SPA ID	VA-18-0015		

System Derived

B. MAGI Online Application

The state uses the following online application(s) for individuals applying for coverage based on the applicable MAGI standard.

- 1. The single streamlined application for all insurance affordability programs developed by the secretary in accordance with section 141 (b)(1)(A) of the Affordable Care Act
- 2. One or more alternative single, streamlined application developed by the state in accordance with section 1413(b)(1)(B) of the Affordable Care Act and approved by the Secretary, which may be no more burdensome than the streamlined application developed by the Secretary

Name

Blank document

Screenshots or other documentation of the online application(s) has been uploaded.

Document Name	Date Created
Blank document	12/15/2022 3:17 PM EST

- 3. One or more alternative application used to apply for multiple human service programs approved by the Secretary, provided that the agency makes readily available the single application used only for insurance affordability programs to individuals seeking assistance only through such programs
- 4. Other alternative applications provided that the agency makes readily available the single streamlined application used only for insurance affordability programs to individuals seeking assistance only through such programs

Application

MEDICAID | Medicaid State Plan | Eligibility | VA2022MS0001O | VA-22-0001

Package Header

Package ID VA2022MS0001O

SPA ID VA-22-0001

Submission Type Official

Initial Submission Date / / 20

Approval Date 1/9/2023

Effective Date 7/1/2022

Superseded SPA ID VA-18-0015






System Derived

C. Basis Other than MAGI - Paper Application

The state uses the following paper application(s) for individuals applying for coverage on a basis other than the applicable MAGI standard:

- 1 The single streamlined application developed by the secretary or one of the alternate forms developed by the state and approved by the secretary and supplemental forms to collect additional information needed to determine eligibility on such other basis submitted to the secretary

The supplemental form(s) used to collect additional information has been uploaded.

Name	Date Created	
APPENDIX E Medically Needy Application English	6/7/2022 1:00 PM EDT	
ABD-LTC_Supplement	6/7/2022 12:53 PM EDT	
Appendix F English	10/11/2022 11:45 AM EDT	
English MAGI Standard Application 122222	12/22/2022 5:12 PM EST	
English Application Single Page Supplement 1	12/22/2022 5:12 PM EST	

1 - 5 of 5

- 2. One or more applications designed specifically to determine eligibility on a basis other than the applicable MAGI standard which minimizes the burden on applicants submitted to the secretary
- 3. One or more applications used to apply for multiple human service programs
- 4. Other alternative applications

Application

MEDICAID | Medicaid State Plan | Eligibility | VA2022MS0001O | VA-22-0001

Package Header


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Approval Date	1/9/2023	Effective Date	7/1/2022
Superseded SPA ID	VA-18-0015		
	System-Derived		

D. Other than MAGI - Online Application

The state uses the following online application(s) for individuals applying for coverage who may be eligible on a basis other than the applicable MAGI standard:

- 1. The single, streamlined application developed by the Secretary or one of the alternate online forms developed by the state and approved by the Secretary, and supplemental online forms to collect additional information needed to determine eligibility on such other basis, submitted to the Secretary

Screenshots or other documentation of the online form(s) used to collect additional information have been uploaded

Name	Date Created	
Blank document	12/15/2022 3:18 PM EST	

- 2. One or more application designed specifically to determine eligibility on a basis other than the applicable MAGI standard which minimizes the burden on applicants, submitted to the Secretary
- 3. One or more application used to apply for multiple human service programs
- 4. Other alternative applications

Application

MEDICAID | Medicaid State Plan | Eligibility | VA2022MS0001O | VA-22-0001

Package Header

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	System-Derived		

E. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 range from 1 hour to 80 hours per response (see below), 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 1/11/2023 8:19 AM EST