

Table of Contents

State/Territory Name: **Virginia**

State Plan Amendment (SPA) #: **24-0002**

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 - VA2024MS0001O - (VA-24-0002) - Administration; Eligibility

Summary Reviewable Units Versions Correspondence Log Analyst Notes **Approval Letter** Transaction Logs News Related Actions

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Medicaid and CHIP Operations Group
601 E. 12th Street Room 355
Kansas City, , MO 64106



Center for Medicaid & CHIP Services

April 19, 2024

Cheryl J. Roberts
Director
Department of Medical Assistance Services
600 E. Broad Street
Richmond, VA 23219

Re: Approval of State Plan Amendment VA-24-0002

Dear Cheryl J. Roberts,

On February 20, 2024, the Centers for Medicare and Medicaid Services (CMS) received Virginia State Plan Amendment (SPA) VA-24-0002 in which the state proposes to implement 12-months of continuous eligibility for children as required by the 2023 Consolidated Appropriations Act. This SPA also makes a technical change to note that the Virginia Department of Medical Assistance Services processes the eligibility applications of individuals who are returning to the community after a period of incarceration. Additionally, this SPA makes technical corrections to the "Eligibility Determinations and Fair Hearings" and "Organization and Administration" reviewable units approved in VA-23-0007 regarding Virginia's transition to a new State-Based Exchange.

We approve Virginia State Plan Amendment (SPA) VA-24-0002 with an effective date(s) of January 01, 2024.

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

Sincerely,
James G. Scott
Director, Division of Program Operations
Center for Medicaid & CHIP Services

VA - Submission Package - VA2024MS0001O - (VA-24-0002) - Administration; Eligibility

Summary Reviewable Units Versions Correspondence Log **Analyst Notes** Approval Letter Transaction Logs News **Related Actions**

Submission - Summary

MEDICAID | Medicaid State Plan | Administration, Eligibility | VA2024MS0001O | VA-24-0002

CMS-10434 OMB 0938-1188

Package Header

Package ID	VA2024MS0001O	SPA ID	VA-24-0002
Submission Type	Official	Initial Submission Date	2/20/2024
Approval Date	04/19/2024	Effective Date	N/A
Superseded SPA ID	N/A		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 | Administration, Eligibility | VA2024MS0001O | VA-24-0002

Package Header

Package ID VA2024MS0001O
Submission Type Official
Approval Date 04/19/2024
Superseded SPA ID N/A

SPA ID VA-24-0002
Initial Submission Date 2/20/2024
Effective Date N/A

SPA ID and Effective Date

SPA ID VA-24-0002

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Eligibility Determinations and Fair Hearings	1/1/2024	VA-23-0007
Organization and Administration	1/1/2024	VA-23-0007
Continuous Eligibility for Children	1/1/2024	N/A

Page Number of the Superseded Plan Section or Attachment (If Applicable):

Submission - Summary

MEDICAID | Medicaid State Plan | Administration, Eligibility | VA2024MS0001O | VA-24-0002

Package Header

Package ID	VA2024MS0001O	SPA ID	VA-24-0002
Submission Type	Official	Initial Submission Date	2/20/2024
Approval Date	04/19/2024	Effective Date	N/A
Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives This SPA seeks to implement 12 month continuous eligibility for children as required by the 2023 Consolidated Appropriations Act. In addition, this SPA makes a change to Question A1a of the "Eligibility Determinations and Fair Hearings" reviewable unit and Question A2a in the "Organization and Administration" reviewable unit to indicate that DMAS staff process the eligibility applications and reevaluations of individuals who are returning to the community after a period of incarceration. Also, this SPA makes technical corrections to the "Eligibility Determinations and Fair Hearings" and "Organization and Administration" reviewable units approved in VA-23-0007 regarding Virginia's transition to a new State-Based Exchange.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2024	\$19283
Second	2025	\$49310

Federal Statute / Regulation Citation

Sections 1902(e)(7) and 1902(e)(12) of the Social Security Act; Regulations: 42 CFR 435.172; 42 CFR 435.926; 42 CFR 431.10 and 431.11.

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created
No items available	

Submission - Summary

MEDICAID | Medicaid State Plan | Administration, Eligibility | VA2024MS0001O | VA-24-0002

Package Header

Package ID	VA2024MS0001O	SPA ID	VA-24-0002
Submission Type	Official	Initial Submission Date	2/20/2024
Approval Date	04/19/2024	Effective Date	N/A
Superseded SPA ID	N/A		

Governor's Office Review

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

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 4/29/2024 7:11 AM EDT

VA - Submission Package - VA2024MS0001O - (VA-24-0002) - Administration; Eligibility

Medicaid State Plan Administration

Organization

Eligibility Determinations and Fair Hearings

MEDICAID | Medicaid State Plan | Administration, Eligibility | VA2024MS0001O | VA-24-0002

CMS-10434 OMB 0938-1188

Package Header

Package ID	VA2024MS0001O	SPA ID	VA-24-0002
Submission Type	Official	Initial Submission Date	2/20/2024
Approval Date	04/19/2024	Effective Date	<u>1/1/2024</u>
Superseded SPA ID	VA-23-0007		
	System-Derived		

A. Eligibility Determinations (including any delegations)

1. The entity or entities that conduct determinations of eligibility for families, adults, and individuals under 21 are:

- a. The Medicaid agency
- b. Delegated governmental agency
- i. Single state agency under Title IV-A (TANF) (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- ii. An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- iii. Other

2. The entity or entities that conduct determinations of eligibility based on age (65 or older), or having blindness or a disability are:

- a. The Medicaid agency
- b. Delegated governmental agency
- i. Single state agency under Title IV-A (TANF) (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- ii. An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- iii. The Social Security Administration determines Medicaid eligibility for:
 - (1) SSI beneficiaries
 - (2) Optional state supplement recipients
- iv. Other

3. Assurances:

- a. The Medicaid agency is responsible for all Medicaid eligibility determinations.
- b. There is a written agreement between the Medicaid agency and the Exchange or any other state or local agency that has been delegated authority to determine eligibility for Medicaid eligibility in compliance with 42 CFR 431.10(d).
- c. The Medicaid agency does not delegate authority to make eligibility determinations to entities other than government agencies which maintain personnel standards on a merit basis.
- d. The delegated entity is capable of performing the delegated functions.

Eligibility Determinations and Fair Hearings

MEDICAID | Medicaid State Plan | Administration, Eligibility | VA2024MS0001O | VA-24-0002

Package Header

Package ID	VA2024MS0001O	SPA ID	VA-24-0002
Submission Type	Official	Initial Submission Date	2/20/2024
Approval Date	04/19/2024	Effective Date	1/1/2024
Superseded SPA ID	VA-23-0007		
	System-Derived		

B. Fair Hearings (including any delegations)

- The Medicaid agency has a system of hearings that meets all of the requirements of 42 CFR Part 431, Subpart E.
 - The Medicaid agency is responsible for all Medicaid fair hearings.
1. The entity or entities that conduct fair hearings with respect to eligibility based on applicable modified adjusted gross income (MAGI) are:
 - a. Medicaid agency
 - d. Delegated governmental agency
 3. For all other Medicaid fair hearings (not related to an eligibility determination based on MAGI):
 - All other Medicaid fair hearings are conducted at the Medicaid agency or at another state agency authorized under an ICA waiver.

Eligibility Determinations and Fair Hearings

MEDICAID | Medicaid State Plan | Administration, Eligibility | VA2024MS0001O | VA-24-0002

Package Header

Package ID	VA2024MS0001O	SPA ID	VA-24-0002
Submission Type	Official	Initial Submission Date	2/20/2024
Approval Date	04/19/2024	Effective Date	1/1/2024
Superseded SPA ID	VA-23-0007		
	System-Derived		

C. Evidentiary Hearings

The Medicaid agency uses local governmental entities to conduct local evidentiary hearings.

- Yes
 No

D. 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 4/29/2024 7:11 AM EDT

VA - Submission Package - VA2024MS0001O - (VA-24-0002) - Administration; Eligibility

VIEW PRINT PREVIEW

- Summary
- Reviewable Units**
- Versions
- Correspondence Log
- Analyst Notes
- Approval Letter
- Transaction Logs
- News
- Related Actions

← All Reviewable Units

← Eligibility Determinations and Fair Hearings | Continuous Eligibility for Children →

[View Compare Doc](#)

Medicaid State Plan Administration

Organization

Organization and Administration

MEDICAID | Medicaid State Plan | Administration, Eligibility | VA2024MS0001O | VA-24-0002

[Spell Check Instructions](#) | [Request System Help](#)

CMS-10434 OMB 0938-1188

Not Started

In Progress

Complete

Package Header

Package ID	VA2024MS0001O	SPA ID	VA-24-0002
Submission Type	Official	Initial Submission Date	2/20/2024
Approval Date	04/19/2024	Effective Date	1/1/2024
Superseded SPA ID	VA-23-0007		
	System-Derived		

[View Implementation Guide](#)

VIEW ALL RESPONSES

A. Description of the Organization and Functions of the Single State Agency

Expand

B. Entities that Determine Eligibility or Conduct Fair Hearings Other than the Medicaid Agency

Expand

E. Coordination with Other Executive Agencies

Expand

F. Additional information (optional)

Expand

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.

VA - Submission Package - VA2024MS0001O - (VA-24-0002) - Administration; Eligibility

Summary Reviewable Units Versions Correspondence Log Analyst Notes Approval Letter Transaction Logs News **Related Actions**

Medicaid State Plan Eligibility

Eligibility and Enrollment Processes

Continuous Eligibility for Children

MEDICAID | Medicaid State Plan | Administration, Eligibility | VA2024MS0001O | VA-24-0002

CMS-10434 OMB 0938-1188

Package Header

Package ID	VA2024MS0001O	SPA ID	VA-24-0002
Submission Type	Official	Initial Submission Date	2/20/2024
Approval Date	04/19/2024	Effective Date	<u>1/1/2024</u>
Superseded SPA ID	N/A		
	User-Entered		

The state provides continuous eligibility for children in accordance with the following provisions:

A. Mandatory Continuous Eligibility for Hospitalized Children

The state provides Medicaid to a child eligible for and enrolled under the Infants and Children under Age 19 (42 CFR 435.118) eligibility group until the end of an inpatient stay for which inpatient services are covered, if the child:

1. Was receiving inpatient services covered by Medicaid on the date the child becomes ineligible under the eligibility group based on the child's age; and
2. Would remain eligible but for attaining such age.

B. Mandatory Continuous Eligibility for Children

The state provides continuous eligibility to all children under age 19 and that:

1. The continuous eligibility period begins on the effective date of the child's most recent determination or redetermination of eligibility, and ends the last day of the earlier of the following periods:

- a. The month that the child turns 19 years old;
- b. 12 months.

2. Continuous eligibility is provided to children eligible under all mandatory and optional eligibility groups (excluding Medically Needy) who would otherwise lose eligibility because of any change in circumstances, unless:

- a. The child dies;
- b. The child or the child's representative voluntarily requests a termination of the child's eligibility;
- c. The child ceases to be a resident of the state;
- d. The Medicaid agency determines that eligibility was determined incorrectly at the most recent determination or redetermination of eligibility because of agency error or fraud, abuse, or perjury attributed to the child or the child's representative; or
- e. The child attains the maximum age specified in B.

C. 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 4/29/2024 7:12 AM EDT