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State Name: Virginia

State Plan Amendment (SPA) #: 18-013

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) 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 #062220184029

September 19, 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) 18-013, Medicaid Expansion Supplemental Nutrition Assistance Program (SNAP). This SPA proposes to utilize the income determination for the SNAP program to support Medicaid eligibility determinations as part of Medicaid expansion.

This SPA is acceptable. Therefore, we are approving SPA 18-013 with an effective date of January 1, 2019. Enclosed are the approved SPA pages and signed CMS-179 form.

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

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 1 8 - 0 1 3	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 January 1, 2019
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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 Public Law 111 - 148 (ACA)	7. FEDERAL BUDGET IMPACT a. FFY 2019 \$ 0 b. FFY 2020 \$ 0
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT New pages: Section 2 - Coverage and Eligibility, Pages 11b-11o	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Same pages
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10. SUBJECT OF AMENDMENT
Medicaid Expansion - SNAP

11. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT²⁰¹⁹ OTHER, AS SPECIFIED
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

Secretary of Health and Human Resources

12. SIGNATURE OF STATE AGENCY OFFICIAL /S/ [Redacted]	16. RETURN TO Dept. of Medical Assistance Services 600 East Broad Street, #1300 Richmond VA 23219 Attn: Regulatory Coordinator
13. TYPED NAME Jennifer S. Lee, M.D.	
14. TITLE Director	
15. DATE SUBMITTED 6/19/18	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED June 22, 2018	18. DATE APPROVED September 19, 2018
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL January 1, 2019	20. SIGNATURE OF REGIONAL OFFICIAL /S/
21. TYPED NAME Francis McCullough	22. TITLE Associate Regional Administrator

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:

- 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:

The state will conduct an initial automated data match to target individuals currently receiving SNAP but not Medicaid for evaluation in the New Adult Medicaid expansion group and for the caretaker/relative group. The Virginia Case Management System (VaCMS—integrated eligibility determination system) will be programmed to run Medicaid MAGI eligibility rules for this population using SNAP gross income to determine placement in the appropriate eligibility group.

- (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.

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SECTION 2- COVERAGE AND ELIGIBILITY

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
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SECTION 2- COVERAGE AND ELIGIBILITY

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

- (f) Has post-enrollment procedures to ensure assignment of rights to third party benefits and to secure cooperation in establishing medical support as appropriate, per 42 CFR 435.610.

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SECTION 2- COVERAGE AND ELIGIBILITY

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

(2) *SNAP-Specific Criteria*

- (i) The state will use gross income determined by SNAP to support Medicaid eligibility determinations for all MAGI-based Medicaid eligibility groups at:
 Initial application
 Renewal of Medicaid eligibility

In applying this option, all of the following conditions are met:

- (a) All members of the SNAP household are eligible for SNAP, other than for SNAP transitional benefits.
- (b) No one in the SNAP household has any type of income that is excluded in determining gross income for purposes of eligibility for SNAP, but would be included in MAGI-based income.
- (c) No one in the SNAP household is part of a tax household that includes an individual who lives outside the home.
- (d) The SNAP household consists of individuals who live alone, parents living with their children, or married couples (with or without children), with the result that they will also be considered a household under Medicaid rules and either:
- There are no other members present who would not be considered to be part of the household used for purposes of determining MAGI-based Medicaid eligibility; or
 - Other members are present in the household, but the total household income is below the applicable Medicaid standard for a household of one.
- (e) Households with self-employment income are excluded from this option if the state uses a state-specific methodology for treating self-employment income in SNAP.

Does the state use a methodology for treating self-employment income that differs from the standard SNAP methodology?

Yes
 No

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
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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

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:

Information is available through electronic data sources.

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

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
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SECTION 2- COVERAGE AND ELIGIBILITY

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

(b) 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:

- 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)
- 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:

(c) 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.

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:

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SECTION 2- COVERAGE AND ELIGIBILITY

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

(3) TANF-specific Criteria

___ (i) The state will use gross income determined by TANF to support Medicaid eligibility determinations for all MAGI-based Medicaid eligibility groups at:

- ___ Initial application
___ Renewal of Medicaid eligibility

In applying this option, the following conditions are met:

- (a) The state has completed or obtained a study indicating that the state's gross income determination under TANF rules is equal to a MAGI-based determination under the circumstances set forth in the SPA. (Please submit attachment)
- (b) All members of the TANF assistance unit are eligible for TANF.
- (c) No one in the TANF assistance unit has any type of income that is excluded in determining income for purposes of TANF, but would be included in MAGI-based income.
- (d) No one in the TANF assistance unit is part of a tax household that includes an individual who lives outside the home.
- (e) The TANF assistance unit consists of individuals who live alone, parents living with their children, or married couples (with or without children), with the result that they will also be considered a household under Medicaid rules and either:
 - There are no other members present who would not be considered to be part of the household used for purposes of determining MAGI-based Medicaid eligibility; or
 - Other members are present in the household, but the total household income is below the applicable Medicaid standard for a household of one.

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SECTION 2- COVERAGE AND ELIGIBILITY

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

- (a) Households with income from stepparents are excluded from this option if the state uses state-specific methodology to exclude any income from stepparents living the in TANF assistance unit.

Does the state exclude any portion of stepparents' income from the household income?

- Yes
 No

- (b) The criteria described under this strategy are applied statewide in states with TANF eligibility requirements that vary by region.

Does the state have TANF eligibility requirements that vary by region?

Yes. Please describe:

No

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

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
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SECTION 2- COVERAGE AND ELIGIBILITY

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

(ii) Collection of Information to Determine Eligibility

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

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

- Information is available through electronic data sources.
- Information is collected on the application or renewal form for TANF.
- The state agency provides a form to the individual to complete and return. (Please submit an attachment)
- The state agency provides a renewal notice requesting that the beneficiary notify the agency if household information has changed.
- Other. Please describe:

- (b) 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 TANF income:

- Information is available through electronic data sources.
- Information is collected on the application or renewal form for the means-tested program.
- 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 attachment).
- Other. Please describe:

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SECTION 2- COVERAGE AND ELIGIBILITY

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

- (c) 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 TANF.
 - The household applies for Medicaid at its TANF recertification by requesting a Medicaid determination on the TANF recertification form.
 - 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:

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SECTION 2- COVERAGE AND ELIGIBILITY

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

(4) Criteria for Other Public Means-Tested Benefit Program

__ (i) The state will use gross income determined by _____ to support Medicaid

eligibility determinations for all MAGI-based Medicaid eligibility groups at:

- Initial application
- Renewal of eligibility

In applying this option, the following conditions are met:

- (a) The state has completed or obtained a study indicating that the state’s gross income determination for the means-tested benefit program described above is equal to a MAGI-based determination under the circumstances set forth in the SPA. (Please submit attachment)
- (b) All members of the household for the [means-tested benefit program name] _____ are eligible for that program.
- (c) No one in the household for the [means tested benefit program] has any type of income that is excluded in determining gross income for purposes of the program, but would be included in MAGI-based income.
- (d) No one in the household for the [means tested benefit program] is part of a tax household that includes an individual who lives outside the home.

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SECTION 2- COVERAGE AND ELIGIBILITY

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

- (e) The household for the means-tested benefit program consists of individuals who live alone, parents living with their children, or married couples (with or without children), with the result that they will also be considered a household under Medicaid rules and either:
 - There are no other members present who would not be considered to be part of the household used for purposes of determining MAGI-based Medicaid eligibility; or
 - Other members are present in the household, but the total household income is below the applicable Medicaid standard for a household of one.

- (f) The criteria described under this strategy are applied statewide in states with eligibility requirements for the means-tested program described above that vary by region.

Do the eligibility requirements for the means-tested program vary by region?

Yes. Please describe:

No

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

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SECTION 2- COVERAGE AND ELIGIBILITY

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

(ii) Collection of Information to Determine Eligibility

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

- Information is available through electronic data sources.
- Information is collected on the application or renewal form for the means-tested program.
- The state agency provides a form to the individual to complete and return. (Please submit an attachment)
- The state agency provides a renewal notice requesting that the beneficiary notify the agency if household information has changed. Other. Please describe:

(d) 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 total income for the means-tested benefit program:

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

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SECTION 2- COVERAGE AND ELIGIBILITY

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

(e) 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 the means-tested benefit program.
- The household applies for Medicaid at recertification for the means-tested benefit program by requesting a Medicaid determination on the recertification form for the means tested benefit program.
- 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: