

Records / Submission Packages - Your State

# VA - Submission Package - VA2022MS0001O - (VA-22-0001) - Eligibility

Summary   Reviewable Units   News   Related Actions

CMS-10434 OMB 0938-1188

## Package Information

<b>Package ID</b>	VA2022MS0001O	<b>Submission Type</b>	Official
<b>Program Name</b>	N/A	<b>State</b>	VA
<b>SPA ID</b>	VA-22-0001	<b>Region</b>	Philadelphia, PA
<b>Version Number</b>	1	<b>Package Status</b>	Submitted
<b>Submitted By</b>	Emily McClellan	<b>Submission Date</b>	8/25/2022
		<b>Regulatory Clock</b>	90 days remain
		<b>Review Status</b>	Review 1

# Submission - Summary

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

## Package Header

<b>Package ID</b>	VA2022MS0001O	<b>SPA ID</b>	VA-22-0001
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	8/25/2022
<b>Approval Date</b>	N/A	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

Reviewable Unit Instructions

## State Information

<b>State/Territory Name:</b>	Virginia	<b>Medicaid Agency Name:</b>	Department of Medical Assistance Services
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## Submission Component

- State Plan Amendment
- Medicaid
- CHIP

### 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** N/A

**Effective Date** N/A

**Superseded SPA ID** N/A

#### Reviewable Unit Instructions

### SPA ID and Effective Date

**SPA ID** VA-22-0001

Reviewable Unit	Proposed Effective Date	Superseded SPA ID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

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<b>Superseded SPA ID</b>	N/A		

Reviewable Unit Instructions

### 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** N/A  
**Superseded SPA ID** N/A

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

#### Reviewable Unit Instructions

### Governor's Office Review

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

# Submission - Medicaid State Plan

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

CMS-10434 OMB 0938-1188

**The submission includes the following:**

- Administration
- Eligibility
  - Income/Resource Methodologies
  - Income/Resource Standards
  - Mandatory Eligibility Groups
  - Optional Eligibility Groups
  - Non-Financial Eligibility
  - Eligibility and Enrollment Processes

Eligibility Process

Application

Reviewable Unit Name	Included in Another Submission Package
Application	APPROVED

Presumptive Eligibility

Benefits and Payments

# Submission - Public Comment

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

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<b>Superseded SPA ID</b>	N/A		

### Reviewable Unit Instructions

Indicate whether public comment was solicited with respect to this submission.

- Public notice was not federally required and comment was not solicited
- Public notice was not federally required, but comment was solicited
- Public notice was federally required and comment was solicited

# Submission - Tribal Input

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

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### Reviewable Unit Instructions

**One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this state**

- Yes
- No

**This state plan amendment is likely to have a direct effect on Indians, Indian Health Programs or Urban Indian Organizations, as described in the state consultation plan.**

- Yes
- No

The state has solicited advice from Indian Health Programs and/or Urban Indian Organizations, as required by section 1902(a)(73) of the Social Security Act, and in accordance with the state consultation plan, prior to submission of this SPA.

**Complete the following information regarding any solicitation of advice and/or tribal consultation conducted with respect to this submission:**

**Solicitation of advice and/or Tribal consultation was conducted in the following manner:**

All Indian Health Programs

<b>Date of solicitation/consultation:</b>	<b>Method of solicitation/consultation:</b>
7/25/2022	Letter sent by email to all Tribes and to all Indian Health Programs. (There are currently no Urban Indian Organizations in Virginia.)


All Urban Indian Organizations

States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below:

All Indian Tribes

<b>Date of consultation:</b>	<b>Method of consultation:</b>
7/25/2022	Letter sent by email to all Tribes and to all Indian Health Programs. (There are currently no Urban Indian Organizations in Virginia.)

**The state must upload copies of documents that support the solicitation of advice in accordance with statutory requirements, including any notices sent to Indian Health Programs and/or Urban Indian Organizations, as well as attendee lists if face-to-face meetings were held. Also upload documents with comments received from Indian Health Programs or Urban Indian Organizations and the state's responses to any issues raised. Alternatively indicate the key issues and summarize any comments received below and describe how the state incorporated them into the design of its program.**

Name	Date Created	
Tribal Notice Email - Updates to Medicaid Application	8/25/2022 7:48 AM EDT	
Tribal Notice SPA Letter (signed) 07-25-22	8/25/2022 7:48 AM EDT	

**Indicate the key issues raised (optional)**

- Access
- Quality
- Cost
- Payment methodology



- Eligibility
- Benefits
- Service delivery
- Other issue

Name of issue:	Summarize comments:	Summarize response:
Changes to Medicaid Application	1) Update the pregnancy related question from 60 days to 12 months to align with Virginia's postpartum extension; 2) add language for MCO pre-selection for those that are found eligible for FAMIS.	No response received.

# Medicaid State Plan Eligibility

## General Eligibility Requirements

### Application

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<b>Superseded SPA ID</b>	VA-18-0015		
	System-Derived		

#### Reviewable Unit Instructions

### 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

MAGI Standard Application and Related Supplement & Appendix

**The paper application(s) has been uploaded.**

Document Name	Date Created	
FINAL English Application Single Page Supplement 060122	6/7/2022 12:33 PM EDT	
Appendix F English	6/7/2022 12:32 PM EDT	
English MAGI Standard Application 052622	6/7/2022 12:31 PM EDT	

- 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

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<b>Superseded SPA ID</b>	VA-18-0015 System-Derived		

### Reviewable Unit Instructions

## 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 1413(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

MAGI Online Application

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

Document Name	Date Created
CommonHelp MAGI Screenshots 07.08.22	7/11/2022 8:50 AM EDT

- 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

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<b>Superseded SPA ID</b>	VA-18-0015 System-Derived		





### Reviewable Unit Instructions

## 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	
English Standard Application 052622	6/7/2022 12:49 PM EDT	
APPENDIX E Medically Needy Application English	6/7/2022 12:50 PM EDT	
FINAL English Application Single Page Supplement 060122	6/7/2022 12:52 PM EDT	
ABD-LTC_Supplement	6/7/2022 12:53 PM EDT	

- 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

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<b>Superseded SPA ID</b>	VA-18-0015		
	System-Derived		

### Reviewable Unit Instructions

## 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 the collect additional information have been uploaded

Name	Date Created	
CommonHelp All Programs (Non-MAGI) Screenshots 07.08.22	7/11/2022 8:51 AM EDT	

- 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

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#### Reviewable Unit Instructions

### 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 8/25/2022 8:28 AM EDT*