Records / Submission Packages - Your State

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

Summary Reviewable Units Versions Correspondence Log Approval Letter RAI News Related Actions

DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services Medicaid and CHIP Operations Group 601 E. 12th St., Room 355 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 23219

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,

James G. Scott, Director

Division of Program Operations

Center for Medicaid & CHIP Services

Records / Submission Packages - Your State

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

Summary Reviewable Units Versions Correspondence Log Approval Letter RAI News Related Actions

CMS-10434 OMB 0938-1188

Package Information

Package ID VA2022MS0001O

Program Name N/A

SPA ID VA-22-0001

Version Number 4

Submitted By Emily McClellan

Package Disposition



Submission Type Official

State VA

Region Philadelphia, PA

Package Status Approved Submission Date 8/25/2022

Approval Date 1/9/2023 11:31 AM EST

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Superseded SPA ID N/A

State Information

State/Territory Name: Virginia

Medicaid Agency Name: Department of Medical Assistance

Services

SPA ID VA-22-0001

Initial Submission Date 8/25/2022

Effective Date N/A

Submission Component

State Plan Amendment

Medicaid

○ CHIP

MEDICAID | Medicaid State Plan | Eligibility | VA2022MS00010 | 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Superseded SPA ID N/A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

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| Reviewable Unit | Proposed Effective Date | Superseded SPA ID |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 |

MEDICAID | Medicaid State Plan | Eligibility | VA2022MS00010 | VA-22-0001

Package Header

Package ID VA2022MS0001O

Submission Type Official

Initial Submission Date 8/25/2022

Approval Date 1/9/2023

Effective Date N/A

SPA ID VA-22-0001

Superseded SPA ID N/A

Executive Summary

Summary Description Including This SPA submission includes an updated Medicaid enrollment application. The only changes are: 1) updating the Goals and Objectives 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 iter | ms available |
| | |

MEDICAID | Medicaid State Plan | Eligibility | VA2022MS00010 | VA-22-0001

Package Header

Package ID VA2022MS0001O

Submission Type Official

Approval Date 1/9/2023

Superseded SPA ID N/A

Governor's Office Review

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

SPA ID VA-22-0001

Initial Submission Date 8/25/2022

Effective Date N/A

| | Medicaid State Plan Eligibility VA2022MS00010 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 Application | Included in Another Subscience Type Submission Package APPROVED |
| ☐ Benefits and Payments | | ☐ Presumptive Eligibility | |
| | | | |
| | | | |

Submission - Public Comment

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

Package Header

Package ID VA2022MS0001O

Submission Type Official Approval Date 1/9/2023

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

Superseded SPA ID N/A

| Indicate whether public comment was solicit | ed with respect to this submission. |
|---|-------------------------------------|
|---|-------------------------------------|

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

Submission - Tribal Input

MEDICAID | Medicaid State Plan | Eligibility | VA2022MS00010 | 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

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

O 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

| Date of solicitation/consultation: | Method of solicitation/consultation: |
|------------------------------------|--|
| 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

| Date of consultation: | Method of consultation: |
|-----------------------|--|
| 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 | PDF | |
| Tribal Notice SPA Letter (signed) 07-25-22 | 8/25/2022 7:48 AM EDT | POF | |

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

MEDICAID | Medicaid State Plan | Eligibility | VA2022MS00010 | VA-22-0001

Package Header

Package ID VA2022MS0001O

Submission Type Official

Approval Date 1/9/2023

Superseded SPA ID VA-18-0015

System-Derived

SPA ID VA-22-0001

Initial Submission Date 8/25/2022

Effective Date 7/1/2022

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

Standard Application and Single Page Supplement

The paper application(s) has been uploaded.

| Document Name ↓ | Date Created | 1 |
|---|------------------------|----|
| English Application Single Page Supplement 12_22_22 | 12/22/2022 5:10 PM EST | PI |
| English MAGI Standard Application 122222 | 12/22/2022 5:10 PM EST | PI |

- 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
- 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

MEDICAID | Medicaid State Plan | Eligibility | VA2022MS00010 | VA-22-0001

Package Header

Package ID VA2022MS0001O

Initial Submission Date 8/25/2022

Submission Type Official Approval Date 1/9/2023

Effective Date 7/1/2022

SPA ID VA-22-0001

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 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

Blank document

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

| Document Name | Date Created | 1 |
|----------------|------------------------|---|
| Blank document | 12/15/2022 3:17 PM EST | D |

- 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

MEDICAID | Medicaid State Plan | Eligibility | VA2022MS00010 | VA-22-0001

Package Header

Package ID VA2022MS0001O

Submission Type Official

Approval Date 1/9/2023

Superseded SPA ID VA-18-0015

System-Derived

SPA ID VA-22-0001

Initial Submission Date 8/25/2022

Effective Date 7/1/2022

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 12:50 PM EDT | PDF |
| ABD-LTC_Supplement | 6/7/2022 12:53 PM EDT | PDF |
| Appendix F English | 10/11/2022 11:45 AM EDT | PDF |
| English MAGI Standard Application 122222 | 12/22/2022 5:12 PM EST | PDF |
| English Application Single Page Supplement 12_22_22 | 12/22/2022 5:12 PM EST | PDF |
| | 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 |

MEDICAID | Medicaid State Plan | Eligibility | VA2022MS00010 | VA-22-0001

Package Header

Package ID VA2022MS0001O

Submission Type Official

Approval Date 1/9/2023

Superseded SPA ID VA-18-0015

System-Derived

SPA ID VA-22-0001

Initial Submission Date 8/25/2022

Effective Date 7/1/2022

D. Other than MAGI - Online Application

| Γhe state uses the following online application(s) for inc | | |
|--|--|--|
| | | |
| | | |
| | | |

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 | |
|----------------|------------------------|-----|
| Blank document | 12/15/2022 3:18 PM EST | DOC |

| oxdot 2. One or more application designed specifically to determine eligibility on a basis other than the applica | able MAGI standard which minimizes the burden or |
|---|--|
| applicants, submitted to the Secretary | |

- 4. Other alternative applications

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 VA-18-0015

Initial Submission Date 8/25/2022 Effective Date 7/1/2022

SPA ID VA-22-0001

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 1/10/2023 7:41 AM EST