

# VA - Submission Package - VA2020MS0001O - (VA-21-0005) - Eligibility

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

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## Versions of Package

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Version Number	Package ID	SPA ID	Submission Date	Submission Type
2	VA2020MS0001O	VA-21-0005	1/20/2021	Official
1	VA2020MS0001O	VA-21-0005	1/20/2021	Official

**Selected Version** 1

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[Submission - Medicaid State Plan →](#)

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | VA2020MS0001O | VA-21-0005

CMS-10434 OMB 0938-1188

Not Started

In Progress

Complete

## Package Header

<b>Package ID</b>	VA2020MS0001O	<b>SPA ID</b>	VA-21-0005
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	1/20/2021
<b>Approval Date</b>	N/A	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

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## State Information

[Collapse](#)

**State/Territory Name:** Virginia

**Medicaid Agency Name:** Department of Medical Assistance Services

## Submission Component

[Collapse](#)

• State Plan Amendment

• Medicaid

## Submission Type

[Collapse](#)

- Official Submission Package
- Draft Submission Package

Selecting Official Submission Package means that the official 90-day review period will start upon submission.

**Allow this official package to be viewable by other states?**

- Yes
- No

## Key Contacts

[Collapse](#)

Name	Title	Phone Number	Email Address	Program
McClellan, Emily	Regulatory Supervisor	(804)371-4300	emily.mcclellan@dmass.virginia.gov	Medicaid

## SPA ID and Effective Date

[Collapse](#)

**SPA ID** VA-21-0005

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Citizenship and Non-Citizen Eligibility	4/1/2021	VA-13-0014

## Executive Summary

[Collapse](#)

**Summary Description Including Goals and Objectives** DMAS will eliminate the 40 quarter work requirement for Lawful Permanent Residents.

## Dependency Description

[Collapse](#)

**Description of any dependencies between this submission package and any other submission package undergoing review** No dependencies.

## Disaster-Related Submission

[Collapse](#)

**This submission is related to a disaster**

- Yes
- No

## Federal Budget Impact and Statute/Regulation Citation

[Collapse](#)

**Federal Budget Impact**

	Federal Fiscal Year	Amount
First	2021	\$3671428
Second	2022	\$10007998

#### Federal Statute / Regulation Citation

42 CFR 435.406

#### Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

## Governor's Office Review

[Collapse](#)

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

## Authorized Submitter

[Collapse](#)

#### The following information will be provided by the system once the package is submitted to CMS.

**Name of Authorized Submitter** Emily McClellan

**Phone number** 8045191621

**Email address** Emily.McClellan@dmas.virginia.gov

**Authorized Submitter's Signature** Emily McClellan

I hereby certify that I am authorized to submit this package on behalf of the Medicaid Agency.

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.

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### The submission includes the following:

Administration

Eligibility

Income/Resource Methodologies

Income/Resource Standards


Mandatory Eligibility Groups

Optional Eligibility Groups

Non-Financial Eligibility

State Residency

Citizenship and Non-Citizen Eligibility

Reviewable Unit Name	Included in Another Submission Package
Citizenship and Non-Citizen Eligibility	 APPROVED

Eligibility and Enrollment Processes

Benefits and Payments

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## Submission - Public Comment

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In Progress

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## Package Header

**Package ID** VA2020MS0001O

**SPA ID** VA-21-0005

**Submission Type** Official

**Initial Submission Date** 1/20/2021

**Approval Date** N/A

**Effective Date** N/A

**Superseded SPA ID** N/A

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**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

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**Submission Type** Official

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**Approval Date** N/A

**Effective Date** N/A

**Superseded SPA ID** N/A

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**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

**Explain why this SPA is not likely to have a direct effect on Indians, Indian Health Programs or Urban Indian Organizations:** This SPA relates to the eligibility of qualified non-citizens, and Native Americans are



generally not non-citizens.

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## Medicaid State Plan Eligibility

### Non-Financial Eligibility

### Citizenship and Non-Citizen Eligibility

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<b>Superseded SPA ID</b>	VA-13-0014		
	User-Entered		

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The state provides Medicaid to citizens and nationals of the United States and certain non-citizens who meet all other Medicaid eligibility requirements under the state plan, consistent with requirements of 42 CFR 435.406, including during a reasonable opportunity period pending verification of their citizenship, national status or satisfactory immigration status.

## A. Citizens, Nationals and Eligible Non-Citizens

[Expand](#)

## **B. Optional Coverage of Qualified Non-Citizens**

[Expand](#)

## **C. Coverage of Lawfully Residing Individuals**

[Expand](#)

## **D. Emergency Coverage**

[Expand](#)

## **E. Additional Information (optional)**

[Expand](#)

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