

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
150 S. Independence Mall West  
Suite 216, The Public Ledger Building  
Philadelphia, Pennsylvania 19106-3499



**Region III/Division of Medicaid and Children's Health Operations**

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SWIFT #040120154043

APR 01 2015

Cynthia B. Jones, Director  
Department of Medical Assistance Services  
600 East Broad Street, Suite 1300  
Richmond, VA 23219

Dear Ms. Jones:

Enclosed is an approved copy of Virginia's State Plan Amendment (SPA) 15-0021, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on March 27, 2015. Virginia SPA 15-0021 amends the MAGI-Based Eligibility Group Options for Coverage of Individuals Eligible for Family Planning S59 by increasing the maximum income standard to 200% of the federal poverty level (FPL) and electing to use that maximum income limit rather than 100% FPL for this group. The increased income standard is based on the State's coverage of pregnant women under a CHIP 1115 demonstration effective November 1, 2014. This SPA supersedes S59 in Virginia SPA 13-0009-MM1. The effective date of this SPA is January 1, 2015.

Enclosed is a copy of the Summary Page (CMS-179) and the new State Plan pages:

- S59, Pages S59-1 through S59-2

If you have any questions or require any assistance, please contact Margaret Kosherzenko at 215-861-4288 or by email at [Margaret.Kosherzenko@cms.hhs.gov](mailto:Margaret.Kosherzenko@cms.hhs.gov).

Sincerely,

A handwritten signature in black ink, appearing to read "Francis McCullough". The signature is fluid and cursive, with a long, sweeping tail that extends to the right.

Francis McCullough  
Associate Regional Administrator

Enclosures

**Medicaid State Plan Eligibility: Summary Page (CMS 179)**

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**State/Territory**

**name:**

Virginia

**Transmittal Number:**

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

VA-15-0021

**Proposed Effective Date**

01/01/2015 (mm/dd/yyyy)

**Federal Statute/Regulation Citation**

42 CFR 435.214

**Federal Budget Impact**

	Federal Fiscal Year	Amount
First Year	2015	\$ 0.00
Second Year	2016	\$ 0.00

**Subject of Amendment**

Eligibility Groups: Individual Eligible for Family Planning Services -- increase income eligibility threshold to 200% of Federal Poverty Level. This SPA supersedes S59 in TN No. 13-0009-MM1.

**Governor's Office Review**

Governor's office reported no comment

Comments of Governor's office received

Describe:

No reply received within 45 days of submittal

Other, as specified

Describe:

**Signature of State Agency Official**

Submitted By:

Brian McCormick

Last Revision

Date:

Apr 1, 2015

Submit Date:

Mar 27, 2015





# Medicaid Eligibility

State Name:

OMB Control Number: 0938-1148

Transmittal Number: VA - 15 - 0021

Expiration date: 10/31/2014

## Eligibility Groups - Options for Coverage Individuals Eligible for Family Planning Services

S59

1902(a)(10)(A)(ii)(XXI)  
42 CFR 435.214

**Individuals Eligible for Family Planning Services** - The state elects to cover individuals who are not pregnant, and have household income at or below a standard established by the state, whose coverage is limited to family planning and related services and in accordance with provisions described at 42 CFR 435.214.

Yes  No

The state attests that it operates this eligibility group in accordance with the following provisions:

The individual may be a male or a female.

Income standard used for this group

Maximum income standard

The state certifies that it has submitted and received approval for its converted income standard(s) for pregnant women to MAGI-equivalent standards and the determination of the maximum income standard to be used for this eligibility group.

**An attachment is submitted.**

The state's maximum income standard for this eligibility group is the highest of the following:

The state's current effective income level for the Pregnant Women eligibility group (42 CFR 435.116) under the Medicaid state plan.

The state's current effective income level for pregnant women under a Medicaid 1115 demonstration.

The state's current effective income level for Targeted Low-Income Pregnant Women under the CHIP state plan.

The state's current effective income level for pregnant women under a CHIP 1115 demonstration.

The amount of the maximum income standard is:  % FPL

Income standard chosen

The state's income standard used for this eligibility group is:

The maximum income standard

Another income standard less than the maximum standard allowed.

MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.

In determining eligibility for this group, the state uses the following household size:



# Medicaid Eligibility

All of the members of the family are included in the household

Only the applicant is included in the household

The state increases the household size by one

In determining eligibility for this group, the state uses the following income methodology:

The state considers the income of the applicant and all legally responsible household members (using MAGI-based methodology).

The state considers only the income of the applicant.

Benefits for this eligibility group are limited to family planning and related services described in the Benefit section.

Presumptive Eligibility

The state makes family planning services and supplies available to individuals covered under this group when determined presumptively eligible by a qualified entity.

Yes  No

## PRA Disclosure Statement

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 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, 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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