Versions of Package

Click on a version number to view the package

<table>
<thead>
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Submission - Summary

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

CMS-10434 OMB 0938-1188

Package Header

Package ID VA2020MS0001O

Submission Type Official

Approval Date N/A

Superseded SPA ID N/A

SPA ID VA-21-0005

Initial Submission Date 1/20/2021

Effective Date N/A

View Implementation Guide

STATE INFORMATION

State/Territory Name: Virginia

Medicaid Agency Name: Department of Medical Assistance Services

Submission Component

State Plan Amendment

Medicaid
Submission Type

- Official Submission Package

Allow this official package to be viewable by other states?

- Yes
- No

Key Contacts

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Phone Number</th>
<th>Email Address</th>
<th>Program</th>
</tr>
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<tbody>
<tr>
<td>McClellan, Emily</td>
<td>Regulatory Supervisor</td>
<td>(804)371-4300</td>
<td><a href="mailto:emily.mcclellan@dmas.virginia.gov">emily.mcclellan@dmas.virginia.gov</a></td>
<td>Medicaid</td>
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SPA ID and Effective Date

**SPA ID**  VA-21-0005

<table>
<thead>
<tr>
<th>Reviewable Unit</th>
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<tr>
<td>Citizenship and Non-Citizen Eligibility</td>
<td>4/1/2021</td>
<td>VA-13-0014</td>
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Executive Summary

**Summary Description Including Goals and Objectives**

DMAS will eliminate the 40 quarter work requirement for Lawful Permanent Residents.

Dependency Description

Description of any dependencies between this submission package and any other submission package undergoing review

No dependencies.

Disaster-Related Submission

This submission is related to a disaster

- Yes
- No

Federal Budget Impact and Statute/Regulation Citation

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).**

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No items available

**Governor's Office Review**

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

**Authorized Submitter**

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

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 Submission - Medicaid State Plan

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

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
  - State Residency
  - Citizenship and Non-Citizen Eligibility
Eligibility and Enrollment Processes

Benefits and Payments

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Selected Version 1

Submission - Public Comment

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

CMS-10434 OMB 0938-1188

Package Header

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Not Started In Progress Complete

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

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...
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**Selected Version** 1

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**Submission - Tribal Input**

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

CMS-10434 OMB 0938-1188

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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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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
B. Optional Coverage of Qualified Non-Citizens

C. Coverage of Lawfully Residing Individuals

D. Emergency Coverage

E. Additional Information (optional)

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