

# Eligibility & Application

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# Non-Financial Requirements

In addition to financial requirements that must be met to qualify for Virginia's state-sponsored health insurance programs, several non-financial requirements must also be met.

**An asterisk (\*)** indicates a rule that **differs between the programs** in the following list of non-financial eligibility requirements.

## A. Age\*

FAMIS and FAMIS Plus are for children from birth up to their 19<sup>th</sup> birthday.

*Note: a pregnant individual under age 19 will be screened for the pregnancy programs (Medicaid for Pregnant Women, FAMIS MOMS or FAMIS Prenatal) not the children's programs.*

Medicaid for Pregnant Women, FAMIS MOMS, and FAMIS Prenatal Coverage are for pregnant individuals of any age.

Medicaid Expansion for Adults is for non-pregnant adults ages 19 to 64.

Low Income Families With Children (LIFC) is for parents, or a caretaker relative of any age, who have the care of a dependent child under age 18 in their household. If they do have an 18 year old, they may still be eligible if that child is in a secondary school or equivalent level of vocational or technical training or GED program and is reasonably expected to complete the schooling/training before or in the month he/she attains age 19.

A person applying for Medicaid for Former Foster Care (FFC) Youth must be between the ages of 19 and 26. They have to have aged out of state-sponsored foster care and Medicaid in Virginia or another state.

Plan First is primarily for men and women of child bearing age (19-64), but any age person may be eligible.

## B. Virginia Residence

Applicants must be residents of Virginia. This means that they must live in, and intend to remain living in, Virginia. Self-declaration of residency is all that is required. (*"Regardless of the individual's immigration status, accept declaration of Virginia residency on the application as verification of residency."* Medicaid Policy Manual Sections M0230.001-C and M0220.500-A1)

Unhoused people may also apply, they can use the address of the local Department of Social Services in the locality where they currently reside as their address and they can pick up correspondence received during the process there. They should inform the LDSS of that they intend to do this so that the LDSS knows to hold the applicant's correspondence for pick up.

## C. Assignment of Third Party Payment Rights

The state-sponsored health insurance programs require the applicant to assign any rights to third party payments to the state. This means, for example, that a personal injury settlement received for an enrolled individual would

be assigned to Virginia to reimburse the state for any medical bills Medicaid/FAMIS paid for related to the injury. This assignment is listed in the Rights & Responsibilities section (Step 5) of the Application and the family/individual agrees to it when they sign the application. (*A copy of Step 5 is on pages 2.30-2.32*)

#### **D. Social Security Number\***

Social Security Numbers (SSNs) are required for nearly **all applicants (with the exception of pregnant individuals applying for FAMIS Prenatal Coverage and people in certain immigration categories)** seeking enrollment in Virginia's state-sponsored health insurance programs. (*See Section 5: Other Helpful Information for how to get a Social Security number.*)

The application does ask for SSNs for non-applicants on a voluntary basis. Providing SSNs for **non-applicants is not required** and not listing them will not impact the eligibility of anyone else on the application. Including the SSN of a non-applicant is, however, helpful to the LDSS, Cover Virginia Central Processing Unit (CPU), or Virginia Insurance Marketplace in verifying income information.

Individuals who are not eligible for a SSN or do not have one and are eligible only for a non-work SSN **do not need to provide or apply for a SSN**. They can be given a Medicaid identification number in lieu of a SSN.

#### **E. US Citizenship or Alien Status\* Requirements**

**LIFC, Plan First, Medicaid for Former Foster Care Youth (FFC), and MedEx** are for US citizens or certain qualified immigrants. Lawful permanent residents (LPRs) may be eligible for coverage after the first five years of residence in the US. Most LPRs and conditional entrants who entered the US before August 22, 1996 are eligible.

Certain immigrant categories, including **Refugees and Asylees** from certain countries, may be eligible for coverage immediately and for the first 5-7 years they are in the US. Veterans or Active Military (including spouses/dependent children) may be eligible regardless of when they entered the US. The "Alien Code Chart" from the *Medicaid Eligibility Manual* is on [pages 2.50-2.52](#) and shows which categories of non-pregnant adult immigrants are eligible for full benefits and which are eligible for "emergency services only".

Applicants for all programs will have their citizenship status or immigration status and their identity verified electronically (with the Social Security Administration or the US Citizenship & Immigration Services) based on the information they provide on their application. There may be cases where the information cannot be verified. In these cases, if the application is eligible for coverage in all other respects, he/she will be enrolled in coverage and will have 90 days to provide documentation verifying his/her citizenship, identity and/or immigration status. (For examples of acceptable forms of documentation for citizenship, identity and immigration status, see the *Medicaid Eligibility Manual* on line at: <https://www.dmas.virginia.gov/for-applicants/eligibility-guidance/eligibility-manual/> and refer to section M02, specifically sections M0210 and M0220.)

It is important to note that the **citizenship status of a child's parent is not relevant** and does not affect the child's eligibility for FAMIS or FAMIS Plus.

**FAMIS, FAMIS Plus, Medicaid for Pregnant Women, and FAMIS MOMS** are for US citizens or lawfully residing non-citizens. Lawfully residing children and pregnant individuals are eligible regardless of their date of arrival or length of time in the US. This includes many different immigration statuses, including via holders and those with Temporary Protected Status. For a full list see the Medicaid Eligibility Manual Section M0220.314 ([www.dmas.virginia.gov/media/se4eaas5/m02-10-1-25.pdf](http://www.dmas.virginia.gov/media/se4eaas5/m02-10-1-25.pdf)). Lawfully residing non-citizen children under age 19, who are otherwise eligible (meaning they meet all other financial and non-financial rules) may receive FAMIS and FAMIS Plus. Lawfully residing non-citizen pregnant individuals, if otherwise eligible, may receive Medicaid for Pregnant Women or FAMIS MOMS.

**FAMIS Prenatal Coverage** is for pregnant individuals with incomes under 205% of poverty who are ineligible for Medicaid or FAMIS MOMS due to immigration status. This includes those without an immigration status and those with Deferred Action for Childhood Arrival (DACA) status.

Individuals who have qualifying incomes for Medicaid, but do not qualify due to not meeting immigration status requirements may be eligible for **Medicaid payment for emergency services**. Emergency services, which include dialysis, can be covered when approved by DMAS and the individual meets all other program requirements.

Immigrant families may be hesitant to apply for or stay enrolled in Medicaid/FAMIS due to concerns about data privacy and/or being labeled a "**Public Charge**." This designation may prevent a person from becoming a Legal Permanent Resident or prevent other family members from emigrating to the United States. Currently, enrollment in Medicaid/FAMIS is not counted in the Public Charge test unless a person is receiving long-term care services (into including home- and community-based services). This may change soon, however. The Virginia Poverty Law Center has published "Frequently Asked Questions" guidance on these topics on its website at <https://www.vplc.org/frequently-asked-questions-about-data-privacy-for-immigrants/>. The Protecting Immigrant Families Coalition (<https://pifcoalition.org/>) also has great information on this topic.

*Note: As a result of recent federal legislation, **changes will be coming** to Medicaid eligibility **for non-pregnant adults** starting in **October 1, 2026** when immigrant eligibility will be restricted **to only Lawful Permanent Residents after 5 years.***

## **F. Other Insurance\***

**Medicaid (LIFC, FFC, Medicaid for Pregnant Women, and MedEx) are available to people who already have other health insurance.** Medicaid can supplement their existing insurance - paying for care that is not covered under the private insurance. The state-sponsored coverage is the "payer of last resort".

In some cases, if it is cost effective to do so, FAMIS Plus/Medicaid may provide premium assistance to pay the cost of the existing health insurance policy premiums. This is called the Health Insurance Premium Payment or HIPP Program. More information about this program is in [Section 3](#).

**FAMIS, FAMIS MOMS, and FAMIS Prenatal Coverage are not available** to children or pregnant individuals **who currently have other “creditable” health insurance**. “Creditable” health insurance includes most group and individual insurance plans. It does not include very limited policies such as accident on school grounds or dental-only plans.

### **G. Residents of Institutions\***

Incarcerated individuals (i.e. those in a prison, jail, or juvenile detention center) can be eligible for Medicaid provided they meet all the eligibility requirements. **While they are incarcerated, however, Medicaid will only cover inpatient hospitalization services.**

**Children under age 21** who are **inpatients** in an institution for the treatment of mental disease (IMD, meaning a free standing mental health facility) **are not eligible for FAMIS**, but may be eligible for FAMIS Plus. **Inpatients of an IMD aged 21-65 are not eligible for Medicaid**, even if they are pregnant. *Note: An individual who is age 21 or over, but under age 65, and who is enrolled in Medicaid at the time of admission to an IMD may remain enrolled in Medicaid.*

### **H. Cooperation with Child Support Enforcement\***

If an adult is applying for **Medicaid (including LIFC, FFC, Medicaid Expansion for Adults, and Medicaid for Pregnant Women) for him/herself AND for FAMIS Plus for a child with an absent parent**, s/he is required to agree to cooperate with the Division of Child Support Enforcement (DCSE) to establish paternity and obtain medical support (health insurance) for the FAMIS Plus eligible child. If the parent/caretaker refuses to cooperate (and does not establish “good cause for failure to cooperate”) the parent/caretaker will be ineligible for Medicaid. The **parent/caretaker’s refusal or failure to cooperate with DCSE will not affect the child’s FAMIS Plus eligibility**. Cooperation is considered to be met when the parent signs the medical assistance application. If the parent later sets up a case with DCSE, all other DCSE requirements will need to be met.

There is no cooperation requirement in FAMIS MOMS or FAMIS Prenatal Coverage.

### **I. Living with a Dependent Child (LIFC Only)**

A person applying for LIFC must be a parent or caretaker-relative living in the home with a child under the age of 18. They could also live with an 18-year-old child who is a full-time student in a secondary school or equivalent level of vocational/technical school or in a GED program AND it is expected that

the child will graduate from the school/program before or in the month he/she turns 19. The child does not have to have FAMIS Plus/Medicaid for the parent/caretaker to be eligible.

A “caretaker-relative” is a person who is not the parent and is any of the following: a blood relation (including half-blood) - first cousin, nephew/niece, and people of preceding generations - grand or great grand relations); a step relation (mother, father, brother, sister); related by formal adoption; and spouses of any of the relatives listed above, even after marriage is ended by death or divorce. The relationship is self-declared on the *Application*.

## **J. Work/Community Engagement Requirements - MedEx Only\***

*Note: This information is as of February 2026 and based on Work & Community Engagement Requirement FAQs published by DMAS (<https://www.dmas.virginia.gov/news-updates/work-community-engagement-requirements/>). Additional forthcoming federal guidance may result in changes. SUN will update this information as new guidance is published.*

### ***What are the new work/community engagement requirements for MedEx?***

A new federal law requires **certain adults to work, engage in community service, or participate in a work training or education program for at least 80 hours a month, unless exempt, to qualify for Medicaid.** These same adults will also **have their coverage reviewed every 6 months,** instead of every 12 months. Both of these changes will be phased in beginning in **January 2027.**

### ***Who must meet these new requirements?***

**These new requirements apply only to members enrolled in MedEx.** They DO NOT apply to other types of Medicaid, such as coverage for children, pregnant or postpartum individuals, or adults with a disability or who are 65+.

### ***How will MedEx recipients be notified about this rule change?***

MedEx members will be **sent a notice by the end of September 2026** telling them about the new requirements. This notice will include: requirement details and information about how to meet them or get an exemption.

This information will also be **included on MedEx approval notices beginning in January 2027.**

### ***What must a MedEx recipient do to comply with these new rules?***

Individuals can:

- Work, participate in a work program and/or volunteer for a combined total of 80 hours or more a month in total.
- Enroll in school (including higher education, career, and technical education) at least half time
- Have monthly income that is at least equal to the monthly income of someone who works 80 hours a month and is paid the federal minimum

wage (\$7.25/hour). [If work is seasonal, the average income over 6 months must equal or be more than this threshold.]

**New applicants** must meet the requirement the month before they apply to qualify. *Example: James applies February 2027, he will need to have met the 80-hour work/education/volunteer requirement in January 2027 to qualify.*

**Existing members** must have met the requirement during **at least one** of the 6 months before their eligibility renewal date. *Example: A member who is not exempt has a renewal that is due March 2027. They must have met the 80-hour community engagement/work requirement in **one** of the six months prior (September through February).*

***What happens if someone is not volunteering, attending school, or working when they apply, but is starting a job in the future?***

Future employment does not fulfill the requirement. To be eligible for MedEx, they would need to engage in community service and/or a work or education program for 80 hours or meet an exemption **the month before they apply**. If they do not, they can apply the month after they begin working, attending school, and/or volunteering for at least 80 hours.

***Can someone who is denied or whose MedEx ended because they did not meet the new work, education, or volunteer reporting appeal the decision?***

Yes, applicants and members can appeal eligibility decisions related to work requirements. Individuals who wish to appeal should follow the appeal instructions in the Notice of Adverse Action that they receive.

**Who can be exempt from the new requirements?**

Some MedEx members may be exempt and may need to provide documentation of their exemption:

- Children (age 18 or younger), former foster care youth (age 25 or younger), adults (65 or older), and members of federally recognized tribes
- People who are pregnant or within 12 months of the end of a pregnancy
- People who are incarcerated or who were released in last 3 months
- People who qualify for Medicare Part A or are enrolled in Medicare Part A or Part B
- Veterans with a 100% disability rating
- People with a disabling condition or who have special medical needs (also referred to as “medically frail”), such as having: a disability as defined by the Social Security Administration, including Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) recipients; disabling behavioral health disorders; substance use disorders; or a physical, intellectual, or developmental disability that significantly impairs the person’s ability to perform 1 or more activities of daily living (such as bathing, dressing, feeding themselves, or using the bathroom).
- Parents/caregivers of a person of any age with a disability

# Financial Requirements

Virginia's health insurance programs for children, pregnant individuals and non-elderly adults use Modified Adjusted Gross Income (MAGI) methodology to determine household size and income. Once a person's income has been determined using MAGI, this information is compared to income guidelines based on the Federal Poverty Level (FPL). This indicator of poverty in America is established by the federal government each year (usually in late January) and is the same figure for all 48 contiguous states. It is slightly higher in Alaska and Hawaii. If the individual's household size and income fall within a program's FPL limits, he/she is likely financially eligible for the program.

When evaluating eligibility for these programs, it is important to figure out each household member's eligibility separately. Follow these three steps when screening for eligibility.

- Step 1: Figure out the household size for each family member**
- Step 2: Figure the income for each family member based on his/her household size**
- Step 3: Compare the income for the household size to the income limits for the various programs**

Additional information on each step is provided below.

## STEP 1: DETERMINING HOUSEHOLD SIZE

When evaluating eligibility for these programs, you must first determine the "household size." Members of a family can each have different household sizes. It is important to figure out each individual's household size when thinking about their eligibility.

First, you must figure out what type of member of the household each person will be. For the purposes of household size, individuals will fit into one of **three categories**:

- Tax filer (person files taxes and is not claimed as a tax dependent on anyone else's taxes);
- Tax dependent; or
- Nonfiler **and** not claimed as a tax dependent.

### **For the Tax Filer:**

**Household size = the tax filer + any joint filers (if they exist) + all claimed dependents** (*Note: Joint filers can only be spouses. Married couples living together who file separately are considered to be in the same household for the FAMIS and Medicaid programs*)

## **For Tax Dependents:**

**Household size = the same as the tax filer who claimed them as a dependent, with three exceptions...**

- A. If the individual is a tax dependent who is not a child or spouse of the tax filer, then...  
**Household size = individual + his/her spouse (if they are living with them) + his/her biological, adoptive, or stepchildren under age 19 (if they are living with them)**
- B. If the individual is a child living with both parents who are not married, then...  
**Household size = the child + any siblings (biological, adoptive, or step) + his/her parents**
- C. If the individual is a child claimed as a tax dependent by a non-custodial parent, then...  
**Household size = the child + any siblings (biological, adoptive, or step) + his/her biological, adoptive, or step-parent(s) (with whom he/she is living)**

*Note: The tax household is based on how the tax filer expects to file taxes for the current year. If applicants aren't sure or have questions, a good resource to send them is the IRS Interactive Tax Assistant: <https://www.irs.gov/help/ita>.*

## **For People who do not file taxes (nonfilers) and who are not claimed as dependents on anyone else's taxes:**

### **For an Adult:**

**Household size = individual + his/her spouse (if they are living with them) + his/her biological, adoptive, or stepchildren (if they are living with them)**

### **For a Child:**

**Household size = child + any siblings (biological, adoptive, or step) + his/her biological, adoptive, or step-parent(s) (with whom they are living)**

For the purposes of the three exceptions and the two nonfiler rules, **a child is considered to be anyone under age 19.**

When trying to figure out **household size** in a family **that includes a pregnant individual**, the same rules are used. Keep in mind **the pregnant individual will always count as at least 2 people**, or more if multiple children are expected (twins, triplets, etc.), when counting household size.

Following are some examples to help to illustrate these rules. They are from the Center for Budget and Policy Priorities "Beyond the Basics" webinar series which can be viewed at <http://www.healthreformbeyondthebasics.org/>.

*Note: These examples are for household size for Medicaid/FAMIS only, household size for Premium Tax Credits and Subsidies via the Marketplace may differ.*

### **Example 1: Single Person**

*John is a single adult with no dependents of his own. He lives on his own and is not claimed as a dependent on anyone else's taxes.*

John's household size = 1 (just himself).

### **Example 2: Married Couple with Two Children**

*Bob and Jane are married and have two children. They file a joint tax return and claim both of their children as dependents.*

Bob's household size = Bob + Jane (joint filer) + 2 children (dependents) = 4

Jane's household size = Jane + Bob + 2 children = 4

Each child's household size = 4 (same as tax filer claiming child as a dependent)

### **Example 3: Multiple Generation Household**

*Rose lives with and supports her 60 year-old mother, Maria. Rose also has a 5 year-old daughter, Natalie. Rose is the tax filer and claims her mother and daughter as dependents.*

Rose's household size = herself + her two dependents (her mother and daughter) = 3

Maria's household size = herself = 1 (*exception A for tax dependents*)

Natalie's household size = same as the tax filer claiming her (her mother) = 3

### **Example 4: Child Claimed by a Non-Custodial Parent**

*Lisa lives with her son, Alex, and files her taxes as an individual. Alex is claimed as a dependent by his father, her ex-husband, who lives elsewhere.*

Lisa's household size = herself = 1

Alex's household size = himself + any parents/siblings **living with him** (his mom) = 2 (*exception C for tax dependents*)

*We would not calculate the dad's household as part of doing the determination for Lisa and her son. Since dad does not live in the home, if he needed coverage he would have to file his own application. If he did file one, his household size would be 2 (himself and his claimed tax dependent, Alex.)*

### **Example 5: Non-married Parents**

*Dan and Jen live together with their two children. They both have income and are not married. They file taxes separately and Dan claims the children as dependents on his taxes.*

Dan's household size = himself + claimed dependents = 3

Jen's household size = herself = 1

Each child's household size = child + sibling + parents = 4 (*exception B for tax dependents*)

## STEP 2: DETERMINING HOUSEHOLD INCOME

### What is Modified Adjusted Gross Income (MAGI)?

MAGI is a methodology for counting income and determining household size, based on federal tax filing rules.

Virginia programs that use MAGI:

- Medicaid Families and Children Groups
- Parent/caretaker relatives (Low Income Families with Children, LIFC)
- Children under age 19 (FAMIS and FAMIS Plus)
- Pregnancy coverage groups (Medicaid for Pregnant Women, FAMIS MOMS, and FAMIS Prenatal Coverage)
- Medicaid Expansion for Adults
- Reasonable classifications of children under age 21
- Non IV-E foster care/adoption assistance children
- Children in juvenile detention
- Plan First

Income is based on household size. Different members of the family can have different household sizes and, thus, different household incomes.

Eligibility for state-sponsored health insurance programs is based on **gross monthly income for the month prior to application**. This is the income prior to taking any deductions. When calculating a household income for screening purposes, calculate current monthly income.

It is important to note that a family member's countable income must be converted to a monthly amount to evaluate eligibility. To calculate monthly income, use the following conversion factors:

- From **weekly** income – multiply by **4.3**
- From **biweekly** income (paid every two weeks) – multiply by **2.15**
- From **twice monthly** income - multiply by **2**
- For monthly income - just use the gross figure reported.
- From irregular income – determine average weekly income over a 3-month period and multiply by **4.3**

The following chart lists what should and should not be included when you are calculating an individual's current gross monthly income.

Included	Not Included
<i>Taxable income: gross earnings from jobs, including cash, wages, salaries, commissions, and tips</i>	<i>Supplemental Security Income (SSI) and Temporary Assistance For Needy Families (TANF) payments</i>
<i>Self-employment income allowing for deductions for depreciation and capital losses to determine profit</i>	<i>Educational grants, loans, scholarship and fellowship income</i>

<b>Included</b>	<b>Not Included</b>
<i>Social Security income (Retirement, Disability, and Survivor's Benefits)*</i>	<i>Social Security income of a child not required to file taxes*</i>
<i>Alimony received into the home pursuant to a divorce decree filed prior to December 31, 2018</i>	<i>Child support received. Alimony received into the home pursuant to a divorce decree filed after January 1, 2019</i>
<i>Unemployment</i>	<i>Workers Compensation</i>
<i>Pensions and annuities</i>	<i>Certain Veterans Administration Benefits</i>
<i>Rents and royalties received</i>	<i>Certain Native American and Alaska Native payments</i>
<i>Foreign earned income</i>	<i>Gifts and inheritances</i>
<i>Non-taxable interest</i>	<i>Income of a dependent child (unless they are required to file a tax return, filing threshold \$15,570 earned income or \$1,350 unearned/year in 2026)</i>
<i>Count lump sum income only in the month it was received</i>	

**\* Here are the Social Security Income Counting Rules for Groups subject to MAGI methodology rules:**

1. Social Security received **by the parent** is income for **both the parent and the child's eligibility**.
2. If **no parent** is in the child's MAGI household when determining the child's eligibility, **all of the child's Social Security is counted**.
3. When determining the child's eligibility, if a **parent is included** in the child's MAGI household, the **child's Social Security is not countable unless the child is required to file taxes based on his other earned or unearned income** (filing threshold \$15,570 earned \$1,350 unearned).
4. The income of a child who is also the parent (whether or not he/she files taxes), is counted for his/her child's eligibility determination.

The key to counting a child's social security income, for the child himself or his parents, is whether or not the **child is required** to file taxes.

**Alimony** paid out **pursuant to a divorce decree filed prior to December 31, 2018** is **deducted** from gross monthly income. **Alimony** paid out **pursuant to a divorce decree filed or amended on or after January 1, 2019** is **not deducted** from income. **Student loan interest is deducted from income.**

**Pre-tax deductions from pay are also deducted** from gross income. This includes flexible spending accounts (FSAs) for medical or child care expenses, health savings accounts (HSAs), and retirement account (401K/403B) contributions.

To figure out the household income for each individual, count the MAGI of all the people who were included in that individual's household size. Every person is also allowed an additional 5% FPL "standard disregard" deduction from household income, if they are over income. To account for this, the income guidelines written in this Tool Kit all include the extra 5% FPL amount in the figures listed.

### **STEP 3: COMPARE HOUSEHOLD SIZE AND INCOME TO PROGRAM GUIDELINES**

Once you have figured out the household size and income for each family member, compare it to the charts below to see if each person falls within the income ranges of the state-sponsored health insurance programs.

Applicants for **Adult Medicaid Expansion [New Health Coverage for Adults]** must have MAGI income **less than or equal to 138% FPL**.

Applicants are financially eligible for **FAMIS Plus or Medicaid for Pregnant Women** if the family has a MAGI income **less than or equal to 148% FPL**.

Children and pregnant individuals are financially eligible for **FAMIS/FAMIS MOMS** if their MAGI income is **above 148% FPL and less than or equal to 205% FPL**.

**A pregnant individual** with no legal immigration status is financially eligible for **FAMIS Prenatal Coverage** if her MAGI income is **between 0% and 205% FPL**.

Individuals must make **over 138% and less than or equal to 205% FPL** to be financially eligible for the **Plan First program**.

**Note:** The FPL changes each year in late January and the income guidelines for the state-sponsored health insurance programs change accordingly. The income figures listed here became **effective on January 13, 2026** and **all include the additional 5% FPL Standard Disregard**.

## Medicaid Expansion for Adults - 138% FPL


Household Size	Monthly Income	Annual Income
1	\$1,836	\$22,025
2	\$2,489	\$29,864
3	\$3,142	\$37,702
4	\$3,795	\$45,540
5	\$4,449	\$53,379
6	\$5,102	\$61,217
7	\$5,755	\$69,056
8	\$6,408	\$76,894
Additional Person Add	\$654	\$7,839

## FAMIS Plus & Medicaid for Pregnant Women - 148% FPL

Household Size	Monthly Income	Annual Income
1	\$1,969	\$23,621
2	\$2,669	\$32,028
3	\$3,370	\$40,434
4	\$4,070	\$48,840
5	\$4,771	\$57,247
6	\$5,472	\$65,653
7	\$6,172	\$74,060
8	\$6,873	\$82,466
Additional Person Add	\$701	\$8,407

## FAMIS, FAMIS MOMS, FAMIS Prenatal Coverage & Plan First - 205 % FPL

Household Size	Monthly Income	Annual Income
1	\$2,727	\$32,718
2	\$3,697	\$44,362
3	\$4,668	\$56,006
4	\$5,638	\$67,650
5	\$6,608	\$79,294
6	\$7,579	\$90,938
7	\$8,549	\$102,582
8	\$9,519	\$114,226
Additional Person Add	\$971	\$11,644



The **Low Income Families with Children (LIFC) income guidelines** are not based on the Federal Poverty Level. Instead, they are based on the Consumer Price Index and they change every July. Also, income can be higher depending on where the person lives in the Commonwealth. Virginia is broken into three locality groupings with Group III allowing for the highest income and Group I the lowest. Virginia's localities are divided amongst the groups. The income limits listed for LIFC include the 5% FPL standard disregard allowed to all applicants.

**A parent/caretaker-relative must make at or below the monthly incomes listed below to be eligible for LIFC. The maximum income depends upon where the person lives in Virginia.**

*For example, parents in a family of three living in Alexandria (Group III) making \$800 per month would be financially eligible for LIFC, but parents in a family of three living in Washington County (Group I) making that amount per month would be over income for LIFC.*

*It is important to note that those parents/guardians who are over income for LIFC may still be eligible for health coverage under MedEx provided they make less than the income amount for that program for their household size.*

## LIFC Monthly Income Guidelines

Effective on July 1, 2025

Household Size	Group I	Group II	Group III
<b>1</b>	\$395	\$495	\$708
<b>2</b>	\$584	\$698	\$948
<b>3</b>	\$744	\$879	\$1,160
<b>4</b>	\$898	\$1,047	\$1,360
<b>5</b>	\$1,053	\$1,232	\$1,609
<b>6</b>	\$1,190	\$1,389	\$1,793
<b>7</b>	\$1,345	\$1,558	\$1,996
<b>8</b>	\$1,502	\$1,736	\$2,209
<b>Additional Person Add</b>	\$162	\$178	\$211

### Locality Group I

*Accomack, Alleghany, Amelia, Amherst, Appomattox, Bath, Bedford City/County, Bland, Botetourt, Bristol, Brunswick, Buchanan, Buckingham, Buena Vista, Campbell, Caroline, Carroll, Charles City, Charlotte, Clarke, Craig, Culpeper, Cumberland, Danville, Dickenson, Dinwiddie, Emporia, Essex, Fauquier, Floyd, Fluvanna, Franklin, Franklin County, Frederick, Galax, Giles, Gloucester, Goochland, Grayson, Greene, Greensville, Halifax, Hanover, Henry, Highland, Isle of Wight, James City, King and Queen, King George, King William, Lancaster, Lee, Louisa, Lunenburg, Madison, Mathews, Mecklenburg, Middlesex, Nelson, New Kent, Northampton, Northumberland, Norton, Nottoway, Orange, Page, Patrick, Pittsylvania, Powhatan, Prince Edward, Prince George, Pulaski, Rappahannock, Richmond County, Rockbridge, Russell, Scott, Shenandoah, Smyth, Southampton, Spotsylvania, Stafford, Suffolk, Surry, Sussex, Tazewell, Washington, Westmoreland, Wise, Wythe, York*

### Locality Group II

*Albemarle, Augusta, Chesapeake, Chesterfield, Covington, Harrisonburg, Henrico, Hopewell, Lexington, Loudoun, Lynchburg, Martinsville, Newport News, Norfolk, Petersburg, Poquoson, Portsmouth, Radford, Richmond City, Roanoke City, Roanoke County, Rockingham, Salem, Staunton, Virginia Beach, Warren, Williamsburg, Winchester*

### Locality Group III

*Alexandria, Arlington, Charlottesville, Colonial Heights, Fairfax City, Fairfax County, Falls Church, Fredericksburg, Hampton, Manassas, Manassas Park, Montgomery, Prince William, Waynesboro*

# Application Procedures

There are many ways to apply for the state-sponsored coverage programs. The single streamlined "Application for Health Coverage & Help Paying Costs" can be filled out in **hard copy and submitted in-person or mailed** to the applicant's local DSS office. The information may also be submitted **over the phone** via the Cover Virginia Call Center and **online** via the CommonHelp website. Additionally, Virginians may apply via Virginia's Insurance Marketplace at marketplace.virginia.gov or its call center at (888) 687-1501.

A PDF version of the *Application* may be downloaded from the Cover Virginia website at **coverva.dmas.virginia.gov**. Under "Apply" on the top menu, choose "Applications" in the drop down menu. From the resulting page, you can order multiple printed copies of the *Application* and other printed outreach materials. Outreach workers should familiarize themselves with the layout of the *Application* form and its instructions.

## WHO CAN APPLY

Parents of any age, even if they are under 18, can apply for their child(ren).

For a child or pregnant teen (under age 18), the parent, legal guardian, adult relative with whom the child lives\*, or any person authorized in writing by the parent, may complete the *Application*. (*During application processing, copies of court papers will be requested in the case of legal custody/guardianship. Signed proof of authorization will be required when someone authorized by a parent is applying on behalf of the child.*)

\*An **adult relative with whom the child lives** is any person related by blood or marriage with whom the child is living. Any degree of relationship is acceptable. Documentation of this relationship is **not** required.

Children age 18 and over, or children under age 18 emancipated by a court, may apply for themselves. (*Copies of court papers will be required in the case of a legally emancipated minor.*)

An adult married to a minor may apply for his/her spouse.

**For a pregnant individuals over 18:** Adult pregnant individuals may apply for themselves. The adult spouse of a pregnant individual, guardian, conservator, attorney-in-fact, designated authorized representative, or an adult relative may apply on the pregnant individual's behalf if she cannot sign for herself.

## HOW TO APPLY

**By Telephone - Cover Virginia Call Center (CVCC) at (855) 242- 8282**  
A family/individual may call the **CVCC** toll-free and complete the *Application* over the telephone with a Customer Service Representative (CSR). The

CVCC is open from 8AM to 7PM, Monday through Friday, except on state holidays. A TDD number is also available: (888) 221-1590. The CVCC has several Spanish-speaking CSRs on staff and also has access to a **language line**. Anybody that is not comfortable conversing in English may state the language they wish to speak, and the CSR will establish a three-way conversation with the applicant and an interpreter on the line.

The call is recorded and all of the information on the paper *Application for Health Coverage & Help Paying Costs* is asked of the applicant and collected by the CSR. The individual “signs” the *Application* when he/she agrees with and understands the Rights & Responsibilities (Step 5) which have been read by the CSR. Upon completion of the call, the CVCC will issue a Tracking or “**T Number**” as proof that the *Application* has been submitted. **The date of application is the date of the phone call.**

The application will be processed by the co-located Cover Virginia Central Processing Unit (CPU), **unless the family/individual has an open/active case for other benefits at their Local Department of Social Services (LDSS)**. If there is an open/active case, the application will be **transferred to the LDSS for processing**. (See [page 2.29](#) for information on application processing.)

People can also apply over the phone with **DSS’s Enterprise Customer Service Center (ECSC)** at **(855) 635-4370**. The ECSC is open from 7AM to 6PM, Monday through Friday. If a person wishes to apply for multiple benefits at once, it will take his/her telephonic application. If a person calls to apply for just Medical Assistance, the call will be rerouted to the Cover Virginia Call Center.

### **Online Via CommonHelp – [www.commonhelp.virginia.gov](http://www.commonhelp.virginia.gov)**

Through CommonHelp, Virginia’s online application for social service benefits, people can screen themselves for multiple benefit programs [*child care subsidies, SNAP/Food Stamps, Health Coverage (including Medicaid and FAMIS), TANF and Energy Assistance*] and apply for them online. Using CommonHelp they can check the status of applications; report changes; and complete benefit renewals.

If a person wishes to apply for the Medicaid/FAMIS programs only, they would click on the “**Apply for Health Care Benefits**” (blue) button on the left side of the home page to start an application for health coverage. If the individual wishes to apply for other benefits at the same time, he/she would choose “Apply for All Benefit Programs” (red) button in the center of the page.

The first step is to **set up a CommonHelp account by creating a User Name and Password**. It is important for an applicant to keep this information as **it will be his/her ID and password during the application process, and if approved, for ongoing case maintenance and annual renewal of benefits**. In addition to the ID and password, the person is asked the answers to a series of security questions which are used to verify identity during future log ins.

The online application takes about **60 minutes to complete**. It will take longer if the family has many people in it. If, during the process, a family/individual needs to stop, they can **save** their information and **exit** the application and come back and complete it later. The applicant has up to **60 days to come back** and complete the application process. If more than 60 days pass, he/she must start the application process over.

The family/individual should have the following information at the ready to make the application process go smoothly:

- Household income from jobs and other income sources
- Social Security Numbers (or document numbers for legal immigrants who need coverage), full names, and dates of birth of all applicants
- Current or recent health insurance information (if applicable)

All the information collected on the paper *Application for Health Coverage & Help Paying Costs* will be asked in the online application. It uses dynamic technology, so based on the way some questions are answered, certain other questions can be skipped to help speed the process along. Like the paper *Application*, CommonHelp collects all the information it needs about each household member at one time and then moves on to the next one. At each step, CommonHelp will ask the applicant to review the information entered for errors and allow for any needed corrections.

The verification step explains the applicant's options to submit the application electronically, via mail, fax, or in person drop off. **If the person chooses to continue and submit the application electronically, CommonHelp will take them through the electronic signature process.** Once "signed" and submitted, the applicant **will receive a tracking or "T" number** as confirmation that the application was successfully submitted. **The person should keep the T number as it is needed to check with the local DSS or CPU on the status of the submitted application.** If you are helping the family/individual and have their permission to follow up on the application, you should keep the T number as well. **The date the application is complete and submitted online is application date.** (*Phone numbers for all the local DSS offices are listed in [Section 5: Other Helpful Information](#)*)

The application will be processed by the Cover Virginia CPU, **unless the family/individual has an open/active case for other benefits at their LDSS.** If there is an open/active case, the application will be **transferred to that LDSS for processing.** (See [pages 2.29](#) for information on application processing.)

**Medicaid Enterprise System (MES) check** and **Identity (ID) Proofing** allow for "real time" eligibility determination. Once all the household members have been entered, MES check allows the system to check the Virginia Department of Medical Assistance services' MES system (using name, social security number, and date of birth) to see if any family member is already enrolled in partial or full state health coverage. If a household member is already enrolled, the applicant will see a warning message telling

them the person already receives health coverage and there is no need to reapply for that individual. This should prevent duplicate applications. The ID Proofing question is asked in the “Get Started” section of the CommonHelp online application. If the applicant consents to ID Proofing, he/she will be asked a series of personal questions about themselves and his/her answers will be matched against external data sources (Federal Data Hub, Experian, etc.) **By consenting to these extra questions, it is possible that by the end of the online application process, “near real time” eligibility results on the application could be given.**

If real time results are not possible, approval via a **Notice of Action on Benefits** will be sent from the local DSS or CoverVA CPU within 45 days. The family/individual will have the opportunity to link their FAMIS/Medicaid case to their CommonHelp online account with the User Name and Password they used when they applied for coverage. They will login to CommonHelp and look for the “Manage My Account” page. After answering a few questions to verify their identity, they will be able to **“Associate”** (link) their case, using the client ID and case number from the *Notice of Action*.

Once the case has been linked, the individual can check benefits (see what programs they have been approved for and their case number); report changes in household size, address, and income; and at annual renewal, renew benefits through CommonHelp. Clicking on the magnifying glass icon next to one of the benefits programs will bring up more detailed page on that benefit.

To report changes, families/individuals will login and choose “Report My Changes” and click the box next to the case they want to update and then report changes to the household information in the resulting form. At the end of the questionnaire, the family/individual will be prompted to submit their changes. These will be reported to their local DSS.

### **Alternative Submission Site - Virginia Insurance Marketplace**

A family/individual may also apply for coverage online with **marketplace.virginia.gov** or **via phone at (888) 687-1501**. This is the **Virginia Insurance Marketplace (VIM)** launched in 2023 to replace Healthcare.gov for Virginians. If an application is started here, the VIM will screen for eligibility for Virginia’s Medicaid/FAMIS programs first **and, if determined eligible, enroll the person in coverage**. If the VIM determines that an applicant looks to be eligible for Medicaid/FAMIS, but can’t verify all the information, it will send the application to the Cover Virginia CPU, or the local DSS, to handle the final disposition of the case.

If it is during annual Open Enrollment, or if an applicant is eligible for a “Special Enrollment Period,” and the applicant is determined to not likely be eligible for Virginia coverage, the VIM will process his/her application for eligibility for premium tax credits and cost sharing subsidies to help make purchasing private insurance on the VIM more affordable.

### **By Paper - Application for Health Coverage & Help Paying Costs**

The completed paper *Application* (including a signature) can be submitted **via mail** to the **Cardinal Care Correspondence Center**. The Center will scan the information into the eligibility system for processing by the local DSS. It can also be **mailed or delivered in-person** to the local DSS that serves the locality in which the applicant lives. A listing of the addresses for the 120 local DSS offices in Virginia is located in [Section 5: Other Helpful Information](#).

The date the Application **is received by the local DSS or Cardinal Care Correspondence Center, not the date it is signed by the applicant**, is considered to be **the date of application**. *Note: A single stamp may not cover the cost of mailing of an Application, so the applicant should take care to affix the correct amount of postage or it will be delayed in reaching its destination.*

The paper Application is a booklet consisting of a page of instructions, 7 pages of application information, and 4 pages of included Appendices (A-C). It allows a family to provide information on up to two family members. If there are **more than 2** people in the family, an **“Additional Person Single Page Supplement” must be completed** for each additional person.

*Note: The Following descriptions are based on the Application dated 7/22/25 with the revision “new-address-rev-9-26-25” posted on the Cover VA website.*

#### **Front Cover**

The front cover of the Application is “Things to Know.” It tells the applicant that he/she can use the form to apply for Medicaid, FAMIS or Plan First and for coverage choices and tax credits on the marketplace. It urges people to apply faster by using **[commonhelp.virginia.gov](http://commonhelp.virginia.gov)** to apply.

It also tells them what information will be needed to complete the Application:

- Social Security Numbers (or document numbers for legal immigrants who need coverage) and dates of birth for applicants,
- Employer and income information for all family members,
- Policy numbers for current health insurance policies, and
- Information about any job-related health insurance available to the family.

The form indicates that the state is asking for information to determine what coverage the household members qualify for and if they can get help paying for it and assures the family that the information will be kept private and secure. Once the complete, signed *Application* is sent to the Cardinal Care Correspondence Center or the applicant’s local DSS. The local DSS may follow up with the individual/family for additional needed information. It states that the *Application* should be processed within 45 days from the date it was received by the local DSS. It also provides information on where the applicant can get help completing the *Application*, including the phone number and web address of the Cover Virginia Call Center.

## Page One

Page one consists of two steps. **Step 1** asks for contact information for the adult in the family that will be the contact person for the Application. It asks for full name (including middle initial and suffix, if applicable), home and mailing addresses, phone numbers, whether the family wants to receive information about the application online at CommonHelp and what their preferred language is (if it is other than English). If their preferred language is English, Spanish, Amharic, Arabic, Urdu, or Vietnamese, follow up correspondence will be sent in those languages. Other languages are not available for these documents at this time, but if assistance is needed in another language all correspondence contains information about how to “get help in your language by calling 1-855-242-8282” written in the languages above and Korean, Chinese (Traditional), Hindi, Farsi, Bengali, Tagalog, French, Russian, German, Ibo, and Yoruba.

The bottom of the page lists the instructions on how to complete **Step 2**, which asks for information about everyone in the household. It goes over who to include and not include on the Application and advises the applicant to complete **Step 2** for each person in the family starting with the person who completed **Step 1**.

## Page Two

Page two includes more questions for **Step 2: Person 1**. Questions 1-5 are identifying information - full name, marital status, relationship to person 1 (in this case “self”), date of birth, sex, and Social Security number.

Question 6 asks if the person plans to file federal taxes next year (for the current tax year), yes or no. If “Yes,” it asks if he/she will file jointly with a spouse, claims any dependents, or is claimed as a dependent on anyone else’s tax return. [*This question is key for calculating MAGI household size and income.*]

Question 7 asks if the person is **pregnant or was pregnant in the last 12 months**. If “Yes,” how many babies are/were expected and what the expected/actual due date is. [*This question flags the application for 7 calendar day expedited processing.*]

Question 8 asks if the person needs health coverage. If “No,” the person can skip to Page 3 “Current Job & Income Information”. If “Yes,” it advises them to continue answering questions 9-18 below. Question 8a is about being evaluated for the Plan First program. Check “Yes” if the person is age 19-64 and wants to be evaluated for **Plan First** (Opt In).

Question 9 asks if the person needs help with everyday things to live safely in the home or if he/she has a physical disability or long term disease, a mental or emotional health condition, or addiction problem. [*This question explores whether the person might be eligible under the Aged, Blind, & Disabled (ABD) Medicaid coverage category or if s/he is “Medically Complex”.*]

If “**Yes**” was selected it advises the applicant to do one of two things:

- **Complete Appendix D if the applicant is age 65 or older OR has Medicare OR has a disability.**
- Complete **Appendix F** if the applicant is **aged 19-64 AND does not have Medicare.**

*Note: these 2 Appendices are not included in the Application booklet but can be printed or downloaded from the Cover Virginia Website. Click on Apply in the top menu and then select Applications.*

Question 10 asks if the person is a **US citizen or US national**. A US national is someone born in American Samoa or Swains Island.

Question 11 asks if the person is not a US citizen/national, if they are a **naturalized or derived citizen** (usually meaning someone born outside of the US). If “Yes,” it then asks for an Alien Number and Certificate Number.

Question 12 asks if the person is not a US citizen/national, if they have an **eligible immigration status**. If “Yes,” it then asks for an immigration document type, document ID number, if the person has **lived in the US since 1996** and if the person, person’s spouse, or parent is a Veteran or active-duty US military member. [*The 1996 question is flagging the person for an evaluation of the 5 year residency requirement for LIFC, FFC, MedEx, and Plan First and the question about military service is exploring possible exemption from the 5 year residency requirement for Legal Permanent Residents.*] If the answer is “No,” the person will stop answering questions on this page, and proceed to the current job and income questions on the next page.

Question 13 asks if the **person lives with at least one child under age 19, and if they are the main person taking care of this child**. [*This question is exploring the possibility of LIFC coverage for Person 1.*]

Question 14 asks if the person is **incarcerated** (detained or jailed). If “Yes,” it requests more information on where, when and his/her expected release date. [*Affirmative answers to this question means the Application will be sent to the Cover Virginia Incarcerated Unit co-located with the Cover Virginia Call Center for application processing.*]

Question 15 asks if the person is a **full-time student**. [*This is ancillary question for LIFC and is really more relevant when asked for other household members. If the LIFC eligible parent/caretaker only has an 18 year old in the household, the teen must be a full time student in order for the parent/caretaker to still be eligible for LIFC.*]

Question 16 asks if the person was in **foster care at age 18 or older** and if “Yes,” in which state. [*This is flagging the person for evaluation for Medicaid coverage as a former foster care youth. If the child was in public foster care at age 18 in any state, s/he is now eligible for Medicaid coverage, **regardless of income**, until age 26.*]

Question 17 asks if the person is of Hispanic/Latino ethnicity to check all the options that apply to them and Question 18 asks his/her race. Both of these questions are optional. Answering them helps the state collect accurate demographic information on applicants and enrollees.

### **Page Three**

The next set of questions on page three is regarding the person's current job and income information. At the top it asks if the person is **Employed** - if "Yes" they start with Question 19. If **Self-Employed**, s/he skips to Question 27. If **Not Employed** - the person starts with Question 28. The last choice is **No Income From Any Source** and if that is the case s/he skips to Question 29.

**Current Job 1:** Questions 19 through 22 ask for information on current job(s) - the employer name, address, and phone number, the amount of wages/tips **before taxes have been taken out** (gross income), how frequently the person is paid, and the average number of hours worked each week.

**Current Job 2:** Questions 23 to 25 ask the same questions as for Job 1, but for any second employer the person may have. **It also advises applicants that if they have more than 2 jobs, that they should answer these same questions for additional jobs on a separate sheet of paper.** Write the person's name from Step 1 at the top of the page so if the pages get separated from the Application, it can be matched up easily.

Question 26 asks if the person changed jobs, stopped working, started working fewer hours, or none of the above in the past year.

Question 27 should be answered if Person 1 is **Self-Employed**. It asks for the type of work and how much net income (**amount left over once business expenses are taken out**) s/he will get from self-employment this month.

Question 28 explores if the person has **other income** coming into the home, things like unemployment, pensions, Social Security (Retirement, Survivor Benefits or Disability), retirement accounts, alimony received, etc. It asks for the amount of money coming in and how often it is received.

Question 29 asks if the person **needs help paying for medical bills from the last 3 months.** [**By answering "Yes" to this question, the person is applying for retroactive coverage to help pay those medical bills.** *Retroactive coverage may be available for FAMIS Plus, Medicaid for Pregnant Women, LIFC, FFC, Plan First, MedEx, and for a newborn applying for FAMIS.*] If "Yes", the person must list a total of his/her gross monthly income from all sources for the previous 3 months.

Question 30 asks for any **deductions** that can be taken from income for things like student loan interest. It asks for the amount paid and the frequency it is paid. These are things claimed on the front page of a 1040 tax return. This also includes any pre-tax deductions for things like a Health Savings Account (HSA), retirement accounts (401K/403B), or child care.

Question 31 is required **only if the person's income changes** from month to month. If it does, it asks for the person's total gross income this year, and what the person thinks their total income will be next year. If it does not, the person can skip this question.

### **Pages Four and Five**

These pages are for **Step 2: Person 2**. Though reordered slightly, all the same questions as those asked for **Step 2: Person 1** are asked on these pages with the addition of two questions - whether or not they live in the home with Person 1 and the person's relationship to Person 1. If the family has more than two family members, they must complete both sides of the "**Additional Person Single Page Supplement**" for each one. Again the questions are the same as for **Step 2: Person 2**. At the top of the page, they must also include the name of the person from **Step 1**. [*This is to ensure that these additional pages are associated with the correct Application.*]

### **Page Six**

**Step 3** on page six must be completed only for **American Indian or Alaska Native family members**. If the person is of this descent, s/he should complete **Appendix B**. If s/he is not, continue to **Step 4**.

**Step 4** must be answered about anyone applying for health coverage. Question 1 asks if anyone is applying is **already enrolled in health coverage**. If "yes", it asks the person to check next to the type of coverage each person in the family has and write that family member's name next to the type. If anyone has employer coverage, it also asks for the name of the health insurance, the policy number and if it is a COBRA policy or retiree health plan. It also asks if there is any other insurance, the name of that insurer and the policy number and if it is a limited-benefit plan (like a school accident policy).

Question 2 asks if anyone listed on the Application is offered health insurance from a job. S/he is advised to check "Yes" even if this coverage is from someone else's job (i.e. parent's or spouse's). If "Yes", s/he must complete **Appendix A**. If "No," continue on to **Step 5**. *Note: an offer of a health insurance from a job has no bearing on an individual's eligibility for the Medicaid or FAMIS programs, but it might have bearing on someone getting tax credits or subsidies toward the purchase of private coverage on the Virginia Insurance Marketplace.*

**Step 5** starts at the bottom of Page Six and continues through Page 8. This section is where the family/individual will read about their **rights and responsibilities and will sign and date the application**. It is important that the applicant read and understand the information in this step. It warns of the penalties for lying on the *Application*, failing to report any changes to the answers to the application questions, and that they are authorizing the Local DSS and DMAS to obtain verification/information necessary to determine eligibility. (*A copy of this step of the Application is on [pages 2.32-2.34](#)*)

## Pages Seven and Eight

In the “**If anyone on this application is eligible for Medicaid**” section, it addresses the need to report changes to the state that may affect whether someone in the household remains qualified for coverage and that information on enrollees will be shared by LDSS and MCOs. It also talks about allowing Medicaid to receive Third Party Payments (mentioned on [pages 2.1-2.2](#)) and gives information on the right to appeal if the application is denied.

Additionally, there is a section about renewal of coverage in future years that can be completed allowing the local DSS and the Virginia Insurance Marketplace to use tax return information in future years as income verification to renew coverage. **If a box is checked, the LDSS has permission to use IRS tax information to attempt to verify income electronically at annual renewal.** If LDSS can verify income this way, it may be able to process an “Ex Parte” renewal without requiring any action on the part of the enrollee.

After that, there is a place for the Person who completed Step 1 to sign and date the application. The *Application* is not considered to be complete without a signature from the person who completed Step 1. There is also a section where household members age 18 or older MUST sign the *Application* as well.

**Step 6** at the bottom of Page 8 tells the person to mail the Application to the Cardinal Care Correspondence Center (PO Box 1820, Richmond, VA 23218) or to fax or drop off the *Application* to the local DSS in the locality in which s/he lives. It also reminds people that they may need to submit more forms as part of the application.

## Page Nine

Page nine gives a statement English about free assistance with applying in other languages via the Cover Virginia Call Center and repeats this statement in 15 other languages.

## APPENDIX A (Page Ten)

The information on this page is collected for eligibility for Premium Tax Credits toward purchasing private health insurance through the Virginia Insurance Marketplace. The Applicant does not have to complete this page if no one from the household is eligible for health insurance through a job. If health coverage is offered, this form must be completed for each job that offers it. There is no penalty for not completing this Appendix if the family members are only eligible for state coverage programs.

To complete **Appendix A**, the applicant will need to get some specific information from his/her employer. To facilitate the collection of this information, the Application includes an “Employer Coverage Tool” (Page Eleven). The applicant can fill out his/her name and SSN and give it to the employer to complete the rest of the questions. The form asks if the employee is eligible for job-based coverage (or will be eligible within the next three months) and if the coverage is offered for spouses or dependents. It then asks if the coverage meets the “minimum value standard”, what the cost of the premium would be and how often it would be paid, and if the employer will

make any changes in coverage in the next year. The applicant can then use this information to answer Questions 13-16 in **Appendix A**.

### **Appendix B (Page Twelve)**

This **Appendix** must be completed only if the applicant indicates that there were any American Indian or Alaska Native family members in **Step 3**.

### **Appendix C (Page Thirteen)**

This page allows an applicant to give a trusted person permission to talk about this application with local DSS or the Marketplace. If the applicant wants to designate someone as an **“Authorized Representative,”** meaning the person would be signing the Application on someone else’s behalf, they would fill out the **top part**.

If you work for a **“helper” agency** and are **assisting with the application** do not complete the top of this form, but rather complete **the middle part**. This is a release of information that will allow LDSS, the Cover Virginia Call Center, and the Marketplace to talk with you about the application, but does not mean you are acting on the applicant’s behalf.

If you are a **Certified Application Counselor, a Navigator, or an Agent or Broker** fill out the **bottom section**. These people are all application assisters registered with the Virginia Insurance Marketplace.

The back cover of the booklet gives the applicant the opportunity to register to vote.

There are other Appendices (**D, E, F**) that are referred to on the *Application* and may be required by the state for the applicant to be fully evaluated for certain other Medicaid categories. These can be downloaded from <https://coverva.dmas.virginia.gov/apply/applications/>.

**Appendix D** is needed if someone applying is disabled, has Medicare, is age 65 or older, or is in need of long term care services (nursing facility or community based care). [*This collects the additional information needed for someone to be considered for ABD Medicaid - which is coverage for the Aged, Blind, or Disabled.*]

**Appendix E** is used to evaluate individuals for Medically Needy Spenddown. This is when an individual is over income for a coverage program, but is incurring medical bills and would like to be evaluated based on income, resources and medical expenses. If their bills get high enough, they may qualify for temporary coverage. *Note: Applicants cannot spenddown for coverage in FAMIS, FAMIS MOMS, FAMIS Prenatal Coverage, LIFC, or Medicaid Expansion for Adults.*

**Appendix F** is used by applicants for Medicaid Expansion for Adults (ages 19-64) who need long term care services and supports (nursing home care and community based care).

## HOSPITAL PRESUMPTIVE ELIGIBILITY

There is one more pathway to **begin the application process for coverage** in the **Medicaid** programs. It is called Hospital Presumptive Eligibility (HPE). **Participating hospitals** in Virginia are able to **enroll eligible individuals in short-term Medicaid coverage** through this program. The temporary coverage is based on both financial and non-financial eligibility for the following coverage groups:

- A parent or caretaker relative of a child or children in the home under age 18 (or 19 if the child remains in school) [LIFC]
- A pregnant individual [Medicaid for Pregnant Women]
- A child under age 19 [FAMIS Plus]
- An individual under 26 who was a former foster care child at the time of his/her 18th birthday [FFC]
- A person eligible for limited Medicaid benefits for family planning coverage only [Plan First]
- A person who has been diagnosed with breast or cervical cancer
- An adult age 19 to 64 not on Medicare [Medicaid Expansion Adult].

**Hospital employees** will screen the patient for eligibility by asking several questions. The person will answer them and self-declare his/her income. If it is within program guidelines, the hospital will provide a **HPE Approval Notice and enter the person into the HPE Online Enrollment Form.** ([A sample of this notice is on page 2.46](#)) If the person is not within the guidelines, they will be issued a HPE Denial Notice.

The **coverage period** for the presumptive eligibility **begins the day the HPE is determined by the hospital and ends the last day of the following month.** If the HPE recipient files an application for Medicaid before the end of his/her presumptive eligibility period, the eligibility continues while the full Medicaid application is being processed.

**If the application is filed and the person is found eligible for Medicaid, coverage will continue.** If the application is filed and the person is found to be ineligible, the person will receive a denial notice and coverage will end. Any services paid for by Medicaid during the HPE period do not have to be reimbursed. There are no appeal rights for HPE.

The coverage received during the HPE period is different for pregnant individuals than for others. **Pregnant individuals can receive everything but inpatient hospital services.** Other participants receive all services.

Pregnant individuals can only get HPE coverage one time per pregnancy. Non-pregnant individuals can only get HPE coverage one time per calendar year.

## VERIFICATION DOCUMENTS THAT MAY BE REQUESTED DURING THE APPLICATION PROCESS

There are no documents that are required to be “attached” to the *Application* at the time of submission. If citizenship, immigration status or income cannot be verified through available data sources, the local DSS or Cover Virginia CPU will send a letter in the mail known as a “request for Verification” or “Verification Checklist”. The letter will give a due date for information to be received back and will list the items needed. Copies of documents can be submitted in several ways detailed in the letter. A sample of the letter is included on [pages 2.35-2.36](#). The following is a listing of possible verifications that an applicant may have to send:

- **Proof of income** for the month prior to application (*for example – if you apply in September, provide proof of income for August*). If income is irregular, three months of income (*or more*) will be requested to determine the applicant’s average monthly earnings.

If requesting retroactive coverage (available in all programs, except FAMIS, FAMIS MOMS and FAMIS Prenatal Coverage, with the exception of FAMIS for a baby under 3 months) to pay any medical bills incurred during the prior three months, the applicant may be asked to supply proof of income for those three months.

- **Proof of application for a Social Security Number (SSN)**, only if the person applying does not have one, but requires one. Proof is the receipt from the Social Security Office showing the date of application. Once the number is received, it must be reported to the local DSS. (*It is not necessary to provide a copy of the social security card.*)
- **Proof of citizenship status/identity** if the applicant’s citizenship status and or identity cannot be electronically verified by the state using the information provided on the Application, s/he will be contacted to document proof. Copies of a passport or driver’s license and a birth certificate are the usual documents needed. Copies of these documents are acceptable.
- **Proof of immigration status** if the child/adult is not a US citizen and his/her immigration status cannot be verified using the information provided on the Application, a copy of the front and back of the Resident Alien Card or other USCIS document giving the Alien ID# and legal immigration status for the applicant is required.
- **Proof of legal guardianship or authorization from the parent if a legal guardian or non-relative (godparent, neighbor) is applying for the child.** A copy of the legal document naming the person as guardian or a signed statement from the parent stating the person is authorized to apply for health insurance for this child may be necessary.

## APPLICATION PROCESSING TIMEFRAMES

Regardless of where the *Application* was filed (online via CommonHelp, over the phone at the Cover Virginia Call Center, or mailed to the Cardinal Care Correspondence Center or dropped off at local DSS), regulation requires that an eligibility determination must be made **within 45 calendar days**, unless an extension is requested by the applicant. The clock starts ticking the day the signed application is received via **any of the above**. During application processing, the caseworker may contact the applicant (and possibly the person listed on the Application as helping with the application) to answer any remaining questions or secure any missing verification documents. These requests are typically done via mail as outlined in the previous section.

Regardless of where the *Application* was filed, policy requires that an application for **Medicaid for Pregnant Women/FAMIS MOMS/FAMIS Prenatal Coverage** be processed as soon as possible, but **no later than 7 calendar days** from the date the signed *Application* was filed. If all necessary verifications are not received, the application can continue to pend until the 45 day processing time limit is met. During this time, the applicant will receive notification of the missing information with a request to provide it within 10 days.

### Follow-Up

At any time during the process, the applicant (or person designated as assisting the family) can call the Cover Virginia Call Center, or local DSS where the application was sent, for information on the status of the application. If the person applied online or via the Call Center, the **T-number** is an added piece of information that is crucial in locating the application status.

## DISPOSITION OF THE CASE

The DSS/CPU will complete a full eligibility determination and, if **found eligible, will enroll the applicant in the appropriate state-sponsored health insurance** program. The applicant will receive a *Notice of Action on Benefits* stating the person's "application for Medical Assistance has been approved." The second page gives information on who is approved, for which program, their ID numbers, and benefit periods. It also provides information on things the enrollee(s) will receive and things they will still need to do. (See [pages 2.37-2.42](#) for a sample approval notice.)

Once approved, the enrollee's case lives with his/her local DSS, regardless of where it was processed. The local DSS will conduct the annual renewal, if applicable. (See [page 3.5](#) for more information.)

If the eligibility worker finds that the applicant is **not eligible**, the applicant will be sent a *Notice of Action on Benefits* stating that coverage has been **denied**, giving the reason it was denied, and information about the right to appeal. (See [pages 2.43-2.45](#) for a sample denial notice.)

## WHAT HAPPENS IF THE APPLICATION IS DENIED

If the application is denied for coverage by the local DSS or the Cover Virginia CPU due to excess income or not yet meeting the 5 year residency requirement for a LPR, the Application will be referred to the Virginia Insurance Marketplace for an evaluation of eligibility for Premium Tax Credits and Cost Sharing Subsidies toward the purchase of a Marketplace plan. The applicant will also receive a *Notice of Action* stating the reason for denial of coverage and advising him/her of the right to appeal “any adverse action” such as a denial or termination of eligibility.

Individuals receiving a denial/termination may request **a meeting or “agency conference” with the local DSS or Cover Virginia CPU** (whichever agency processed the case). This must usually be scheduled within 10 working days of the applicant requesting it. This is an informal opportunity to discuss the reasons for denial/termination. During the “conference”, the family/individual can share additional information with the eligibility worker or supervisor who will then review all the information and either uphold the decision, ask for more information, or revise the decision. Having an agency conference does not affect the applicant’s right to an appeal.

The applicant has the **right to formally appeal the denial/termination** decision to the Virginia Department of Medical Assistance Services (DMAS). An appeal must be requested by the parent, legal caretaker, or adult applicant within **35 days** of the date on the written *Notice of Action* (denial) or *Advance Notice of Proposed Action* (termination/cancellation of benefits). If appealing an unreasonable delay in processing of an application, an appeal may be filed at any time until the agency has acted upon the application.

If the person misses this 35 day window, there is the possibility to **claim good cause for filing an untimely appeal**. Complete the good cause questionnaire that is part of the Appeal Form.

The preferred method of filing an Appeal is via the new Appeals Information Management System (AIMS) Portal. To register go to <https://appeals-registration.dmas.virginia.gov/client>. Once registered, the address to log in to the system is <https://login.vamedicaid.dmas.virginia.gov>.

While DMAS is encouraging the use of the AIMS portal for appeals, it will continue to accept appeals by telephone (804) 371-8488, email (appeals@dmas.virginia.gov), fax (804) 452-5454, and mail:

Appeals Division  
Virginia Department of Medical Assistance Services  
600 East Broad Street  
Richmond, VA 23219

If appealing via email, fax, or mail complete the “Client Appeal Request Form” and submit it via one of the above methods. (See pages 2.47-2.49)

Helpful *Virginia Medicaid Client Appeals Process: At-A-Glance* and *Step-By-Step* documents are available on the DMAS website at <https://www.dmas.virginia.gov/appeals/applicant-member-appeals-resources/> along with other helpful information on appeals.

The individual will be notified of the scheduled hearing, which can be in person or via telephone. Before the hearing, the person will receive an "Appeal Summary" from the agency that took the action being appealed. It provides documentation and explains the reasons the agency took the action it did. During the hearing, the applicant/recipient has the opportunity to tell the Hearing Officer why they believe the agency's action was wrong. The Hearing Officer also receives evidence from the agency or individual who denied the application.

An outreach worker, friend, family member, or legal counsel may represent the applicant. Individuals may seek assistance with their appeals from their local Legal Services office. (See the links on [page 5.2](#) for more information on *Virginia Legal Services Programs*.)

A decision will be made within 90 days of the appeal request, unless the applicant/recipient or their representative requests or causes a delay. Decisions made by Medical Assistance Hearing Officers are the final decisions of DMAS. If the applicant disagrees with the hearing decision, further review may be available through the Circuit Court in the city or county where the family lives.

In termination cases, if the request for an appeal is filed prior to the effective date of the termination, or within 10 days of the date stated on the *Notice of Action*, health insurance coverage may continue until a decision is made. However, in the event that the appeal decision is in the agency's favor, the family/individual may have to reimburse the state for benefits received while the review was pending.

## STEP 3 American Indian or Alaska Native (AI/AN) family member(s)

### 1. Are you or is anyone in your family American Indian or Alaska Native?

**No.** If **no**, skip to Step 4.

**Yes.** If **yes**, complete Appendix B.

## STEP 4 Your Family's Health Coverage

Answer these questions for anyone who needs health coverage.

### 1. Is anyone enrolled in health coverage now from the following?

**YES.** If **yes**, check the type of coverage and write the person(s)' name(s) next to the coverage they have.

**NO.** If **no**, skip to STEP 5.

Medicaid \_\_\_\_\_

FAMIS \_\_\_\_\_

Plan First \_\_\_\_\_

Medicare \_\_\_\_\_

Medicare Number: \_\_\_\_\_

TRICARE (Don't check if you have direct care or Line of Duty)  
\_\_\_\_\_

Veterans Administration health care programs  
\_\_\_\_\_

Peace Corps \_\_\_\_\_

Virginia's Insurance Marketplace \_\_\_\_\_

Employer insurance \_\_\_\_\_

Name of health insurance: \_\_\_\_\_

Policy number: \_\_\_\_\_

Is this COBRA coverage? Yes No

Is this a retiree health plan? Yes No

Is this a state employee benefit plan? Yes No

Other

Name of health insurance: \_\_\_\_\_

Policy number: \_\_\_\_\_

Is this a limited-benefit plan (like a school accident policy)?

Yes No

**If anyone listed on this application is offered health coverage from a job, complete and include Appendix A. If no, continue to Step 5.**

## STEP 5 Your Rights and Responsibilities

Review the information below and sign the application.

- I understand that I am authorizing the Local Department of Social Services (LDSS) and the Department of Medical Assistance Services (DMAS) to verify information about me and my household to determine the Medicaid or FAMIS eligibility of those applying for coverage.
- This means we'll check your answers using the information we have in our records and/or from electronic data sources such as the Internal Revenue Service (IRS), Social Security Administration, Department of Homeland Security, and a consumer reporting agency. If the information doesn't match, we may ask you to send us proof.
- I understand that DMAS, LDSS, and/or their contractors may exchange information relating to my application to assist with application, enrollment, administration, and billing services.
- I have permission from everyone whose information is on this application to submit their information to Virginia Medicaid and to receive any communications about their eligibility and enrollment.
- I understand that the guidance and procedures used to determine eligibility for Medicaid and FAMIS can be found within the Medical Assistance Eligibility Manual, located at [dmas.virginia.gov/for-applicants/eligibility-guidance/eligibility-manual/](https://dmas.virginia.gov/for-applicants/eligibility-guidance/eligibility-manual/).
- I understand that if I or others on this application do not qualify for Medicaid or FAMIS, the application information may be sent to Virginia's Insurance Marketplace at [marketplace.virginia.gov](https://marketplace.virginia.gov) to determine eligibility for Marketplace coverage.

**NEED HELP WITH YOUR APPLICATION?** Visit [coverva.dmas.virginia.gov](https://coverva.dmas.virginia.gov) or call us at **1-855-242-8282**. Para obtener una copia de este formulario en Español, llame **1-855-242-8282**. If you need help in a language other than English, call **1-855-242-8282** and tell the customer service representative the language you need. We'll get you help at no cost to you. TTY users should call **1-888-221-1590**.

- I understand that information provided on this application, including my phone number(s), will be shared with LDSS, Cover Virginia, my MCO, and other DMAS contractors. I consent to be called or texted by these entities at the phone number(s) I provided, now or in the future, in relation to my application, my health care needs and treatment, wellness services, plan benefits, eligibility, renewal and/or redetermination, and for other communications relating to my relationship with the MCO or concerning my Medicaid or FAMIS coverage.
- I understand that these calls/texts may be made using automated technology, such as with an automatic telephone dialing system or artificial or prerecorded voice message. I acknowledge that text messages are not encrypted and can be read by unauthorized persons. Standard message and data rates may apply. Each entity authorized to contact me via text must also provide me the opportunity to opt out of text message communication.

**If anyone on this application is eligible for Medicaid:**

- I know that I must report changes to the information on this application within 10 days of the change. I can call Cover Virginia at 1-855-242-8282 (TTY: 1-888-221-1590), contact or visit my LDSS, or visit [CommonHelp.virginia.gov](http://CommonHelp.virginia.gov) to report changes. A change in the information may affect whether I or someone in my household qualifies for coverage.

NOTE: You can find your LDSS agency at [dss.virginia.gov/localagency/index.cgi](http://dss.virginia.gov/localagency/index.cgi).

- I understand that if I or a household member are found eligible for Medicaid or FAMIS, coverage may be provided through a Managed Care Organization (MCO) and Virginia will pay a monthly premium to the MCO on my behalf.
- I understand that I may have to repay these premiums if I was enrolled because I did not report truthful information on this form or within 10 days of a change and this results in me or a household member being enrolled in Medicaid or FAMIS when not eligible, even if no medical services were received during those months.
- I understand that DMAS has the responsibility to recover money from the estate of a Medicaid member aged 55 and over. Recovery may take place only after the death of the member and their surviving spouse and only if there are no children who are blind, disabled, or under the age of 21. The dependents or heirs of an estate can also file an undue hardship request to stop or reduce the recovery if it would result in significant difficulty or expense. If a hardship is granted, DMAS may waive part or all of the recovery, and if denied, the individual is granted an opportunity to appeal the decision.
- I understand that if I am found eligible and enrolled in Medicaid or FAMIS, I am giving to the Medicaid agency our rights to pursue and get any money from other health insurance, legal settlements, or other third parties. I am also giving to the Medicaid agency rights to pursue and get medical support from a spouse or parent.

**Does any child on this application have a parent living outside of the home?      Yes      No**

If any child on this application has a parent living outside of the home, I know I may be asked to cooperate with the agency that collects medical support from an absent parent. If asked, I can tell the agency if I think cooperating to collect medical support will harm me or my children and may not have to cooperate.

**My right to appeal:**

- If I do not agree with the outcome of my application, I have the right to appeal the decision. To appeal means to ask for a fair review of the action or decision with which I disagree. I know that I can be represented by someone other than myself in the process.
- If I think Medicaid or FAMIS has made a mistake, I can contact LDSS or call Cover Virginia at 1-855-242-8282. Instructions for filing an appeal will be included on my notice and are available at [dmas.virginia.gov/appeals](http://dmas.virginia.gov/appeals).

**Renewal of coverage in future years:**

- If enrolled in Medicaid or FAMIS, your eligibility will be reviewed on a regular basis. The state will attempt to renew your coverage by using electronic sources to verify that you are still eligible.

**NEED HELP WITH YOUR APPLICATION?** Visit [coverva.dmas.virginia.gov](http://coverva.dmas.virginia.gov) or call us at 1-855-242-8282. Para obtener una copia de este formulario en Español, llame 1-855-242-8282. If you need help in a language other than English, call 1-855-242-8282 and tell the customer service representative the language you need. We'll get you help at no cost to you. TTY users should call 1-888-221-1590.

I give the Virginia Medicaid permission to use updated income information from my tax returns for the next:

0 years      1 years      2 years      3 years      4 years      5 years

Note: This does not guarantee an automated review. If we need more information, we will send you a request for additional information.



I am signing this application form under penalty of perjury. I have provided true answers to all questions on this form and I know that I may be subject to penalties under federal law if I provide false or untrue information.

Signature of Applicant or Authorized Representative

Date (mm/dd/yyyy)

**ALL individuals in the home 21 or older (or 18 or older in a home without a parent) who are renewing or applying for health coverage MUST sign below. A spouse can sign for their spouse.**

Print Name

Signature

Date (mm/dd/yyyy)

Print Name

Signature

Date (mm/dd/yyyy)

## STEP 6 Submit your completed application.

### Mail your signed application to:

Cardinal Care Correspondence Center  
P.O. Box 1820  
Richmond, Virginia 23218

**Fax or drop off your signed application** to the LDSS in the city or county in which you live.

Visit [dss.virginia.gov/localagency/index.cgi](http://dss.virginia.gov/localagency/index.cgi) to find LDSS addresses and fax numbers.

**REMEMBER:** You may need to submit more forms as part of your application. Review the list of forms to make sure you submit a complete application.

### The following forms are included on this application:

- **APPENDIX A: Health Coverage from Jobs:** Complete if someone applying for coverage is eligible for health coverage from a job.
- **APPENDIX B: American Indian and Alaska Native:** Complete if you or a family member are American Indian or Alaskan Native.
- **APPENDIX C: Authorized Representative and Application Assisters:** Complete to give someone permission to talk with us about your application, see your information, or act on your behalf.

### The following forms are available on the CoverVA website or from Local Departments of Social Services:

- **Additional Person Single Page Supplement:** Complete if there are 3 or more people on your application.
- **APPENDIX D: Age 65+, Medicare, or Disability:** Complete if someone on the application has a disability, is age 65 or older, is Medicare eligible, or needs long-term services and supports (nursing facility or community-based care).
- **APPENDIX F: Long-Term Services and Supports Ages 19-64:** Complete if someone on the application needs nursing facility or community-based care and is between the ages of 19 and 64 and not eligible for or enrolled in Medicare.

**NEED HELP WITH YOUR APPLICATION?** Visit [coverva.dmas.virginia.gov](http://coverva.dmas.virginia.gov) or call us at 1-855-242-8282. Para obtener una copia de este formulario en Español, llame 1-855-242-8282. If you need help in a language other than English, call 1-855-242-8282 and tell the customer service representative the language you need. We'll get you help at no cost to you. TTY users should call 1-888-221-1590.

# SAMPLE REQUEST FOR VERIFICATIONS

Cardinal Care Correspondence Center  
PO box 1820  
Richmond, VA 23218

Commonwealth of Virginia  
Department of Social Services  
Questions? Call: (999) 999-9999

Letter Date: August 04, 2025  
Case Number: 116026526

Snow Capped  
1 Peak PIKE  
Lynchburg, VA 24515

## Why Snow Capped is getting this letter

We need more information to finish our review for the following program(s): Medical Assistance.

## Please give us the information requested by the date(s) listed on the following page

A checklist of the documents you can give us for proof is included. **Keep your original documents and give us copies along with the checklist.** If you need help, call (999) 999-9999.

## Ways to give us a copy of your documents:

- 1. Online.** Go to **CommonHelp.Virginia.gov** and follow the website directions to upload a copy.
- 2. By fax.** Fax a copy to us at **(888) 221-9402**
- 3. By mail.** Send a copy to us at **Cardinal Care Correspondence Center, PO box 1820 , Richmond, VA 23218.**
- 4. In person.** Bring us a copy to **99 9th St., PO Box 6798 Lynchburg, VA 24504.**

## Your CommonHelp Account

**CommonHelp.Virginia.gov** keeps all important information about your family's applications. You can choose to get letters like this online. Your CommonHelp account is secure.

To create an account, go to **CommonHelp.Virginia.gov** and click "Check My Benefits." To link your case to your CommonHelp account using the information below, log in and select "Manage My Account."

**Case Number: 116026526**  
**Client ID: 2110071199**

Worker Name:	Telephone Number:	For Free Legal Advice Call:
J. WATKINS	(555) 555-5555	1-866-534-5243

## Additional Information from your Case Worker:



Case #: 116026526

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Correspondence #: 718715665



**Things to remember when submitting proof:**

- ✓ Attach the first page of this letter when returning your documents.
- ✓ Keep your original document(s) and give us a copy.
- ✓ Write first and last name, date of birth, and Case Number 116026526 on the copy of your documents you give to us.
- ✓ Call us if there has been a change in your situation since you applied, if you don't have the documents requested below, or if you need help obtaining the information.

**Remember, if you do not give us proof of your information, we cannot finish reviewing your eligibility and your application may be denied or your case may close.**

**Give us a copy of one of these documents as proof for each verification type. We have listed common documents people use to provide their verification(s) below:**

<b>Program: Medical Assistance</b> While we are requesting that you return your verifications within ten days of the receipt of this letter, you may return your verifications within 45 days from the date of your Medicaid application, or within 30 days from the date of your Medicaid change or renewal.		
<b>Due Date: August 14, 2025</b>		
<b>Who?</b>	<b>What information is needed?</b>	<b>What is accepted as proof?</b>
Snow Capped	Income	All paystubs from ABC Employer for July
Snow Capped	Identity	Federal, State or Local Government issued ID, School photo ID, US Passport, Valid US driver's license

If you indicated when applying for benefits (Medicaid, SNAP, TANF, Energy Assistance, Percentage of Income Payment Program, or Child Care) that you wanted to receive an email or a text message telling you that you have electronic mail about your benefits, you must first go to CommonHelp, [www.CommonHelp.virginia.gov](http://www.CommonHelp.virginia.gov) before you can access that mail. In CommonHelp, you will need to set up a secure mailbox. Have your client ID and case number available.

Instructions are provided in CommonHelp.

If you are acting on behalf of an individual as an authorized representative, you will continue to receive all correspondence for that individual through the mail.



Case #: 116026526

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Correspondence #: 718715665



*Note: The actual Checklist from the Local DSS will have additional pages that have been omitted here to save space. One is a page that you fold in such a way so that the Cardinal Care Correspondence Center and Client Addresses will show through the windows in the return envelope provided. There may be 1-2 blank pages. There is a section on "It is important we treat you fairly" that can be seen on Page 2.42. The last 2 pages are information on getting help in your language that can be seen in the Sample Renewal Form on pages 3.67-3.68.*

**2.36 Sample Request for Verifications**

**Sample Notice of Action - Approval**

*Note: all names, case numbers, correspondence numbers and ID numbers are dummy information.*

Charlottesville City (540)  
120 SEVENTH STREET, NE  
CHARLOTTESVILLE, VA 22902

**Commonwealth of Virginia**  
**Department of Social Services**  
**Questions? Call: (434) 970-3400**

Letter Date: May 17, 2024  
Case Number: 114688945

Sage Tea  
120 Seventh ST NW  
Charlottesville, VA 22902

**News for your household**

Our records show that you applied for health coverage from Virginia Medicaid on **March 01, 2024**. This letter tells you more about the determination and how it was made. It has information about the household’s health coverage choices and what to do next. It also explains what to do if you think we made a mistake.

**Medicaid Decision Summary for Your Household**

Household Member Name	Decision	Coverage	Effective Date(s)
Sage Tea	Eligible	FULL	March 01, 2024 - Ongoing

**To learn more about how we made our decision for each person, read the rest of this letter.**



You can get this letter in another language, in large print, or in another way that's best for you. Call us at **1-855-242-8282 (TTY: 1-888-221-1590)**.



## How we made our Medicaid decision(s)

Virginia has rules and income limits for how people can qualify for health coverage depending on things like age, pregnancy and parenting status, and disability. We counted the household size and income and reviewed the information given to us on the application or available in other data sources. To learn more about health care coverage rules and income limits, go to [www.coverva.org](http://www.coverva.org). If your information has changed since you applied or you think we made a mistake call us. You can also file an appeal. For more information on how to file an appeal see the page titled "If you think we made a mistake."

Medicaid may pay past bills, even if you already paid them yourself. If you were not evaluated for health coverage for the three months prior to your application month and you had medical expenses, contact us at **(434) 970-3400**.

When Medicaid or FAMIS has been approved for children, continuous eligibility policy allows the children to remain enrolled for 12 months or their renewal, whichever comes later. The following exceptions apply:

- a. Death
- b. Left Virginia permanently
- c. Voluntary withdraw/termination (customer request)
- d. A member can move from FAMIS to Medicaid if their countable income decreases into Medicaid eligibility levels, or to a higher level of coverage based on other changes.
- e. A member can be re-evaluated for all other covered groups once they turn 19 without a renewal.

Medicaid and FAMIS children are protected from changes in income or address (as long as they remain residing in Virginia). For FAMIS applicants, health insurance gained after approval does not affect eligibility until the 12th month of enrollment or renewal, whichever comes later.

## Approvals

### Update for Sage Tea

Client ID: 2107013787

You qualify for health coverage from Virginia Medicaid.

Medicaid ID Number	Coverage	Effective Date
351283821029	FULL	March 01, 2024 - Ongoing

Sage Tea qualifies for full coverage Medicaid. This covers services like doctor visits, hospital care, prescriptions, dental coverage and more.

**Health Coverage must be renewed every year.** The next renewal is due **February 28, 2025**. If you are receiving health coverage at that time, we will send more information about your renewal.

### Additional information on how we made our decisions:

Since the household's monthly income is below the income limit, the above individual(s) qualify for health coverage. We made our decisions based on these rules: Virginia Medical Assistance Manual Reference M0130.300.



You can get this letter in another language, in large print, or in another way that's best for you. Call us at **1-855-242-8282 (TTY: 1-888-221-1590)**.



Case #: 114688945

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Correspondence #: 714002543

## Using Your Health Coverage

### Medicaid Card

Most enrollees receive a Medicaid card. If you do not already have a card with the Medicaid ID above, and do not receive a card in the mail in 10 business days, please call 1-855-242-8282. Some people in limited coverage Medicaid do not receive a card. Your health coverage can be used right away by giving your provider the Medicaid ID number listed above.

### Finding Services

Your health coverage can be used right away. Services can be received from any doctor, clinic, or other health care provider who accepts FAMIS or Medicaid. To find a provider, call **1-855-242-8282** or visit [www.viriniamedicaid.dmas.virginia.gov](http://www.viriniamedicaid.dmas.virginia.gov) and select "Search for Providers" under the "Provider Resources" menu. Most people get their health coverage through a health plan. If the above individual(s) need to join a plan, we will send information about choosing a health plan. If you had any medical services since your coverage started, make sure to give the provider(s) your Medicaid ID number.

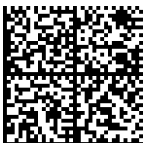
There is no premium (a monthly cost) for FAMIS or Medicaid health coverage. There **may** be co-payments for some services. To learn more, see the Member Handbook at <https://www.coverva.org/en/member-handbooks>. To get a paper copy of the Handbook, call us at **(434) 970-3400**.

### Your household must report changes

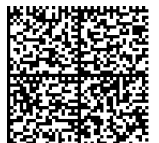
You must report any changes that might affect health coverage for anyone in your household who was approved health coverage from Virginia Medicaid. Please report changes for both you and other people in your household within ten days of the change, such as:

- » If someone moves
- » If someone's income changes
- » If your household changes. For example, if someone in your household marries or divorces, becomes pregnant, or has or adopts a child.
- » If you are in FAMIS, FAMIS MOMS, FAMIS Prenatal or Medicaid, and you recently gave birth, you can report the birth of your child in one of these ways:
  - Call the Cover Virginia Call Center at 1-855-242-8282 (TDD: 1-888-221-1590).
  - Call your local department of social services (DSS).
  - You can also ask the hospital to submit the enrollment information for your newborn.
- » If you did not intend to apply for Medical Assistance, or you or someone in your household needs your coverage closed for some other reason.

To report changes: go to [CommonHelp.Virginia.gov](http://CommonHelp.Virginia.gov) and click on "Report Changes," call **1-855-242-8282 (TTY: 1-888-221-1590)** or call us at **(434) 970-3400**.



You can get this letter in another language, in large print, or in another way that's best for you. Call us at **1-855-242-8282 (TTY: 1-888-221-1590)**.



## Your CommonHelp Account

**CommonHelp.Virginia.gov** keeps all important information about your family's application and health coverage. You can choose to get letters like this online. Your CommonHelp account is secure.

To create an account, go to **CommonHelp.Virginia.gov** and click "Check Benefits."

To link your case to your CommonHelp account using the information below, log in and select "Manage My Account."

**Case Number: 114688945**

**Client ID: 2107013787**

## Information about other programs

You and others in your household may qualify for other assistance, like help buying food or paying heating and cooling bills. If you already applied for other assistance, information about those programs may come in a separate letter.

To learn more, go to **CommonHelp.Virginia.gov** or call **1-855-635-4370 (TTY: 1-800-828-1120)**.

<b>Worker Name:</b>	<b>Telephone Number:</b>	<b>For Free Legal Advice Call:</b>
M. TERRELL	(804) 726-7130	1-866-534-5243

## Additional Information from Your Case Worker:



You can get this letter in another language, in large print, or in another way that's best for you. Call us at **1-855-242-8282 (TTY: 1-888-221-1590)**.



## If You Think We Made a Mistake

**You can appeal this decision about Medicaid health coverage.** Appeals are handled by the Department of Medical Assistance Services (DMAS).

If you have an urgent health care need, you can ask DMAS for an expedited (faster) appeal to get a decision on your appeal sooner. An urgent health care need means that it could result in serious harm to your health if it's not treated soon. You may need to give proof of your urgent health care need.

**If your benefits are being stopped or reduced in this notice, you may ask to have your coverage continued during your appeal.** In order to continue your coverage, you must file your appeal before the date that your coverage ends or within 10 days of the date on this letter. Not every case qualifies for continued coverage. You may have to pay back Medicaid for the coverage you received if you lose your appeal.

### Ways to ask for an appeal:

1. **Electronically.** Online at <https://www.dmas.virginia.gov/appeals/> or email to [appeals@dmas.virginia.gov](mailto:appeals@dmas.virginia.gov)
2. **By fax.** Fax your appeal request to DMAS at **(804) 452-5454**
3. **By mail or in person.** Send or bring your appeal request to Appeals Division, Department of Medical Assistance Services, 600 E. Broad Street, Richmond, VA 23219
4. **By phone.** Call DMAS at **(804) 371-8488 (TTY: 1-800-828-1120)**

To help you, an appeal request form is available from DMAS at <https://www.dmas.virginia.gov/appeals/>. You can also write your own letter. Include a full copy of this notice when you file your appeal. Also include any documents you would like DMAS to review during your appeal. **Your deadline to ask for an appeal with DMAS is June 21, 2024.**

Once you ask for an appeal, DMAS will schedule a hearing if you qualify for one. A hearing is a meeting between you, someone from the Medicaid program, and a DMAS hearing officer. Before the hearing, we will send you a copy of the information that will be used at the hearing. This is called the appeal summary. You also have the right to ask us for a full copy of your file from your local Department of Social Services. You can ask someone to represent you at any point during the appeal process, as long as you let DMAS know about your decision in writing. At the hearing, you can explain why you think we made a mistake. DMAS decides non-expedited appeals within 90 days or sooner of your request.

### To get ready for your hearing, you can:

- Review the appeal summary before the hearing.
- Bring someone with you to the hearing, like a friend, relative, lawyer, or come alone.
- Bring information or witnesses to show where you think we made a mistake.

If you have any questions, call the Appeals Division of DMAS at **(804) 371-8488 (TTY: 1-800-828-1120)**. Call the free Legal Aid Helpline at **1-866-534-5243** or visit [www.valegalaid.org](http://www.valegalaid.org) to learn more about getting free legal advice or to ask someone to represent you in your appeal case.



You can get this letter in another language, in large print, or in another way that's best for you. Call us at **1-855-242-8282 (TTY: 1-888-221-1590)**.



**It is important we treat you fairly.**

We will keep your information secure and private.

This agency complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. This agency does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

This agency provides free aids and services to people with disabilities to communicate effectively with us, such as, qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). If you need these services, call us at **(804) 786-7933 (TTY: 1-800-343-0634)**. This agency also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, call us at **1-855-242-8282 (TTY: 1-888-221-1590)**.

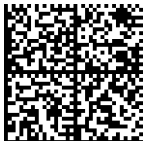
If you believe that this agency has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance in person, by mail, or by phone at: Civil Rights Coordinator, DMAS, 600 E. Broad St., Richmond, VA 23219, Telephone: **(804) 786-7933 (TTY: 1-800-343-0634)**.

You may also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201; **1-800-368-1019 (TTY 800-537-7697)**. Complaint forms are available at <https://hhs.gov/ocr/office/file/index.html>.

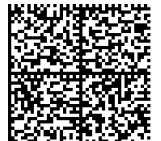
*Note: Pages 7 -10 of this notice were omitted to save space.*

*Page 7 was "Information on Advanced Health Care Directive" and Page 8 was blank.*

*Pages 9 and 10 was information on how to get this information in other languages that can be seen in the Sample Renewal Form on pages 3.53-3.54.*



You can get this letter in another language, in large print, or in another way that's best for you. Call us at **1-855-242-8282 (TTY: 1-888-221-1590)**.



**Sample Notice of Action - Denial**

Note: all names, case numbers, correspondence numbers and ID numbers are dummy information

Lynchburg City (680)  
99 9th St., PO Box 6798  
Lynchburg, VA 24504

**Commonwealth of Virginia**  
**Department of Social Services**  
**Questions? Call: (999) 999-9999**

Letter Date: January 30, 2024  
Case Number: 114548934

Demon Slayer  
567567 Conquistador CIR  
Lynchburg, VA 24515

**News for your household**

Our records show that you applied for health coverage from Virginia Medicaid on **January 20, 2024**. This letter tells you more about the determination and how it was made. It has information about the household’s health coverage choices and what to do next. It also explains what to do if you think we made a mistake.

**Medicaid Decision Summary for Your Household**

Household Member Name	Decision	Coverage	Effective Date(s)
Demon Slayer	Not Eligible	--	February 01, 2024 - Ongoing

**To learn more about how we made our decision for each person, read the rest of this letter.**

*Note: Some pages of this notice were omitted to save space.  
Page 3 is information on "If You Think We Made a Mistake" that can be seen on Page 2.41.  
Page 4 is the "It is important we treat you fairly" section that can be seen on Page 2.42.  
Pages 6 and 8 were blank  
Page 7 is "Information on Advance Health Care Directive"  
Pages 9 and 10 is information about receiving help in other languages that can be viewed in the Sample Renewal Form on Pages 3.67-3.68.*



You can get this letter in another language, in large print, or in another way that's best for you. Call us at **1-855-242-8282 (TTY: 1-888-221-1590)**.



## How we made our Medicaid decision(s)

Virginia has rules and income limits for how people can qualify for health coverage depending on things like age, pregnancy and parenting status, and disability. We counted the household size and income and reviewed the information given to us on the application or available in other data sources. To learn more about health care coverage rules and income limits, go to [www.coverva.org](http://www.coverva.org). If your information has changed since you applied or you think we made a mistake call us. You can also file an appeal. For more information on how to file an appeal see the page titled "If you think we made a mistake."

Medicaid may pay past bills, even if you already paid them yourself. If you were not evaluated for health coverage for the three months prior to your application month and you had medical expenses, contact us at **(999) 999-9999**.

## Denials

**Update for Demon Slayer  
February 01, 2024 - Ongoing**

**Client ID: 2106716780**

You do not qualify for health coverage from Virginia Medicaid.

This individual does not qualify for Medicaid or FAMIS health coverage because the countable household income is over the income limit; rules for the current coverage are not met. We made our decisions based on these rules: Virginia Medical Assistance Manual Reference M0440.100; M0710.700; M0810.002, M0310.001; M1520.300.

Individuals who do not qualify for full health coverage might still be able to get full health coverage—and help paying for it—through Virginia's Insurance Marketplace. In some situations, we send your information to the Marketplace. If so, the Marketplace will send you a letter. **To learn more, read the "How to Complete the Marketplace Application" insert with this letter.**

## Information about other programs

You and others in your household may qualify for other assistance, like help buying food or paying heating and cooling bills. If you already applied for other assistance, information about those programs may come in a separate letter.

To learn more, go to [CommonHelp.Virginia.gov](http://CommonHelp.Virginia.gov) or call **1-855-635-4370 (TTY: 1-800-828-1120)**.

<b>Worker Name:</b> J. WATKINS	<b>Telephone Number:</b> (555) 555-5555	<b>For Free Legal Advice Call:</b> 1-866-534-5243
<b>Additional Information from Your Case Worker:</b>		

You can get this letter in another language, in large print, or in another way that's best for you. Call us at **1-855-242-8282 (TTY: 1-888-221-1590)**.

## What is the Health Insurance Marketplace?

Use the Marketplace to shop for and buy affordable private health insurance online, over the phone, or with in-person help. There is financial help available for people who qualify.

**You or someone in your household was found not eligible for Medicaid. You may still be able to get help paying for health coverage through the Health Insurance Marketplace. Your information has been sent to the Marketplace to start an application, but you must take action to see if you qualify!**

## How to Complete the Marketplace Application:

You must complete the Marketplace application within 60 days of your Medicaid denial. The sooner you apply for coverage; the sooner new coverage can begin. You should complete the Marketplace application as soon as you can to see if you can get coverage now. To complete your application, you can:

1. **Wait for the letter from the Marketplace.** The letter will tell you how to complete your application with them. The Marketplace is starting a health insurance application for the following individual(s): **Demon Slayer**

Or

2. **Start a new application.** You can go to [marketplace.virginia.gov](https://marketplace.virginia.gov) or contact the Call Center at **888-687-1501 (TTY: 711)**. You will need to:
3. Create a Marketplace user account online or by phone with a Call Center Representative.
4. Have this letter with you to help answer questions.
5. Provide the information you gave us already.
6. Answer "yes" when asked if anyone has been found not eligible for Medicaid or the Children's Health Insurance Program (CHIP) in the past 90 days, if this applies.

If you have questions or need help completing your application, call the Marketplace Call Center at **1-888-687-1501 (TTY: 711)** or go online to [marketplace.virginia.gov](https://marketplace.virginia.gov).

After you complete your application, the Marketplace will tell you if you qualify to enroll in Marketplace insurance, if you can enroll right away, or have to wait to enroll. The Marketplace will tell you if you qualify for help paying for your coverage. **If you qualify for coverage right away, select and enroll in a plan!**

If the Marketplace tells you that you have to wait, you can reapply during Open Enrollment (November 1st –December 15th). Some individuals who experience a life event will qualify for a Special Enrollment Period and can enroll outside of Open Enrollment. Examples of life events that may qualify you for a Special Enrollment Period include losing Medicaid or other health insurance, having a baby or getting married. You usually only have 60 days after the date of the life change to apply for Marketplace coverage. However, if you are losing coverage, you can apply up to 60 days before the loss, which can help to prevent a gap in health coverage.



You can get this letter in another language, in large print, or in another way that's best for you. Call us at **1-855-242-8282 (TTY: 1-888-221-1590)**.





## Approval Notice of Hospital Presumptive Eligibility for Temporary Medicaid Coverage in Virginia

test  
123 test  
Testing, TE 22222

July 24, 2025

Dear test :

The following person has been approved for presumptive Medicaid eligibility and enrolled for a limited time period indicated below:

Name	Medicaid ID	Begin Date	End Date	Program
Testing testin	009999999999	4/26/1903	4/26/1903	Testing

1. Coverage may be extended if an Application for Health Coverage & Help Paying Costs is filed prior to the end date of coverage above and additional time is needed for the eligibility determination. If you file a Medicaid application and you are determined to be ineligible for Medicaid coverage, your presumptive eligibility will end the date the eligibility determination is made.
2. If you do not file a Medicaid application, you will no longer have presumptive eligibility Medicaid coverage after end date above.

### **There are four easy ways to apply for Medicaid.**

1. Online at [www.commonhelp.virginia.gov](http://www.commonhelp.virginia.gov) or
2. Call the Cover VA Call Center at 1-855-242-8282 to apply by phone or
3. Print out and complete a paper application from [www.coverva.dmas.virginia.gov](http://www.coverva.dmas.virginia.gov) and mail it to your local Department of Social Services or
4. Visit your local Department of Social Services in the city or county in which you live

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### **You should have the following information ready when you apply, for you and anyone else in your household who needs health insurance:**

- Full legal name, date of birth, Social Security number, and Citizenship or Immigration Status; Most recent federal tax filing information (if available);
- Job and income information for members of your household for the prior or the current month such as pay stubs or a letter from your employer
- Information about other taxable income for members of your household such as unemployment benefits, Social Security payments, pensions, retirement income, rental income, alimony received, etc.
- Current health insurance information

Visit [coverva.dmas.virginia.gov](http://coverva.dmas.virginia.gov) for more information about the Medicaid and FAMIS programs or call us toll free at 1-855-242-8282; M-F 8am to 7pm and Saturdays 9am to 12 (noon).

# VIRGINIA MEDICAID / FAMIS CLIENT APPEAL REQUEST FORM

To file your appeal online via the Appeals Information Management System (AIMS) portal visit <https://www.dmas.virginia.gov/appeals>

**To file via email, fax, or mail, fill out this form completely including why you are appealing or write a letter with the same information. Include a copy of the written notice you are appealing.**

## Signing guidelines:

If the appeal request is for **someone who is physically or mentally unable** to sign a document, clearly explain to us why he or she is physically or mentally unable to sign. Also let us know, to the best of your knowledge, if there is any known guardian.

If the appeal request is for **someone who has died**, provide written proof that you can represent them. If you do not have written proof, clearly explain your relationship to the deceased and why you are appealing on their behalf. Also let us know, to the best of your knowledge, if there is any known executor or administrator of the estate.

A parent or legal guardian must file appeal requests for a **minor child**. If filing an appeal as a child's legal guardian, include proof of guardianship.

**Organizations** need to have written documentation from the appellant authorizing them to appeal on their behalf. If the appellant is deceased, provide authorization by an administrator or executor of the estate.

In some cases, we may require a power of attorney, a written statement from the appellant, or other additional information.

## Time limit for filing an appeal:

The time limit for filing an appeal is on the written notice from the agency. In most cases it is 30 days.

If you are filing your appeal late, the DMAS Appeals Division may grant an extension of the time limit if the reason is due to a good cause (as defined by regulation). There is a Good Cause Questionnaire on page 4 where you can provide information about why you filed your appeal late. A DMAS Hearing Officer will evaluate your response and make a determination whether filing your appeal late was due to a good cause.

## Note: For Managed Care Organization (MCO) appeals there are three major differences:

- 1) You have to first appeal to the MCO
- 2) You have 120 days to file an appeal with DMAS once you have received a final decision from the MCO
- 3) By regulation, there is no good cause for filing a late appeal

## Ways to ask for an appeal:

- 1) **Electronically.** Online at <https://www.dmas.virginia.gov/appeals> or email to [appeals@dmas.virginia.gov](mailto:appeals@dmas.virginia.gov)
- 2) **By fax.** Fax your appeal request to DMAS at **(804) 452-5454**
- 3) **By mail or in person.** Send or bring your appeal request to Appeals Division, Department of Medical Assistance Services, 600 E. Broad Street, Richmond, VA 23219
- 4) **By phone.** Call DMAS at **(804) 371-8488 (TTY: 1-800-828-1120)**

\*\*\*

***IMPORTANT: Please attach all documents that you would like the Appeals Division to consider. Any supporting documents you submit with your appeal request will be considered in rendering a decision.***

# VIRGINIA MEDICAID / FAMIS CLIENT APPEAL REQUEST FORM

You may file your appeal online via the Appeals Information Management System (AIMS) portal by visiting <https://www.dmas.virginia.gov/appeals>

Last Name of Medicaid/FAMIS Appellant		First Name	Middle Initial	Suffix (Sr., Jr., II, III)
Mailing Address - Street or PO Box Apt.		City	State and Zip	Date of Birth
Medicaid Member ID #	Client ID #	Primary Phone # with Area Code	Alternate Phone # with Area Code	
Preferred Spoken Language	Preferred Written Language	Do you need an interpreter? Yes No	Email	
Do you need a reasonable ADA accommodation? Explain		What way would you like us to communicate with you? Email Mail	Have you already filed an appeal for the same issue (e.g. faxed and mailed)? Yes No	
Are you a community spouse appealing the income or resource determination for your spouse?			Yes	No
Did you receive a written notice from an agency? Yes No		<b>Include a copy of the written notice you are appealing.</b>		
Agency Name	Telephone			
Notice Dated	Case Worker			
<b>Managed Care Organization (MCO)</b>				
Are you appealing a decision by an MCO? Yes No				
If yes, you must first appeal to the MCO. If you disagree with the MCO's final decision, you can appeal that decision to DMAS.				
<b>The agency (check all that apply):</b>				
Denied my application or terminated my coverage for:		Medicaid	FAMIS	
Refused to take my application for:		Medicaid	FAMIS	
Failed to determine my eligibility within the time limit for:		Medicaid	FAMIS	
Requested repayment of benefits paid for medical services previously received.		Important: Attach any documents you believe support your position in the appeal		
Declared me not disabled.				
Took other action which affected my receipt of Medicaid, FAMIS or other medical services.				
Denied medical services or authorization for medical services. Name the service:				
Denied or terminated waiver services. Waiver name and service:				
Transferred or discharged from a nursing facility. Facility name and phone #:				
Write a brief statement about why you are requesting an appeal. Attach an additional page if you need more space.				
<b>*Important Information if Requesting Continued Coverage*</b>		<b>Continued Coverage</b>		
If the final appeal decision supports the agency's action, you may be expected to repay DMAS for all services received during the appeal process. For this reason, you may choose not to receive continued coverage.		If you had Medicaid coverage before your benefits were canceled, do you want continued coverage through the appeal process if you qualify? Yes No		
<b>Authorized Representative</b>				
Will the appellant be represented by another individual or an organization during the appeal process? If yes, fill out and return the Authorized Representative Form on page 3 of this Appeal Request. Yes No				
Signature of Appellant*			Date	

\* See signing guidelines on Page 1

**VIRGINIA MEDICAID / FAMIS APPEAL  
GOOD CAUSE QUESTIONNAIRE FOR NON MCO APPEALS**

*Note: Page 3 -  
Designation of Authorized  
Representative Form  
Was Omitted*



**Only required for late appeals.** Complete this form if you are filing an appeal request more than 30 days after receipt of the agency's written notice. By regulation, there is no good cause for late MCO appeals which have a longer deadline to file of 120 days.

**Appellant Information**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Medicaid Member ID #: \_\_\_\_\_ Phone with Area Code: (\_\_\_\_) \_\_\_\_\_

1. Did you receive a written notice from the Agency?  Yes  No
2. What date did you receive the written notice? \_\_\_\_\_
3. If you did not receive a written notice, how did you find out about the denial or termination?  
\_\_\_\_\_
4. What date did you find out about the denial or termination of coverage? \_\_\_\_\_
5. Have you had problems receiving mail?  Yes  No If yes, explain: \_\_\_\_\_  
\_\_\_\_\_
6. Has your address changed?  Yes  No Date of change: \_\_\_\_\_
7. Did you tell the agency about your address change?  Yes  No Date notified: \_\_\_\_\_
8. Why are you appealing now? \_\_\_\_\_
9. Did you contact the agency regarding the denial or termination?  Yes  No Date contacted: \_\_\_\_\_
10. Were you prevented from filing an appeal?  Yes  No How were you prevented: \_\_\_\_\_  
\_\_\_\_\_
11. Did you file an appeal with another agency or with your managed care organization (MCO) regarding the denial or termination?  Yes  No Date appeal was filed: \_\_\_\_\_
12. Enter the name of the agency you filed an appeal with: \_\_\_\_\_

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

DMAS Appeals Division				
Email	Fax	Phone	Mail	AIMS Portal
<a href="mailto:appeals@dmas.virginia.gov">appeals@dmas.virginia.gov</a>	(804) 452-5454	804-371-8488	DMAS Appeals Division 600 E. Broad Street Richmond, VA 23219	<a href="https://www.dmas.virginia.gov/appeals">https://www.dmas.virginia.gov/appeals</a>

Manual Title <b>Virginia Medical Assistance Eligibility</b>	Chapter <b>M02</b>	Page Revision Date <b>July 2024</b>
Subchapter Subject <b>M0220.000 CITIZENSHIP &amp; ALIEN REQUIREMENTS</b>	Page ending with <b>Appendix 5</b>	Page <b>1</b>

Code	MEDICAID ALIEN CODE CHART QUALIFIED ALIEN GROUPS	Arrived Before August 22, 1996	Arrived On or After August 22, 1996	
			1 <sup>st</sup> 5 years	After 5 years
A	Qualified aliens who are Veterans or Active Military (includes spouses/dependent children); certain American Indians [Form DD 214-veteran]	Full Benefit A1	Full Benefit A2	Full Benefit A3
B	Permanent Resident Aliens (Aliens lawfully admitted for permanent residence) who have worked 40 qtrs., except Amerasians [I-151; AR-3a; I-551; I-327; I-688B-274a.12(a)(1)]	Full Benefit B1	Emergency Only B2	Full Benefit <i>(40 quarter work requirement ended effective 4-1-21)</i> B3
C	Permanent Resident Aliens (Aliens lawfully admitted for permanent residence) who have NOT worked 40 qtrs., except Amerasians and citizens of Micronesia, Marshall Islands, Palau [I-327; I-151; AR-3a; I-551; I-688B-274a.12(a)(1)]	Full Benefit C1	Emergency Only C2	<b>Full Benefit effective 4-1-21 C1;</b> Emergency Only for months prior to 4-21 C2
CC	Compact of Free Association (COFA) migrants who are citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or the Republic of Palau.	Full Benefit CC1	Full Benefits effective 12-27-20. CC1; Emergency Only for months prior to 12-20. CC2	Full Benefit effective 12-27-20. CC1; Emergency Only prior to 12-20. CC2
D	Conditional entrants-aliens admitted pursuant to 8 U.S.C. 1153(a)(7), section 203(a)(7) of the INA [I-94]	Full Benefit D1	Emergency Only D2	Full Benefit D3
E	Aliens, other than Cuban or Haitian Entrants, paroled in the US pursuant to 8 U.S.C. 1182(d)(5) section 212(d)(5) of INA [I-94; I-688B – 274a(12)(c)(11)]  Afghan Special Immigrant Parolees paroled into the United States between July 31, 2021, and September 30, 2023 will have an I-94 form noting SQ or SI Parole (per section 602(B)(1) AAPA/Sec 1059(a) NDAA 2006). They are eligible for full coverage without a 5-year waiting period. See Appendix 4.  Ukraine Humanitarian Parolees. See Appendix 4.	Full Benefit E1	Emergency Only E2	Full Benefit E3
I	Battered aliens, alien parents of battered children, alien children of battered parents [U.S. Attorney General]	Full Benefit I1	Emergency Only I2	Full Benefit I3
	<b>QUALIFIED ALIEN GROUPS</b>		<b>1<sup>st</sup> 7 years</b>	<b>After 7 years</b>
F	Aliens granted asylum pursuant to section 208 of the INA [I-94; I-688B – 274a.12(a)(5)]	Full Benefit F1	Full Benefit F2	Emergency Only F3
G	Aliens admitted as refugees pursuant to section 207 of the INA, or as Cuban or Haitian Entrants as defined in section 501(e) of Refugee Education Assistance Act of 1980 {including those under section 212(d)(5)}, or Amerasians [I-551; I-94; I-688B]	Full Benefit G1	Full Benefit G2	Emergency Only G3
H	Aliens whose deportation has been withheld pursuant to Section 243(h) or 241(b)(3) of the INA [I-688B – 274a.12(a)(10); Immigration Judge’s Order]	Full Benefit H1	Full Benefit H2	Emergency Only H3

**2.50 Medicaid Manual Alien Code Chart (Non-Pregnant Individuals)**

Manual Title <b>Virginia Medical Assistance Eligibility</b>	Chapter <b>M02</b>	Page Revision Date <b>October 2022</b>
Subchapter Subject <b>M0220.000 CITIZENSHIP &amp; ALIEN REQUIREMENTS</b>	Page ending with <b>Appendix 5</b>	Page <b>2</b>

	UNQUALIFIED ALIEN GROUPS	Arrived Before 8-22-96	Arrived On or After 8-22-96	
J	Victims of a Severe Form of Trafficking pursuant to the Trafficking Victims Protection Act of 2000, P.L. 106-386 [ORR Certification/eligibility Letter]	N/A J1	Full Benefit J2	Emergency Only J3
K	Aliens residing in the US pursuant to an indefinite stay of deportation [I-94; Immigration Letter]	Emergency Only K1	Emergency Only K2	Emergency Only K3
L	Aliens residing in the US pursuant to an indefinite voluntary departure [I-94; Immigration Letter]	Emergency Only L1	Emergency Only L2	Emergency Only L3
M	Aliens on whose behalf an immediate relative petition has been approved and their families covered by the petition who are entitled to voluntary departure under 8 CFR 242.5(a)(2)(vi) and whose departure the INS does not contemplate enforcing [I-94; I-210]	Emergency Only M1	Emergency Only M2	Emergency Only M3
N	Aliens who have filed an application for adjustment of status pursuant to §245 INA that the INS has accepted as properly filed and whose departure the INS does not contemplate enforcing [I-181; Endorsed Passport]	Emergency Only N1	Emergency Only N2	Emergency Only N3
O	Aliens granted stay of deportation by court order, statute or regulation, or by individual determination of the INS whose departure the agency does not contemplate enforcing [I-94; Court Order; INS Letter]	Emergency Only O1	Emergency Only O2	Emergency Only O3
P	Aliens granted voluntary departure pursuant to section 242(b) of the INA whose departure the INS does not contemplate enforcing [I-94; I-210; I-688B – 247a.12(a)(11) or (13)]	Emergency Only P1	Emergency Only P2	Emergency Only P3
Q	Aliens granted deferred action status pursuant to INS Operations Instruction 103.1(a)(ii) prior to 6/15/84 or 242.1a22 issued 6/15/84 and later [I-210; INS Letter]	Emergency Only Q1	Emergency Only Q2	Emergency Only Q3
R	Aliens residing in the U.S. under orders of supervision [I-220B]	Emergency Only R1	Emergency Only R2	Emergency Only R3
S	Aliens who entered before January 1972 and have continuously resided in the U.S. since January 1972 [Case Record]	Emergency Only S1	Emergency Only S2	Emergency Only S3

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	UNQUALIFIED ALIEN GROUPS (cont.)	Arrived Before 8-22-96	Arrived On or After 8-22-96	
T	Aliens granted suspension of deportation pursuant to Section 244 of the INA and whose deportation the USCIS does not contemplate enforcing [Immigration Judge Court Order]	Emergency Only  T1	Emergency Only  T2	Emergency Only  T3
U	Any other aliens living in the US with the knowledge and permission of the USCIS whose departure the agency does not contemplate enforcing [USCIS Contact]	Emergency Only  U1	Emergency Only  U2	Emergency Only  U3
V	Aliens not lawfully admitted or whose lawful admission status has expired* *For a pregnant woman who is not lawfully residing in the U.S., go to Chapter M23.	Emergency Only  V1	Emergency Only  V2	Emergency Only  V3
W	Visitors (non-immigrants): tourists, diplomas, foreign students, temp. workers, etc. [I-688B – 274a.12(b)(1)-(20); I-94; I-185: I-1186; SW-434; I-95A]	Emergency Only  W1	Emergency Only  W2	Emergency Only  W3

	LAWFULLY RESIDING NON-CITIZENS	Effective 1/1/10	Effective 7/1/12
Y	Non-citizen (alien) children under the age of 19 and pregnant women lawfully residing in the U.S. who meet the requirements in M0220.314.	Full Benefits for Medicaid children under age 19 (FAMIS Plus)	Full Benefits for Medicaid (FAMIS Plus), Medicaid pregnant women, FAMIS and FAMIS MOMS

	AFGHAN AND IRAQI SPECIAL IMMIGRANTS	First 7 Years after Entry into U.S.	After 7 Years
Z	Afghan and Iraqi Special Immigrants admitted on a Special Immigrant Visa (SIV), including the spouse and children under age 21 living in the home with the principal visa holder. [I-551 or passport/ I-94 indicating categories SI1, SI2, SI3, SQ1, SQ2, or SQ3 and bearing Department of Homeland Security stamp or notation]  <i>For Afghan special immigrants admitted prior to being granted a Special Immigrant Visa, see M0220, Appendix 4.</i>	Full Benefits  Z1	Emergency Only  Z2