Other Helpful Information

This section of the Tool Kit contains information and forms that will be helpful as you assist families and individuals with applying for the Medicaid and FAMIS programs. It includes the following:

Useful Contact Information

Area	Phone Number & E-mail	Question Types
Cover Virginia Call Center (CVCC) and Central Processing Unit (CVCPU) https://coverva.dmas.virginia.gov/ *Contractor: Maximus*	855-242-8282 Cover Virginia Call Center *(8AM – 7PM M-F)* *Interpretation services available*	*Information and telephonic application for Virginia's Medicaid/FAMIS Programs; checking status of application; ordering free marketing materials and application dorms from the state (via website only)*
Virginia's Insurance Marketplace (VIM) https://www.marketplace.virginia.gov/	888-687-1501 Marketplace Customer Service *(8AM – 7PM M-F)* *Interpretation services available* 888-687-1502 Agent/Assister Helpline	*Questions about the VIM, Qualified Health Plans, where to find in-person assistance in your area. Online application for premium tax credits, cost sharing subsidies towards the purchase of private insurance, and Medicaid.*
Enterprise Customer Service Center (ECSC) *Contractor: Young & Williams*	855-635-4370 Enterprise Customer Service Center *(7AM – 6PM M-F)* *Interpretation services available*	*Information/telephonic application for VA's Social Services Programs – SNAP, TANF, Energy Assistance and Medical Assistance (in conjunction with other benefits). Responds to inquiries related to benefits customers are currently receiving or wish to apply for.*
Virginia One Benefits Helpline	833-5CALLVA (833-522-5582)	*Toll free line to route callers to the appropriate DMAS or DSS call center (Cover Virginia Call Center, Enterprise Customer Service Center or Medicaid Member Helpline) based on their questions or needs.*
Virginia Department of Medical Assistance Services http://www.dmas.virginia.gov		
Appeals Division https://www.dmas.virginia.gov/appeals/applicant-member-appeals-resources/	804-371-8488/804-452-5454 fax appeals@dmas.virginia.gov	*Information on Client Medicaid/FAMIS appeals and provider Medicaid appeals. Access to online appeals portal.*
DMAS Member Help Line https://www.dmas.virginia.gov/for-members/	804-786-6145	*Claims issues and complex covered services issues for Fee-For-Service recipients, help finding a provider*
EPSDT https://www.dmas.virginia.gov/for-members/benefits-and-services/maternal-and-child-health/early-and-periodic-screening-diagnostic-and-treatment-epsdt/	epsdt@dmas.virginia.gov	*Questions about Early Periodic Screening Diagnosis and Treatment Program (EPSDT) available for FAMIS Plus (children's Medicaid) enrollees.*
FAMIS *Select* https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select	800-432-5924	*Any questions re: FAMIS Select and to apply for the program (child must be enrolled in FAMIS first)*
Health Insurance Premium Program (HIPP) https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs/	800-432-5924 804-452-5447 fax HIPPcustomerservice@dmas.virginia.gov	*Any questions re: HIPP and HIPP for Kids and to apply for the program. Access the HIPP Online application portal.*
Cardinal Care https://www.dmas.virginia.gov/for-members/cardinal-care-members/		*Overview of the Virginia's Medicaid program. FAQs, copies of ID cards, and other information.*
Medical Assistance Eligibility Manual https://www.dmas.virginia.gov/for-applicants/eligibility-guidance/eligibility-manual/		*The Medical Assistance Eligibility Manual is used by eligibility staff to determine a person's eligibility for Medicaid, the FAMIS programs, and Plan First. Eligibility denial/ cancellation notices all contain code section citations that can be researched in this manual.*

Area	Phone Number & E-mail	Question Types
Virginia Department of Social Services http://www.dss.virginia.gov		
Regional Medical Assistance Program Consultants	*See end of Local DSS listing in this Section*	*Policy issues, clarification on policy, issues with local DSS offices*
Managed Care Organizations (MCOs)		
Enrollment Help Line *Contractor: Maximus*	800-643-2273 *(8:30AM – 6PM M-F)* *www.virginiamanagedcare.com*	*Choosing/changing Medicaid & FAMIS MCOs, verifying enrollment, regional open enrollment dates. Can speak with members in other languages*
Aetna Better Health www.aetnabetterhealth.com/Virginia	800-279-1878	*Billing, PCP's, providers, prescription formularies, additional benefits*
Anthem Healthkeepers Plus www.anthem.com/va/medicaid	800-901-0020	*Billing, PCP's, providers, prescription formularies, additional benefits*
Humana Healthy Horizons www.humana.com/medicaid/virginia	844-881-4482	*Billing, PCP's, providers, prescription formularies, additional benefits*
Sentara Community Plan www.sentarahealthplans.com/members/medicaid	800-881-2166 Northern VA Kaiser Permanente members: 855-249-5025	*Billing, PCP's, providers, prescription formularies, additional benefits*
UnitedHealthcare Community Plan www.uhc.com/communityplan/virginia	844-752-9434	*Billing, PCP's, providers, prescription formularies, additional benefits*
Cardinal Care Smiles (FAMIS/Medicaid Dental Program) *Contractor: DentaQuest* VA CCS Outreach Coordinators: Altise Street Tim Whited	888-912-3456 (8AM -6PM, M-F) *https://www.dentaquest.com/* 804-201-5439 Altise.street@greatdentalplans.com 276-971-2017 tim.whited@greatdentalplans.com	*All client questions concerning dental coverage, help finding a dentist and making and appointment, etc.* *Difficulty finding a provider, trainings on CCS, help for people with special dental care needs.*
Other Resources		
Virginia Health Care Foundation – ***Project Connect*** (Application Assistance) and ***SignUpNow*** (*Training & Technical Assistance)* www.signupnowva.org https://www.vhcf.org/who-and-how-we-help/medicaid-famis-outreach-enrollment/medicaid-famis-application-assistance/	**804-828-6062** SignUpNow@vhcf.org	*Reporting of issues with systems, policies or procedures related to enrollment of children, pregnant individuals, and others in the Medicaid & FAMIS programs.* *Training (virtual and online on-demand), issue clarification, and general help. Publishes Tool Kits and an online, quarterly enewsletter "SignUpNow Outreach."*
ENROLL Virginia! www.enrollva.org www.facebook.com/enrollva	888-392-5132	*Visit website or call number to be connected to a health insurance Navigator closest to you. Website includes map of Navigators and other organizations that assist with the Virginia Insurance Marketplace.*
Connect with Legal Aid Offices via Virginia Poverty Law Center https://www.virginialawhelp.org/en/get-legal-help	Call 866-534-5243 to find your local legal aid office.	*Legal aid on a variety of topics, including: housing, health care (including Medicaid Appeals) and consumer protection.*

The Players & Their Roles

The following is a listing of the important "players" in the FAMIS/Medicaid programs and a listing of their responsibilities.

VA Department of Medical Assistance Services (DMAS)

www.dmas.virginia.gov

- Ensures compliance with all state and federal laws and regulations
- Writes procedures and policies for all state-sponsored health insurance programs
- Issues Cardinal Care ID Cards to all Medicaid/FAMIS/Plan First recipients
- Assists enrollees with Fee-for-Service questions, including finding providers
- Manages the eligibility appeals process for the Medicaid and FAMIS programs
- Processes FAMIS Select/HIPP applications and manages the programs
- Markets the state-sponsored health insurance programs
- Monitors contracts with Maximus (Enrollment HelpLine, Cover Virginia Call Center,Central Processing Unit, Cardinal Care Correspondence Center), DentaQuest (Cardinal Care Smiles), Managed Care Organizations, etc.
- Issues payments to Fee-for-Service providers and contractors
- Provides trainings and technical assistance to providers and LDSS offices
- Hosts the Cover Virginia website (https://coverva.dmas.virginia.gov/) which includes information on the Medicaid and FAMIS programs, a place to order outreach materials, and links to the CommonHelp and Virginia Insurance Marketplace websites

VA Department of Social Services (DSS) www.dss.virginia.gov

- Provides program oversight, consultation, monitoring, analysis of performance, technical assistance, and/or training on policy and procedures via five regional specialists
- Disseminates Medicaid and FAMIS policy information to local Departments of Social Services and others
- Updates and maintains the VaCMS eligibility system.
- Manages the CommonHelp website www.commonhelp.virginia.gov and online application process
- Monitors the contract with Young & Williams for the Enterprise Customer Service Center
- Mails annual program renewal letters

Local Department of Social Services (LDSS) - 120 across the Commonwealth

- Answers inquiries regarding state-sponsored health insurance.
- Processes applications for health coverage received online via CommonHelp that have a link to the local agency (i.e. active SNAP, TANF or Child Care Subsidy case), transferred applications from Cover Virginia, and paper applications in the VaCMS system
- Enrolls approved applicants into MES System
- Performs ongoing case maintenance of approved cases – including updating records if a change of address occurs
- Processes annual program renewals and determines ongoing eligibility in all the Medicaid/FAMIS programs

Cover Virginia Call Center (CVCC) [Private Contractor: Maximus]

- Operates Monday - Friday, 8AM to 7PM, except state holidays (855) 242-8282 (TTY (888) 221-1590)
- Answers inquiries from uninsured people regarding their options for healthcare affordability programs, including state-sponsored health insurance (the Medicaid and FAMIS programs)
- Answers inquiries regarding eligibility and covered benefits
- Provides translation services via telephone for recipients requiring information in a language other than English (includes Spanish-speaking staff on site)
- Accepts telephonic applications, including telephonic signatures
- Has a co-located Central Processing Unit (CVCPU) which processes most new applications received via phone (with the exception of where the applicant has a SNAP {food stamp}, TANF, or Child Care Subsidy case on file with the Local DSS)
- Checks and provides information on the status of a caller's application for coverage
- Processes requests for replacement of DMAS/Cardinal Care ID cards
- Records information from callers regarding change of information (address, income)
- Accepts telephonic renewal application information (Note: renewals are processed by LDSS only)
- Has a co-located Cover Virginia Inmate Unit (CVIU) to receive and process applications from incarcerated Virginians. Manages cases for incarcerated individuals until their release from incarceration
- Tracks client complaints and provides complaint information to DMAS

Cardinal Care Correspondence Center [Private Contractor: Maximus]

- Centralized inbound mailroom (PO Box 1820, Richmond, VA 23218) for Medicaid members that handles all inbound and administratively returned member-related mail
- It relieves the burden of mail handling from local DSSs and allows for tracking and reporting for inbound and returned mail across the Commonwealth
- Receives new paper applications and paper renewals, and requested verification documents and scans them into the VaCMS system for processing by the CVCPU or local DSSs
- Receives mail returned to DMAS and the local DSSs. If the Center is unable to verify a new address through any reliable data source, it will reach out to the member via at least two modalities (phone, mail, email or text) to get information to resend the document(s) and update the member's record

Enterprise Customer Service Center (ECSC)
[Private Contractor: Young & Williams]

- Available Monday through Friday from 7AM to 6PM at (855) 635-4370
- Accepts telephonic applications for Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), and Medical Assistance (MA). If the customer is applying for "Medical Assistance Only" they will be transferred to the Cover Virginia Call Center to accept the application information. If the customer is applying for MA and other benefits the ECSC will accept the application information over the phone and applications will be routed appropriately for interviewing and processing upon completion by the application specialists
- Handles applications for the Energy Assistance Program (EAP)
- Responds to basic inquiries related to benefits customers are currently receiving or wish to apply for including: the status of an application or current case; the amount of benefits authorized; the date of benefit issuance; the benefit eligibility period; appeals referrals; application renewals; and the verification of receipt of benefits
- The Call Center also handles calls from custodial and non-custodial parents needing information from the Division of Child Support Enforcement at 1-800-468-8894

Virginia's Insurance Marketplace (VIM)
www.marketplace.virginia.gov/

- Customer service available via telephone at (888) 687-1501 (TTY 711) Monday - Friday from 8AM to 7PM
- Open enrollment is between November 1st and January 30th

- Special Enrollment Periods at other times available for applicants meeting certain circumstances
- Provides previews of available health insurance plans and their prices.
- Gives people the ability to shop for and compare health plans side-by-side, allowing them to narrow choices based on health needs and priorities
- Allows people to apply online or over the phone for cost-sharing subsidies and tax credits toward the purchase of private health insurance
- Provides contact information for in-person assisters available in the caller's area
- May be able to assess or determine eligibility for Medicaid/FAMIS

Cardinal Care Managed Care Organizations (MCOs)
[Private Contractors: Aetna, Anthem, Humana, Sentara, and UnitedHealthcare]

- Issue MCO welcome packets and ID Cards for full benefit Medicaid and FAMIS recipients
- Answer questions for clients via their toll free phone numbers and websites
- Coordinate and monitors care to patients
- Provide case and disease management services and 24-hour nurse help lines and other extra added benefits
- Issues payments to providers
- Assists clients with resolution of health care issues and updating contact information
- Manage the appeals process for denied health care services

Cardinal Care Smiles [Private Contractor: DentaQuest]
www.dentaquest.com

- Member services: Monday - Friday, 8AM to 6PM – (888) 912-3456 (TTY (800) 466-7566)
- Provides dental services for children and adults enrolled in the FAMIS and Medicaid programs via their provider network
- Assists clients with their selection of a dental provider and making appointments
- Produces a member handbook and member and provider newsletters
- Verifies eligibility for dental providers (via voice system or online)
- Processes claims and issues payments to participating providers
- Tracks client complaints and provides any complaint information to DMAS
- Downloadable app on website for easy access to information

Cardinal Care Enrollment Broker/Enrollment Help Line
[Private Contractor: Maximus] www.virginiamanagedcare.com

- Call center operates Monday - Friday from 8:30AM to 6PM at (800) 643-2273 (TTY (800) 817-6608)
- Downloadable app on website for easy access to information
- Maintains and updates the website
- Provides information about managed care plans available to Medicaid/FAMIS members
- Provides translation services via telephone for enrollees requiring managed care information in a language other than English
- Enrolls full benefit Medicaid and FAMIS recipients into Managed Care Organizations
- Provides eligibility verification for clients
- Provides information about EPSDT services, i.e. how to access, scheduling, and related resources
- Assists clients with resolution of non-clinical health related problems and refers them to appropriate resources for resolution of clinical or billing related issues
- Tracks client complaints and provides any complaint information to DMAS

Local Department of Social Services Offices

Accomack DSS
PO Box 210 (22554 Center Parkway)
Accomac, VA 23301
Phone: 757-787-1530
FAX: 757-787-9303

Albemarle County DSS
Albemarle Co. Office Building,
1600 5th Street, Ste. A
Charlottesville, VA 22902
Phone: 434-972-4011
FAX: 434-972-4080

Alexandria Department of Community and Human Services
4850 Mark Center Drive
Alexandria, VA 22311
Phone: 703-746-5700
FAX: 571-222-1087

Alleghany-Covington DSS
110 Rosedale Avenue, Ste. B
Covington, VA 24426
Phone: 540-444-7100
FAX: 540-965-1772 (EW)

Amelia DSS
(16360 Dunn Street, Ste. 201)
PO Box 136
Amelia, VA 23002
Phone: 804-561-2681
FAX: 804-561-6040

Amherst DSS
PO Box 414 (224 2nd Street)
Amherst, VA 24521
Phone: 434-946-9330
FAX: 434-946-9319

Appomattox DSS
PO Box 549 (318 Court Street)
Appomattox, VA 24552
Phone: 434-352-7125
FAX: 434-352-0064

Arlington County DSS
2100 Washington Boulevard, 1st Fl.
Arlington, VA 22204
Phone: 703-228-1350
FAX: 703-228-1011

Augusta County- See **Shenandoah Valley Social Services**

Bath County DSS
PO Box 7 (65 Courthouse Hill Road)
Warm Springs, VA 24484
Phone: 540-839-7271
FAX: 540-839-7278

Bedford DSS
PO Box 1187 (Burks–Scott Building, 119 E. Main Street)
Bedford, VA 24523
Phone: 540-586-7750
FAX: 540-586-7781

Bland County DSS
(Bland Co. Court House, 612 Main Street, Ste. 208)
PO Box 55
Bland, VA 24315
Phone: 276-688-4111
FAX: 276-688-1468

Botetourt County DSS
PO Box 99 (220 Commons Parkway)
Daleville, VA 24083
Phone: 540-591-5960
FAX: 540-591-5969

Bristol City DSS
355 Bristol East Road
Bristol, VA 24202
Phone: 276-645-7450
FAX: 276-645-7475

Brunswick County DSS
201 Sharp Street, Ste. 100
Lawrenceville, VA 23868
Phone: 434-848-2142
FAX: 434-848-2828

Buchanan County DSS
3174 Slate Creek Road
Grundy, VA 24614
Phone: 276-935-8106
FAX: 276-935-5412

Buckingham County DSS
PO Box 170 (13360 West James Anderson Highway - Route 60)
Buckingham CH, VA 23921
Phone: 434-969-4246
FAX: 434-969-1449

Buena Vista- See **Rockbridge**

Campbell County DSS
69 Kabler Lane
Rustburg, VA 24588
Phone: 434-332-9585
FAX: 434-332-9699

Caroline County DSS
PO Box 430 (17202 Richmond Tpk.)
Bowling Green, VA 22427
Phone: 804-633-5071
FAX: 804-633-5648

Carroll County DSS
Carroll Co. Governmental Complex
605-8 Pine Street
Hillsville, VA 24343
Phone: 276-730-3130
FAX: 276-730-3135

Charles City DSS
PO Box 98 (10900 Courthouse Rd.)
Charles City, VA 23030-0098
Phone: 804-652-1708
FAX: 804-829-2430

Charlotte County DSS
(400 Thomas Jefferson Highway)
PO Box 440
Charlotte Court House, VA 23923
Phone: 434-542-5164
FAX: 434-542-5692

Charlottesville DSS
PO Box 911 (120 Seventh St., NE)
Charlottesville, VA 22902-0911
Phone: 434-970-3400
FAX: 434-970-3444

Chesapeake DSS
PO Box 15098 (100 Outlaw Street)
Chesapeake, VA 23320
Phone: 757-382-2000
FAX: 757-543-1644

Chesterfield/Colonial Heights DSS
PO Box 430 (9501 Lucy Corr Circle)
Chesterfield, VA 23832-0430
Phone: 804-748-1100
FAX: 804-717-6294

Clarke County DSS
311 East Main Street
Berryville, VA 22611
Phone: 540-955-3700
FAX: 540-955-3958

Clifton Forge – See **Alleghany**

Colonial Heights – See **Chesterfield**

Craig County DSS
PO Box 330 (177 Court Street)
New Castle, VA 24127-0330
Phone: 540-864-5117
FAX: 540-864-6662

Culpeper County Human Services
1835 Industry Drive
Culpeper, VA 22701
Phone: 540-727-0372
FAX: 540-727-7584

Cumberland County DSS
PO Box 33 (71 Community Center Dr)
Cumberland, VA 23040
Phone: 804-492-4915
FAX: 804-492-9346

Danville Division of Social Services
PO Box 3300 (510 Patton Street)
Danville, VA 24541
Phone: 434-799-6543
FAX: 434-797-8818

Dickenson County DSS
1280 Browning Hollow
Clintwood, VA 24228
Phone: 276-926-1661
FAX: 276-926-8144

Dinwiddie DSS
(14010 Boydton Plank Road)
PO Box 107
Dinwiddie, VA 23841
Phone: 804-469-4524
FAX: 804-469-4506

Emporia- See **Greensville**

Essex DSS
(772 Richmond Beach Road)
PO Box 1004
Tappahannock, VA 22560
Phone: 804-443-3561
FAX: 804-443-8254

Fairfax Co. Dept. of Family Services
12011 Government Center Parkway, Ste. 232
Fairfax, VA 22035
Phone: 703-324-7500
FAX: 703-653-6679

Falls Church – see **Fairfax DFS**

Fauquier County DSS
320 Hospital Drive, Ste. 11
Warrenton, VA 20186
Phone: 540-422-8400
FAX: 540-422-8449

Floyd County DSS
(120 W. Oxford St., Building A-2)
PO Box 314
Floyd, VA 24091
Phone: 540-745-9316
FAX: 540-745-9325

Fluvanna County DSS
(8880 James Madison Hwy)
PO Box 98
Fork Union, VA 23055
Phone: 434-842-8221
FAX: 434-842-2776

Franklin City DSS
PO Box 601 (306 North Main Street)
Franklin, VA 23851
Phone: 757-562-8520
FAX: 757-516-6683

Franklin County DSS
120 East Court Street
Rocky Mount, VA 24151
Phone: 540-483-9247
FAX: 540-483-1933

Frederick County DSS
107 N. Kent Street, Third Floor
Winchester, VA 22601
Phone: 540-665-5688
FAX: 540-665-5664 (eligibility)

Fredericksburg DSS
608 Jackson Sreet, Ste. 100
Fredericksburg, VA 22401
Phone: 540-372-1032
FAX: 540-372-1157

Galax City DSS
PO Box 166 (105 East Center Street)
Galax, VA 24333-0166
Phone: 276-236-8111
FAX: 276-236-9313

Giles County DSS
211 Main Street, Ste. 109
Narrows, VA 24124
Phone: 540-726-8315
FAX: 540-726-8253

Gloucester DSS
6641 Short Lane
Gloucester, VA 23061
Phone: 804-693-2671
FAX: 804-693-5511

Goochland DSS
(1800 Sandy Hook Road)
PO Box 34
Goochland, VA 23063
Phone: 804-556-5880
FAX: 804-556-4718

Grayson County DSS
PO Box 434 (129 Davis Street)
Independence, VA 24348
Phone: 276-773-2452
FAX: 276-773-2361

Greene County DSS
8767 Seminole Trail, Ste. 201
Ruckersville, VA 22968
Phone: 434-985-5246
FAX: 434-985-5266

Greensville/Emporia DSS
1100 Greensville County Circle
Emporia, VA 23847
Phone: 434-634-6576
FAX: 434-634-4986

Halifax County DSS
PO Box 1189 (1030 Mary Bethune St)
Halifax, VA 24558
Phone: 434-476-6594
FAX: 434-476-5258

Hampton DSS
400 Butler Farm Road, Ste. 200
Hampton, VA 23666
Phone: 757-727-1800
FAX: 757-727-1835

Hanover County DSS
12304 S. Washington Highway
Ashland, VA 23005
Phone: 804-365-4100
FAX: 804-365-4110

Harrisonburg - Rockingham County DSS
PO Box 809 (110 N. Mason Street)
Harrisonburg, VA 22803
Phone: 540-574-5100
FAX: 540-574-5127

Henrico County DSS
(8600 Dixon Powers Drive)
PO Box 90775
Richmond, VA 23273
Phone: 804-501-4001
FAX: 804-501-4006

Also: 3820 Nine Mile Road, Henrico, VA 23233 (Benefit Program Only)

Henry - Martinsville DSS
(20 Progress Drive)
PO Drawer 4946
Martinsville, VA 24115
Phone: 276-656-4300
FAX: 276-656-4398

Highland County DSS
PO Box 247 (Courthouse Annex, 158 Courthouse Lane)
Monterey, VA 24465
Phone: 540-468-2199
FAX: 540-468-3099

Hopewell DSS
316 East Cawson Street
Hopewell, VA 23860
Phone: 804-541-2330
FAX: 804-541-2347

Isle of Wight DSS
PO Box 102
(17100 Monument Circle)
Isle of Wight, VA 23397
Phone: 757-365-0880
FAX: 757-365-0886

James City County DSS
5249 Old Towne Road
Williamsburg, VA 23188
Phone: 757-259-3100
FAX: 757-259-3188

King and Queen DSS
PO Box 7 (242 Allen Circle)
King and Queen CH, VA 23085
Phone: 804-769-5003
FAX: 804-785-5885

King George DSS
PO Box 130 (10069 Kings Highway)
King George, VA 22484-0130
Phone: 540-775-3544
FAX: 540-775-3098

King William DSS
PO Box 187 (172 Courthouse Lane)
King William, VA 23086
Phone: 804-769-4905
FAX: 804-769-4979

Lancaster DSS
PO Box 308 (9049 Mary Ball Road)
Lancaster, VA 22503
Phone: 804-462-5141
FAX: 804-462-0330

Lee County DSS
PO Box 348 (108 Hill Street)
Jonesville, VA 24264
Phone: 276-346-1010
FAX: 276-346-2217

Lexington – See **Rockbridge**

Loudoun County Department of Family Services
(102 Heritage Way, NE, Ste. 103)
PO Box 7400
Leesburg, VA 20177
Phone: 703-777-0353
FAX: 703-771-5214

Louisa County Department of Human Services
PO Box 425 (114 Industrical Drive)
Louisa, VA 23093-0425
Phone: 540-967-1320
FAX: 540-967-0593

Lunenburg County DSS
11387 Courthouse Road
Lunenburg, VA 23952
Phone: 434-696-2134
FAX: 434-696-2534

Lynchburg Dept. of Human Services
PO Box 6798 (99 9th Street)
Lynchburg, VA 24505
Phone: 434-455-5850
FAX: 434-847-1785

Madison County DSS
PO Box 176 (101 S. Main Street)
Madison, VA 22727-0176
Phone: 540-948-5521
FAX: 540-948-7585

Manassas City Department of Family Services
9324 West Street
Manassas, VA 20110
Phone: 703-361-8277
FAX: 703-361-6933

Manassas Park DSS
100 Nadia Street, 2nd Floor
Manassas Park, VA 20111
Phone: 703-335-8880
FAX: 703-335-8899

Martinsville – See **Henry**

Mathews DSS
(Route 611, 536 Church Street)
PO Box 925
Mathews, VA 23109-0925
Phone: 804-725-7192
FAX: 804-725-7086

Mecklenburg County DSS
PO Box 400 (911 Madison Street)
Boydton, VA 23917
Phone: 434-738-6138
FAX: 434-738-6150

Middlesex County DSS
(2893 General Puller Highway, Saluda, VA 23149)
PO Box 216
Urbanna, VA 23175
Phone: 804-758-2348
FAX: 804-758-2357

Montgomery County DSS
210 S. Pepper Street, Ste. B
Christiansburg, VA 24073
Phone: 540-382-6990
FAX: 540-381-6823

Nelson County DSS
PO Box 357 (203 Front Street)
Lovingston, VA 22949
Phone: 434-263-7160
FAX: 434-263-8605

New Kent DSS
(7911 Courthouse Way, Ste. 100)
PO Box 229
Providence Forge, VA 23124
Phone: 804-966-1853
FAX: 804-966-9170

Newport News Department of Human Services
Rouse Tower, 6060 Jefferson Ave
Newport News, VA 23605
Phone: 757-926-6300
FAX: 757-926-6118

Norfolk Department of Human Services
741 Monticello Avenue
Norfolk, VA 23510
Phone: 757-664-6000
FAX: 757-664-3275

Northampton County DSS
PO Box 568 (5265 The Hornes)
Eastville, VA 23347-0568
Phone: 757-678-5153
FAX: 757-678-0475

Northumberland County DSS
(6373 Northumberland Hwy, Ste. A)
PO Box 399
Heathsville, VA 22473-0399
Phone: 804-580-3477
FAX: 804-580-5815

Norton City DSS
(831 Park Avenue SW, Ste. 1)
PO Box 378
Norton, VA 24273
Phone: 276-679-2701
FAX: 276-679-0607

Nottoway County DSS
PO Box 26 (288 W. Courthouse Rd.)
Nottoway, VA 23955
Phone: 434-645-8494
FAX: 434-645-7643

Orange County DSS
146 N. Madison Road, Ste. 201
Orange, VA 22960
Phone: 540-672-6166
FAX: 540-672-9118

Page County DSS
PO Box 47 (215 W. Main St., Ste. A)
Stanley, VA 22851
Phone: 540-778-1053
FAX: 540-778-1421

Patrick County DSS
106 Rucker Street, Ste. 128
Stuart, VA 24171
Phone: 276-694-3328
FAX: 276-694-8210

Petersburg DSS
3811 Corporate Road
Petersburg, VA 23805
Phone: 804-861-4720
FAX: 804-861-0137

Pittsylvania County DSS
PO Drawer E (220 HG McGhee Drive)
Chatham, VA 24531
Phone: 434-432-7281
FAX: 434-432-0923

Poquoson – See **York**

Portsmouth DSS
1701 High Street, Ste. 101
Portsmouth, VA 23704
Phone: 757-405-1800
FAX: 757-465-2951

Powhatan County DSS
3908 Old Buckingham Road, Ste. 2
Powhatan, VA 23139-0099
Phone: 804-598-5630
FAX: 804-598-5614

Prince Edward County DSS
56B SMI Way
Farmville, VA 23901
Phone: 434-392-3113
FAX: 434-392-8453

Prince George DSS
(6450 Administration Drive, Bldg 12)
PO Box 68
Prince George, VA 23875
Phone: 804-733-2650
FAX: 804-733-2652

Prince William County DSS
Sudley North Government Center
7987 Ashton Avenue, Ste. 200
Manassas, VA 20109
Phone: 703-792-7500
FAX: 703-792-7363 or
833-677-1482

Second Site:
Dr. AJ Ferlazzo Building
15941 Donald Custis Dr., Ste. 180
Woodbridge, VA 22191

Pulaski County DSS
53 Commerce Street
Pulaski, VA 24301
Phone: 540-980-7995
FAX: 540-980-7993

Radford City DSS
928 West Main Street
Radford, VA 24141
Phone: 540-731-3663
FAX: 540-731-5000

Rappahannock County DSS
PO Box 87 (17 Leggett Lane)
Washington, VA 22747-0087
Phone: 540-675-3313
FAX: 540-675-3315

Richmond City DSS
(300 E. Franklin Street)
PO Box 10129
Richmond, VA 23219
Phone: 804-646-7000
FAX: 804-646-7018

Second Site:
Southside Community Services Ctr.
4100 Hull Street
Richmond, VA 23224-1745

Richmond County DSS
PO Box 35 (5579 Richmond Road)
Warsaw, VA 22572
Phone: 804-333-4088
FAX: 804-333-0156

Roanoke City DSS
1510 Williamson Road NE
Roanoke, VA 24012
Phone: 540-853-2591
FAX: 540-853-2027

Roanoke County DSS
PO Box 1127 (220 East Main Street)
Salem, VA 24153
Phone: 540-387-6087
FAX: 540-387-6210

Rockbridge - Buena Vista -
Lexington Area Social Services
20 East Preston Street
Lexington, VA 24450
Phone: 540-463-7143
FAX: 540-464-9110

Rockingham – See **Harrisonburg**

Russell County DSS
135 Highlands Drive, Ste. B
Lebanon, VA 24266-1207
Phone: 276-889-3031
FAX: 276-889-2662

Scott County DSS
190 Beech St. Ste. 101
Gate City, VA 24251
Phone: 276-386-3631
FAX: 276-386-6031

Shenandoah County DSS
Shenandoah Co. Government Center
494 N. Main Street, Ste. 200
Woodstock, VA 22664
Phone: 540-459-6226
FAX: 540-459-6223

Shenandoah Valley Social Services
(Augusta/Staunton/Waynesboro)

- *Staunton-Augusta Office*
  PO Box 7 (68 Dick Huff Lane)
  Verona, VA 24482-0007
  Phone: 540-245-5800
  FAX: 540-245-5880

- *Waynesboro Office*
  1200 Shenandoah Avenue
  Waynesboro, VA 22980
  Phone: 540-942-6646
  FAX: 540-942-6658

Smyth County DSS
121 Bagley Circle, Ste. 200
Marion, VA 24354
Phone: 276-783-8148
FAX: 276-783-6327

Southampton County DSS
(26022 Administration Center Drive)
PO Box 550
Courtland, VA 23837-0550
Phone: 757-653-3080
FAX: 757-653-0357

Spotsylvania DSS
(10300 Spotsylvania Ave.,
Fredericksbug, VA 22408)
PO Box 249
Spotsylvania, VA 22553
Phone: 540-507-7898
FAX: 540-507-7806

Stafford County DSS
PO Box 7 (1300 Courthouse Road)
Stafford, VA 22555
Phone: 540-658-8720
FAX: 540-658-8798

Staunton – See **Shenandoah Valley Social Services**

Suffolk DSS
PO Box 1818 (135 Hall Ave.)
Suffolk, VA 23434
Phone: 757-514-7450
FAX: 757-514-4869

Surry DSS
PO Box 263 (45 School Street)
Surry, VA 23883
Phone: 757-294-5240
FAX: 757-294-5248

Sussex DSS
20103 Princeton Road
Sussex, VA 23882
Phone: 434-246-1083
FAX: 434-246-2504

Tazwell County DSS
PO Box 149 (253 Chamber Drive)
Tazwell, VA 24651
Phone: 276-988-8500
FAX: 276-988-2765

Virginia Beach Department of Human Services
3432 Virginia Beach Blvd.
Virginia Beach, VA 23452
Phone: 757-385-3200
FAX: 757-385-3466

Warren County DSS
465 West 15th Street, Ste. 100
Front Royal, VA 22630
Phone: 540-635-3430
FAX: 540-635-8451

Washington County DSS
15068 Lee Highway, Ste. 100
Bristol, VA 24202
Phone: 276-645-5000
FAX: 276-645-5055

Waynesboro – See **Shenandoah Valley Social Services**

Westmoreland DSS
PO Box 302 (18849 Kings Highway)
Montross, VA 22520
Phone: 804-493-9305
FAX: 804-493-9309

Williamsburg Human Services
401 Lafayette Street
Williamsburg, VA 23185
Phone: 757-220-6161
FAX: 757-220-6113

Winchester DSS
24 Baker Street
Winchester, VA 22601
Phone: 540-662-3807
FAX: 540-662-3279

Wise County DSS
10365 Pinnacle Drive
Wise, VA 24293
Phone: 276-328-8056
FAX: 276-328-8632

Wythe County DSS
290 South Sixth Street, Ste. 200
Wytheville, VA 24382
Phone: 276-228-5493
FAX: 276-228-0705

York/Poquoson Social Services
301 Goodwin Neck Road
Yorktown, VA 23692-2112
Phone: 757-890-3787
FAX: 757-890-3934

Medical Assistance Program Consultants:

Central Regional Office –
Niani Heath
Phone: 804-840-0310
Niani.heath@dss.virginia.gov
Cities of Colonial Heights, Hopewell, Petersburg, Richmond; Counties of Amelia, Buckingham, Caroline, Charles City, Chesterfield, Cumberland, Essex, Fluvanna, Goochland, Hanover, Henrico, King and Queen, King William, Lancaster, Lunenburg, Middlesex, New Kent, Northumberland, Nottoway, Powhatan, Prince Edward, Richmond, Westmoreland.

Eastern Regional Office –
Ashley Shoemaker
Phone: 757-323-0194
Ashley.shoemaker1@dss.virginia.gov
Cities of Chesapeake, Emporia, Franklin, Hampton, Newport News, Norfolk, Poquoson, Portsmouth, Suffolk, Virginia Beach, Williamsburg; Counties of Accomack, Brunswick, Dinwiddie, Gloucester, Greensville, Isle of Wight, James City, Mathews, Northampton, Prince George, Southampton, Surry, Sussex, York

Northern Regional Office –
Don McBride
Phone: 540-771-0609
Donald.mcbride@dss.virginia.gov
Cities of Alexandria, Fairfax, Falls Church, Fredericksburg, Harrisonburg, Manassas, Manassas Park, Winchester; Counties of Arlington, Clarke, Culpeper, Fairfax, Fauquier, Frederick, Greene, King George, Loudoun, Louisa, Madison, Orange, Page, Prince William, Rappahannock, Rockingham, Shenandoah, Spotsylvania, Stafford, Warren.

Piedmont Regional Office –
Rhona Cunningham
Phone: 540-682-0507
Rhona.cunningham1@dss.virginia.gov
Cities of Bedford, Buena Vista, Charlottesville, Covington, Danville, Lexington, Lynchburg, Martinsville, Roanoke, Salem, Staunton, Waynesboro; Counties of Albemarle, Alleghany, Amherst, Appomattox, Augusta, Bath, Bedford, Botetourt, Campbell, Charlotte, Craig, Franklin, Halifax, Henry, Highland, Mecklenburg, Nelson, Pittsylvania, Roanoke, Rockbridge.

Western Regional Office –
Keri Jackson
Phone: 276-613-8472
K.jackson1@dss.virginia.gov
Cities of Bristol, Galax, Norton and Radford; Counties of Bland, Buchanan, Carroll, Dickenson, Floyd, Giles, Grayson, Lee, Montgomery, Patrick, Pulaski, Russell, Scott, Smyth, Tazewell, Washington, Wise and Wythe.

GLOSSARY OF TERMS

(Sources: the FAMIS and Medicaid Handbooks, the Cardinal Care contract, marketplace.virginia.gov, and the Department of Medical Assistance Services website)

Authorized Representative – A person who is authorized in writing to conduct the personal or financial affairs for an individual.

Cardinal Care – A single system of care for all Medicaid/FAMIS members. It connects members to the care that they need when they need it and reduces transitions between programs as their health care needs evolve. All managed care and fee-for-service Medicaid/FAMIS members are part of the program.

Cardinal Care Smiles – Virginia's dental program for children up to age 21, pregnant individuals, and adults enrolled in the Medicaid/FAMIS programs. It is administered by DentaQuest. It was formerly called *Smiles For Children*.

Caseworker/Benefits Program Specialist – Eligibility Worker at the local department of social services who processes the application to determine Medicaid/FAMIS eligibility and maintains the ongoing case. This is the person to contact regarding problems or changes, such as address or income.

Certified Application Counselor – Volunteer trained by the Virginia Insurance Marketplace (VIM) and authorized by an applicant to assist with state-sponsored health insurance and VIM applications.

CHIP - The state Children's Health Insurance Program was created by Congress as part of the Balanced Budget Act of 1997 and enacted as Title XXI of the Social Security Act. CHIP is a partnership between the federal and state government, but a higher proportion of the cost is paid by federal tax dollars. CHIP funding was reauthorized for 10 years by the US Congress in 2018. Virginia's CHIP categories are FAMIS, FAMIS MOMS, and FAMIS Prenatal Coverage.

Coinsurance – The portion of Medicare or private insurance allowed charges for which the patient is responsible.

CommonHelp – CommonHelp at www.commonhelp.virginia.gov is the website where individuals and families can apply for Medicaid, FAMIS and social services benefits. It is provided through the Virginia Department of Social Services.

Cost Sharing Reduction/Subsidy (CSR) – A discount that lowers the amount a person has to pay for deductibles, copayments, and coinsurance. In the Health Insurance Marketplace, cost-sharing reductions are often called "extra savings." If a person qualifies, he/she must enroll in the "Silver" category of plan on the Marketplace to get the extra savings. This person would also have a lower out-of-pocket maximum, the total amount he/she'd have to pay for covered medical services per year. When the person reaches the out-of-pocket maximum, the insurance plan then covers 100% of all covered services.

Cover Virginia – Virginia's statewide customer service center providing information and assistance for Medicaid/FAMIS. The Cover Virginia statewide customer service center at (855) 242-8282 is staffed by knowledgeable and courteous representatives who can provide confidential application assistance and program information. You can apply, report changes, receive application status updates, or renew your coverage by calling Cover Virginia.

Coverva.dmas.virginia.gov – The Cover Virginia website providing information about FAMIS, Medicaid, Plan First and other state and federal health insurance options and eligibility. It includes easy access to all the ways to apply for coverage as well as links to other health resources and assistance. Through the website you can order printed materials including program brochures, posters, and applications.

DMAS (Virginia Department of Medical Assistance Services) – The agency that administers the FAMIS and Medicaid programs in Virginia.

DSS (Virginia Department of Social Services) – The agency responsible for determining eligibility for medical assistance and the provision of related social services. This includes the local Departments of Social Services.

Eligibility Worker (see **Caseworker/Benefit Program Specialist**)

EPSDT – The Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program is a program of preventive health care and well child examinations with tests and immunizations for children and teens from birth up to age 21. Medically necessary services needed to correct or improve defects and physical or mental illnesses (discovered during a screening examination) may be covered as a part of the EPSDT program even if they are not covered under the State's Medicaid benefit plan. EPSDT is available to FAMIS Plus children the whole time they are enrolled and FAMIS children during the initial Fee-for-service period.

FAMIS – Family Access to Medical Insurance Security (FAMIS, pronounced like "famous") is Virginia's Children's Health Insurance Program (CHIP). It is a comprehensive health insurance program for uninsured children from birth through age 18 with family income between 149% and 205% of the federal poverty level (above the FAMIS Plus limits). FAMIS is administered by DMAS and is funded by the state and federal government. Virginia's CHIP program begain in 1998 as CMSIP and the name changed in 2001 to FAMIS.

FAMIS MOMS – Is a health insurance program for pregnant women with income eligibility the same as FAMIS kids. It covers the pregnant individual for the duration of the pregnancy and 12 months postpartum.

FAMIS Plus – Is the Medicaid program for children from birth through age 18 in families with incomes at or below 148% of the federal poverty level.

FAMIS Prenatal Coverage – Is a health insurance program for pregnant individuals with income below 205% FPL who do not meet the immigration status requirements of FAMIS MOMS or MPW. It began in Virginia on July 1, 2021. It covers the pregnant individual for the duration of the pregnancy and 60 days postpartum.

FAMIS Select – Gives families of FAMIS-enrolled children the opportunity to choose between coverage under FAMIS and coverage through a private or employer-sponsored health plan.

Fee-for-Service – A method in which doctors and other health care providers are paid for each service performed. In Medicaid Fee-for-Service, the Medicaid provider charges a fee for each service and receives payment directly from DMAS for each service. Full-benefit Medicaid and FAMIS enrollees access services through Fee-for-Service Medicaid providers for the first few weeks of coverage, before they are enrolled in managed care.

Fraud – A deliberate withholding or hiding of information or giving false information to obtain or attempt to obtain Medicaid benefits

Generic Drugs – Copies of drugs that are the same as a brand-name drug in dosage, safety, strength, quality, performance, and intended use. The Food and Drug Administration requires generic drugs to have the same quality, strength, purity, and stability as brand name drugs. Manufacturers of generic drugs don't have the same investment costs as a developer of new drugs; therefore generic drugs are less expensive

Local Department of Social Services (LDSS) – the city or county DSS office is responsible for the management of FAMIS/Medicaid cases. A complete listing of these offices is included in this section of the Tool Kit.

Low Income Families with Children (LIFC) – Is the category of Medicaid for very low income parents or a caretaker relative. Locality of residence factors into eligibility determination. LIFC adults must have the full time care of a child age 18 or under in their home in order to be eligible.

Managed Care – Delivery of health care services emphasizing the relationship between a primary care provider (PCP) and the FAMIS/Medicaid member (referred to as a "medical home"). The goal of managed care is to have a central point through which all medical care is coordinated. Most Virginia FAMIS and Medicaid members are required to receive their medical care through managed care programs.

Managed Care Organization (MCO) – is a health plan contracted to provide medical services and coordinate health care services through a network of providers. They contract with DMAS to provide, arrange for, deliver, pay for, or reimburse any of the costs of health care services for FAMIS and Medicaid enrollees.

Medicaid – Is a health insurance program that helps pay for medical care for certain individuals and families with low incomes and resources, if applicable. Made possible via Title XIX of the Social Security Act and various demonstration waivers, the cost of the program is shared by the state and the federal government.

Medicaid Expansion for Adults (MedEx) – Is a category of the Virginia Medicaid program for adults with incomes at or below 138% of the federal poverty level. Enrollment began in Virginia on January 1, 2019 and the program was initially called "New Health Coverage for Adults".

Medically Necessary – Reasonable and necessary services for the diagnosis or treatment of an illness or injury or to improve physical functioning.

Medically Needy – Individuals who meet Medicaid covered group requirements, but have excess income. A medically needy determination requires a resource test and includes pregnant individuals, children under the age of 18, foster care and adoption assistance, and those in ICF/IIDs up to age 21, ABD up to age 21. Parents and caretaker relatives do not qualify under medically needy. Medically needy individuals are excluded from managed care enrollment.

Medicare – Is the federal health insurance program for: People who are 65 or older, certain younger people with disabilities, and people with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a transplant, sometimes called ESRD) or amyotrophic lateral sclerosis(ALS/Lou Gehrig's Disease). The federal government administers/funds this program.

MES (Medicaid Enterprise System) – This is the medical assistance and payment information system of the Virginia Department of Medical Assistance Services. It interfaces with VaCMS, the MCOs, and other contractors. It validates MCO encounters and processes Fee-for-Service claims.

Navigator – An individual or organization that is trained and able to help consumers, small businesses, and their employees as they look for health coverage options through the Virginia Insurance Marketplace (VIM), including completing eligibility and enrollment forms. These individuals and organizations are required to be unbiased. Their services are free to consumers. They may also assist people in applying for the Medicaid and FAMIS programs. Navigators are positions funded by the VIM.

Open Enrollment (Marketplace) – The time frame in which people can shop for private health insurance on the Virginia Insurance Marketplace beginning November 1st of each year.

Open Enrollment (Medicaid Managed Care) – The time frame in which Medicaid/FAMIS members are allowed to change from one MCO to another, without cause, at least once every 12 months. The timeframe for open enrollment depends upon the region where the person lives. Within sixty (60) days prior to the region's open enrollment effective date, DMAS will inform the member of the opportunity to remain with the current health plan or change to another health plan without cause. Those members who do not choose a new MCO within sixty (60) days of the open enrollment period shall remain in their current health plan selection until their next open enrollment effective date. More information on MCO open enrollment can be found here: https://virginiamanagedcare.com/en/open-enrollment.

Out-of-Network Coverage – This is coverage provided outside of the established MCO network; medical care rendered to a member by a provider not affiliated with the MCO or contracted with the MCO.

Patient Pay – Individuals with income may have to contribute to the cost of their long-term care services.

Plan First – The Medicaid fee-for-service family planning program which also provides some cancer screenings. Men and women not eligible for full benefit Medicaid or FAMIS/FAMIS MOMS, who have incomes between 139% and 205% of the federal poverty level and meet citizenship and identity requirements may be eligible for Plan First. In December 2024, Plan First became and "Opt-In" program. The state will now only screen applicants who indicate on the Application that they want to be evaluated for the program.

Premium – The monthly amount paid for a health insurance policy. Medicaid/FAMIS do not have premiums.

Premium Tax Credits – A tax credit people use to lower their monthly insurance payment (called your "premium") when they enroll in a plan through the Health Insurance Marketplace. The tax credit is based on the income estimate and household information people report on their Marketplace applications. If the person's estimated income falls between 138% and 400% of the federal poverty level for his/her household size, s/he qualifies for a premium tax credit. A person can use all, some, or none of the premium tax credit in advance to lower his/her monthly premium. If s/he uses more advance payments of the tax credit than he/she qualifies for based on the final yearly income, the individual must repay the difference when filing federal income taxes. If the individual uses less premium tax credit than s/he qualifies for, a refundable credit is issued when taxes are filed.

Primary Care Provider (PCP) – The doctor or clinic that provides most personal health care needs, gives the recipient referrals to other health care providers when needed, and monitors FAMIS/Medicaid member health. A PCP may be an internist, a pediatrician (children's doctor), OB/GYN (women's doctor), family doctor, or certain clinics and health departments.

Resources (Assets) – Resources include money on hand, in the bank, and in a safe deposit box; stocks, bonds, certificates of deposit, trusts, pre-paid burial plans; cars, boats, life insurance policies, and real property.

SSI (Supplemental Security Income) – SSI is a federal program administered by the Social Security Administration that pays monthly benefits to individuals who are disabled, blind, or age 65 or older with limited income and resources.

Special Enrollment Period (SEP) – A time outside the yearly Open Enrollment Period when people can sign up for health insurance on the Virginia Insurance Marketplace. People qualify for these by having a certain life event, including losing health coverage, moving, getting married, being pregnant, or having or adopting a child. If the person qualifies for a SEP, s/he usually has up to 60 days following the event to enroll in a plan. People losing Medicaid/FAMIS coverage have 90 days to enroll in Marketplace coverage. If the person misses that window, s/he has to wait until the next Open Enrollment Period to apply.

Third-Party Liability – The legal obligation of third parties, i.e., certain individuals, entities, or programs, to pay all or part of the expenditures for medical assistance furnished under the State Plan.

VaCMS (Virginia Case Management System) – This is the integrated eligibility and enrollment computer system housed at the Virginia Department of Social Services and used by the local Departments of Social Services to determine eligibility for Medicaid, FAMIS, and other benefits, and manage the enrolled cases on an ongoing basis.

Virginia Insurance Marketplace (VIM or "Marketplace") – Online marketplace of private insurance plans. Individuals can shop for health insurance, compare private plans, and determine whether they qualify for tax credits and subsidies to help pay for insurance. Virginia began operating its own state-based health insurance exchange in plan year 2024.

Work Requirements – A rule requiring adults enrolled in Medicaid Expansion coverage to complete at least 80 hours per month of work, volunteering, job training, or education in order to remain eligible for benefits, unless they qualify for an exemption. These new federal requirements will be phased in starting in January 2027.

Application for a Social Security Number

Applying for a Social Security Card is free. The application for a social security card (Form SS-5) can be downloaded at: https://www.ssa.gov/forms/ss-5.pdf. There is also an online application that may be accessed here: https://secure.ssa.gov/ossnap/public/agreeOSsnap

The easiest way for parents to apply for a number for their newborn is to do it in the hospital at the time of the baby's birth. When the parents give information for the baby's birth certificate, they will be asked whether they want to apply for a Social Security number for their child. They will be asked for both parents' Social Security numbers. Even if they don't have the information handy, they can apply this way.

After that, they could wait and apply for the child's number at the Social Security office. They will need to complete the application for a Social Security card (link above) and show original documents proving the child's US citizenship, age and identity. The parents will also need to show documentation proving their identities and their relationship to the child.

All documents provided must be either originals or copies certified by the issuing agency. Social Security will not accept photocopies or notarized copies of documents.

Note: Anyone who requests an original Social Security number that is age 12 or older will have to appear in person for an interview, even if a parent or guardian will sign the application on the child's behalf.

Helpful Sources of Information

Health Insurance Outreach – National Information

The Center on Budget and Policy Priorities: www.cbpp.org
The center is a nonpartisan research organization/policy institute that conducts research and analysis on a range of government policies and programs, with an emphasis on those affecting low- and moderate-income people. Information on many other issues regarding aspects of CHIP and Medicaid are downloadable free-of charge from their web site in the Health section.

The Center for Children and Families, Georgetown University: http://ccf.georgetown.edu
A policy and research center whose mission is to expand and improve health coverage for America's children and families. Includes resources on CHIP and Medicaid. They have a weekly blog that gives information on various related issues.

The Centers for Medicaid and Medicare Services:
www.cms.gov and www.Medicaid.gov
The Center for Medicaid and CHIP Services (CMCS) is one of six Centers within the Centers for Medicare & Medicaid Services, an agency of the U.S. Department of Health and Human Services (HHS). CMCS serves as the focal point for all national program policies and operations related to Medicaid and the Children's Health Insurance Program (CHIP). Official information on Medicaid and CHIP, including state plans and annual reports.

Families USA: www.familiesusa.org
Families USA does research, analysis, and messaging to defend and strengthen the Medicaid program and the Affordable Care Act (ACA). It also has statistics on uninsured children in the United States.

Insure Kids Now: www.insurekidsnow.gov
"Connecting Kids to Coverage" National Campaign is a national campaign of the Centers for Medicare and Medicaid Services to link the nation's 10 million uninsured children – from birth to age 18 – to free and low-cost health insurance. The site has links to every state's children's health insurance program. Also includes customizable outreach materials in the "Outreach Tool Library" section of the site.

The Kaiser Family Foundation (KFF): www.kff.org
KFF is a nonprofit organization focusing on national health issues, as well as the US role in global health policy. KFF serves as a nonpartisan source of facts, analysis and journalism for policymakers, the media, the health policy community and the public. Information on the uninsured and many other issues is downloadable free-of charge from their web site.

Protecting Immigrant Families: https://pifcoalition.org/
The Protecting Immigrant Families (PIF) Coalition bridges the gap between leading advocates in the immigrant rights and health and social services advocacy spaces. Its over 800 member organizations prioritize children, education, health, anti-hunger, anti-poverty groups, and faith leaders to lay the foundation for a more inclusive future. It has good information on Public Charge and the new immigration eligibility changes.

My Benefits "Online"…Anytime

www.commonhelp.virginia.gov

- **After you Link Your Case, you can access the 3 options listed below by clicking either link at the top of the page.**
- **Once your case is linked, enter user ID and password and take any of the below actions.**

LINK MY CASE:

www.commonhelp.virginia.gov

Create and/or Enter User ID & Password

Click on "Manage My Account"

Click on "Case Association"

Under Case Association enter ☑ and click "LINK"

Complete fields to verify identity

Click "Button" beside your case

Click Continue

NOW you may complete actions

(links located at the top of page)

CHECK MY BENEFITS:

Enter User ID & Password

Now Select "Check My Benefits" at the top of page

REPORT MY CHANGES:

Enter User ID & Password

Select "Report My Changes" link

Select Type(s) of Change(s)

Answer Questions/Make Changes

Review Changes

Submit Changes

Receive Tracking Number

"Logout" of your Account

RENEW MY BENEFITS

Enter User ID & Password

Select "Renew My Benefits" link after logging in

Select Program for Renewal

Answer Questions/Makes Changes

Submit Renewal

Receive Tracking Number

Exit Renewal Process

"Logout" of your Account

New Adult and LTSS Pathway

- Long term services and supports (LTSS) are covered for Medicaid expansion individuals who meet the DMAS established coverage criteria and guidelines
- The functional criteria for expansion individuals is the same as current Medicaid nursing facility and waiver services functional criteria (ADLs and nursing needs); the same LTSS screening requirements and wait list rules apply
- The financial criteria for the New Adult populations follow the *modified adjusted gross inc*ome (MAGI) rules for LTSS (next two slides)

Nursing facility services are covered under the Virginia State Plan

Home and community based services (HCBS) are covered through one of the DMAS HCBS 1915 (c) waivers

Individuals may also choose PACE if they meet PACE participation rules

1

LTSS Services for New Adult Populations

Through State Plan and 1915 (c) Waivers

Medicaid eligible adult who needs LTSS receives screening by appropriate screening team (UAI Screening)

→ Member must meet nursing facility level of care in order to receive facility or community based LTSS

→ MAGI financial rules apply to new adults receiving LTSS (Next Slide)

→ Member has the choice to receive LTSS care in a facility or in the community

→ Facility and HCBS waiver rules apply including functional & coverage criteria and waiver participation/ wait list criteria where applicable

→ Member's who meet LTSS functional and financial criteria receive LTSS in the setting of their choice (nursing facility or community based)

2

Eligibility Rules For LTSS

Including Nursing Facility and Community Based Services

Asset and Income Rules	Non-Expansion Populations *Non-MAGI, Categorical Eligibility Rules*	New Adult Expansion Populations MAGI Eligibility Rules
Income	Up to 300 % SSI for LTSS	up to 138 % FPL
Annuities, Promissory Notes, Life Estate Interests, Trusts	Applies	Applies
Resources	$2,000 Limit	Not Applicable
Liens	Applies	Not Applicable
Estate Recovery	Applies	Applies for age 55+ for LTSS *Unless the person meets an existing exemption*
Transfer of Assets	Applies	Applies
Home Equity Rule	Applies	Applies
Post Eligibility Treatment of Income (e.g., patient pay)	Applies	Not Applicable
Spousal Impoverishment Provisions	Applies	Applies

References https://www.medicaid.gov/Federal-Policy-Guidance/Downloads/SMD-14-001.pdf
http://www.ncsl.org/documents/statefed/health/LTSS_Estate_Rec.pdf

3

DMAS

Case Examples

Case #1: THE MARTINEZ FAMILY

Maria (age 32) and Jose (34) Martinez are married and have been in the US for four years. They entered the US as refugees were granted Legal Permanent Resident (LPR) status last year. They file taxes jointly and claim their children as dependents. They have 3 children: Juan (10), Rosa (6) and Angel (2). Juan and Rosa were born in Mexico and are LPRs, and Angel was born in the US.

Jose has a job making about $1,500 per month and is paid monthly, but he does not have access to health care. Maria works at a local store 20 hours a week and makes $15/hour and is paid weekly. Because she is considered part-time by her employer, she does not have access to health insurance.

1. **What is the household size for each member of the family?**

2. **What is Maria's monthly income?**

3. **What is the income for the family?**

4. **What coverage do the children qualify for? What do the parents qualify for?**

5. **If this family applied for coverage on January 1, 2027 or later, would Rosa and/or Juan need to comply with the Medicaid work requirement, and, if so, are they compliant?**

6. **What documentation might the local DSS or Cover Virginia request to determine eligibility for this family?**

Case #1: THE MARTINEZ FAMILY ANSWERS

1. **What is the household size for each member of the family?** The household size is 5 for everyone - Jose, Maria, Juan, Rosa and Angel.

2. **What is Maria's monthly income?** Maria's monthly income is $15/hour x 20 hours = $300/weekly. Multiply this by the weekly conversion factor (4.3) to get $1,290/month.

3. **What is the income for the family?** The household income is:
   Jose's Gross Monthly Income ($1,500) + Maria's Gross Monthly Income ($1,290) = Total Gross Monthly Income ($2,790)

4. **What coverage do the children and parents qualify for?**

   For the Children:

   - Juan, Rosa and Angel qualify for Medicaid for Children (FAMIS Plus) because the monthly income limit for a household of 5 is $4,771 (148% FPL), and their parents' monthly income totals $2,790.
   - Angel is a US Citizen; Juan and Rosa, as legally residing children, qualify regardless of the length of time they have been living in the US.
   - Juan, Rosa, and Angel would be enrolled in 12 months of continuous coverage through Medicaid for Children (FAMIS Plus).

   For the Parents:

   - Jose and Maria each have a household a 5 with income of $2,790/month. LIFC for 5 is between $1,215 and $1,771 depending upon the locality in which the parents live. Their income ($2,790) is over these limits.
   - MedEx might be an option since a household of 5 can earn up to $4,449/month and qualify. Since they are LPRs who formerly had refugee status, they are not subject to the 5-year waiting period (sometimes called the "5-year bar"), so they would be eligible for MedEx.

5. **If this family applied for coverage after January 1, 2027, would Rosa and/or Juan need to comply with the work requirement, and, if so, are they compliant?** Since they are the parents of a child under 14 years old (three children, in fact!), Maria and Jose both meet <u>an exclusion</u> and will not need to comply with the work requirement. They meet this exclusion in the current month, so are therefore considered "specified excluded individuals" and are eligible for Medicaid Expansion, with their coverage period lasting 6 months.

6. **What documentation might the local DSS or Cover Virginia request to determine eligibility for this family?** They might need to provide income verification, if their income is not able to be verified electronically or is not reasonably compatible with what is found in the state's data sources. Also, if their immigration status information cannot be verified electronically, they may be asked to provide a copy of their green cards or other documentation.

   Since the information about their children and their children's ages would be on their application, Maria and Juan would not need to provide additional documentation to verify their status as "specified excluded individuals."

Case #2: THE MASON FAMILY

Jane Mason (40) just started a new job as a bookkeeper at a day care center. She lives with her two children, Anna (14) and Blaine (15). Jane's ex-husband, Carl (45), claims both children as dependents on his taxes, and Jane files taxes as a single-filer. They are all US citizens.

Jane's salary is $16 per hour. She works 40 hours per week and is paid weekly. She receives $500 a month in alimony pursuant to a decree filed in 2017. Her employer offers family health insurance, but she cannot afford the family premiums, so she only has insurance for herself. Her ex-husband makes $50,000 a year but does not get health care through his employer. The two children are uninsured.

1. **What is the household size for each person in the example?**

2. **What is the income for each person in the example?**

3. **What coverage options or programs are available for each person in the example?**

4. **What difference would it make if the divorce decree had been filed March 15, 2019?**

5. **If Jane and/or Carl applied for coverage on or after January 1, 2027, would Jane and/or Carl need to comply with the Medicaid work requirement to qualify, and, if so, are they compliant?**

Case #2: THE MASON FAMILY ANSWERS

1. **What is the household size for each person in the example?** Jane - 1 (herself), Anna and Blaine - 3 each (them, mom and sibling), and Carl - 3 (himself and two tax dependent children). Carl would file a separate application from Jane and the children.

2. **What is the income for each person in the example?** Jane's Gross Monthly Income: $2,752 ($16/hr x 40 hrs/week x 4.3) + $500 alimony recieved = $3,252.

   Anna and Blaine's Gross Monthly Incomes: $3,252 (same as mom)

   Carl's Gross Monthly Income: $4,166.67 ($50,000/12) - $500 alimony paid = $3,666.67.

   Note: alimony income is counted for Jane and deducted for Carl, because the decree it is from was filed prior to January 1, 2019.

3. **What coverage options or programs are available for each person in the example?**
   - Jane's monthly income of $3,252 puts her above the limit for MedEx ($1,836 for a household of 1). She already has insurance through her employer and can indicate that she does not need health coverage when filling out the *Application*.
   - Anna and Blaine's monthly household income of $3,252 qualifies them eligible for 12 months of continuous coverage through Medicaid (FAMIS Plus) because it is under the limit of $3,370 for a household of 3.
   - Carl's month income of $3,666.67 for a household of 3 is within the income guidelines for eligibility for premium tax credits and cost sharing reductions in Virginia's Insurance Marketplace. If he lives in Virginia, he would also be eligible for Plan First should he choose to be evaluated for it. *Note: Plan First became an "Opt-In" program in December 2024, he would need to indicate on the Application that he wanted to be evaluated for it.*

4. **What difference would it make if the divorce decree had been filed March 15, 2019?** Jane's and the kids' household income would drop to $2,752/month because alimony would not be counted. She would still make too much for Medicaid Expansion and the kids would still be eligible for Medicaid for Children (FAMIS Plus). Carl's income would rise to $4,166.67/month without the alimony deduction. He would still be eligible for Plan First, but on the Marketplace he would be eligible for fewer premium tax credits due to his increased income, but would still be eligible for cost sharing reductions.

5. **If the parents applied for coverage on or after January 1, 2027, would Jane and/or Carl need to comply with the Medicaid work requirement to qualify, and, if so, are they compliant?** No. Neither Jane nor Carl qualifies for Medicaid Expansion so they would not be impacted by the work requirement.

Case #3: THE SHAH FAMILY

Arjun and Maya Shah have 3 children: Dev & Kiran (both 15), and Anya (17). Arjun works at a factory where he is paid $975 every 2 weeks. Maya works at a department store where she is paid $300 per week. Anya works part-time after school at the local drug store and is paid $75 per week.

The family currently has no insurance and comes to you for help applying for coverage. They file taxes jointly and claim their children as dependents. The family are all Lawful Permanent Residents (LPRs). They received their green cards last year and formerly held Asylee status.

1. **What is the household size in this example?**

2. **What coverage options or programs are available for each person in the example?**

3. **If this family applied for coverage on or after January 1, 2027, would Maya and/or Arjun need to comply with the Medicaid work requirement to qualify, and, if so, are they compliant?**

Case #3: SHAH FAMILY ANSWERS

1. **What is the household size in this example?** Household size is 5 for everyone in the family. Married tax filer parents with 3 dependent children.

2. **What coverage options or programs are available for each person in the example?** Before we can determine coverage options we need to determine household income:

   Arjun's Gross Monthly Income is $2,096.25 ($975 x 2.15 for bi-weekly income). Maya's Gross Monthly Income is $1,290 ($300 x 4.3 for weekly income). The Shah family's Countable Income is $3,386.25.

   - Since they are LPRs who formerly had Asylee status, Arjun and Maya are not subject to the 5-year waiting period (sometimes called the "5-year bar"), so they would be immediately eligible for coverage. Their children are eligible if they have any lawful status regardless of time in the US or previous immigration status, so all three have an eligible status.
   - Anya's income ($75/week x 52 weeks = $3,900) is not counted since she does not meet the annual threshold for dependents for filing taxes ($15,570 in annual earned income for 2026). The family's total countable income is under the Medicaid for Children (FAMIS Plus) limit for a family of 5 ($4,771). Therefore, the children in the family are eligible for 12 months of continuous coverage through Medicaid.
   - The parents are under the income limit for the Medicaid Expansion ($4,449/month), so they would be eligible for coverage too! But wait…

3. **If this family applied for coverage on or after January 1, 2027, would Maya and/or Arjun need to comply with the Medicaid work requirement to qualify, and, if so, are they compliant?**

   - Based on the info we have, they likely don't qualify for an exemption (either an exclusion or a exception). They are parents, but all 3 of their kids are over 14.
   - We would need look at their compliance with the work requirement for the month before they apply. Their household income was $3,386.25, which is well above the $580/month in household income that meets the requirement. They are eligible for Medicaid Expansion, with their coverage period lasting 6 months.

Case #4: THE TANAKA/SATO FAMILY

Ken Tanaka (29) and Emi Sato (30) are not married and living together with their son Kai (age 5) and daughter Mia (age 7). Ken works full-time as a hotel manager and makes $3,200 a month (paid monthly). Emi works part-time as a home health aide and makes $400 every two weeks. Ken, Emi, and the children are uninsured. Ken claims the children as his dependents and Emi files her taxes as a single filer. The whole family are US citizens.

1. **What is the household size for each member of the family?**

2. **What is the income for the family members?**

3. **What coverage options are available to these family members?**

4. **In this scenario, if it is on or after January 1, 2027, would Emi or Ken need to comply with the Medicaid work requirement to qualify, and, if so, are they compliant?**

5. **What would happen to income and household size if Emi and Ken got married? What if they decided to continue to file separately? What would happen if Emi were pregnant in this scenario?**

Case #4: THE TANAKA/SATO FAMILY ANSWERS

1. **What is the household size for each member of the family?**
   Ken – 3 (himself and his two children)
   Emi – 1 (herself)
   Kai – 4 (parents and sibling)
   Mia - 4 (parents and sibling)

2. **What is the income for the family members?**
   Ken: $3,200 a month
   Emi: $860/month ($400 every 2 weeks x 2.15)
   Both Kai and Mia: $4,060/month (Ken's $3,200 + Emi's $860)

3. **What coverage options are available to these family members?**
   Ken is eligible to purchase private insurance through Virginia's Insurance Marketplace with premium tax credits and cost sharing reductions. He would also be eligible for Plan First (under the income limit of $4,668/month for a household of 3), if he requested it on the Application.

   Emi would be eligible for Medicaid Expansion for (under the income limit of $1,836/month for a household of 1).

   The children would be eligible for 12 months of continuous coverage through Medicaid for Children (FAMIS Plus). They are under the income limit of $4,070/month for a household of 4.

4. **In this scenario, if it is on or after January 1, 2027, would Emi or Ken need to comply with the Medicaid work requirement to qualify, and, if so, are they compliant?** As the parent of a child under 14 years old, Emi meets an exclusion and will not need to comply with the work requirement. She meets this exclusion in the current month, so would therefore be considered a "specified excluded individual" and is eligible for Medicaid Expansion, with her coverage period lasting 6 months. Ken has coverage through the Marketplace which has no work requirement.

5. **What would happen to income and household size if Emi and Ken got married?** The entire family would have a household size of 4 with a household income of $4,060 a month. The kids would still be eligible for Medicaid.

   What if they decided to continue to file separately? If Emi and Ken decided to continue filing separately, for the purposes of Medicaid eligibility, married couples who live together are always considered part of the same household even if they do not file taxes jointly. Both would be eligible for Plan First (under the income limit of $5,638/month) (see note about Plan First in #3 above). Emi and Ken would not, however, be eligible for any help with purchasing coverage in Virginia's Insurance Marketplace even with incomes within the limits – only the person who claims the children would be eligible for financial help on the Marketplace, as the head of household.

   What would happen if Emi were pregnant in this scenario? If Emi were pregnant, her household size would increase to 5 to account for the expected child. She would become eligible for FAMIS MOMS (under the income limit of $6,608 for a household of 5).

Case #5: THE JONES/CLARK FAMILY

Mae Jones (63) is taking care of her grandchildren. She legally adopted her grandson, Kingston Jones (16), after Kingston's father passed away. Mae is also taking care of her three granddaughters, Amara (8), Kennedy (6), and Peyton (4) Clark since Mae's daughter can no longer take care of the girls.

Mae receives Social Security benefits of $1,424 per month and has no additional income. Kingston receives Social Security survivor's benefits in the amount of $267 per month. All of the children were born in Virginia and are US citizens. Mae is claiming her adopted son Kingston as a dependent on her taxes, but not her three granddaughters, who are not being claimed on anyone's taxes.

All children are uninsured, and the school nurse sent a note home with Kingston indicating he may need glasses. The school nurse included a Cardinal Care flyer in her referral packet. Mae has just arrived in your office and is worried about the cost of an eye exam and glasses. How would you help her?

1. **What is the household size for each member of the family?**

2. **What is the monthly household income for each member of the family?**

3. **What coverage options or programs are available for each person in the example?**

4. **Should they all apply on the same application?**

5. **In this scenario, if it is on or after January 1, 2027, would Mae need to comply with the work requirement to qualify, and, if so, is she compliant?**

6. **What would happen to their coverage if Mae decided to claim the three girls as dependents?**

Case #5: The JONES/CLARK FAMILY ANSWERS

1. **What is the household size for each member of the family?**
   - Mae: 2 – as the tax filer, her household is made up of herself and her adopted grandson (now officially her son)
   - Kingston: 2 – the same as the filer claiming him, he is a tax dependent who is claimed by a tax filer who is his adopted parent
   - Amara, Kennedy, and Peyton: 3 for each – the household for all three is determined using the non-filer rules – the child, any siblings (2) and parents (none) living in the home

2. **What is the monthly income for each member of the family?**
   - Mae's income is $1,424. Kingston's Social Security survivor benefits are not included because he is living with at least one parent (adopted), and he has no other income that would exceed the annual tax filing threshold for dependents.
   - Kingston's income: $1,424. Mae's, his (adopted) parent, income is included, but not his Social Security survivor's benefits for the same reason as above.
   - Amara, Kennedy, and Peyton have no monthly income.

3. **What coverage options or programs are available for each person in the example?**
   - Mae would be eligible for Medicaid Expansion. She has a household size of 2 and makes $1,424 (under the income limit of $2,489 for a household of 2). She is age-eligible until she turns 65, then could be considered for the Medicaid programs for older adults.
   - Kingston, Amara, Kennedy, and Peyton would all be eligible for 12 months of continuous coverage through Medicaid for Children (FAMIS Plus).

4. **Should they all apply on the same application?** Yes

5. **In this scenario, if it is on or after January 1, 2027, would Mae need to comply with the work requirement to qualify, and, if so, is she compliant?** As the parent of a child under 14 years old and the caretaker of 3 additional children under 14, Mae meets an exclusion and will not need to comply with the work requirement. She meets this exclusion in the current month, so would therefore be considered a "specified excluded individual" and is eligible for MedEx, with her coverage period lasting 6 months.

6. **What would happen to their coverage if Mae decided to claim the 3 granddaughters as dependents?** Mae's and Kingston's family sizes would increase to 5. The girls, however, would still each have a household of 3. They would now fall under the exception to the tax filer household rules – they are not the biological, adopted, or stepchildren of Mae, so you would still only count their siblings in their households. All of the children would still be Medicaid for Children (FAMIS Plus) eligible and Mae would still be eligible for Medicaid Expansion.

Case #6: THE SMITH FAMILY

Stacy Smith is a 17-year-old, pregnant teen living with her parents and her boyfriend in Lexington. Stacy's parents, Tim (40) and Jessica (41) Smith, both work full-time. Tim Smith is an assistant manager at a local restaurant earning $1,750 semi-monthly. Jessica Smith is a part-time instructional aide at a local elementary school earning $12,000 annually. Stacy has been working part-time in a book store earning $16 per hour. Stacy works 10 hours per week and is paid weekly. Stacy also has two younger siblings who live in the home with her: Seth (7) and Samantha (11). Stacy and her siblings are all claimed as dependents on Tim and Jessica's taxes.

Stacy's boyfriend, Ryan Jones (also 17), who lives with the family, works at a local restaurant 25 hours per week earning $15 per hour and gets paid every week. He is an emancipated minor, files his own taxes, and is not claimed as a dependent on anyone else's taxes. Ryan and the Smiths are all US citizens.

Tim Smith's employer has decided to no longer provide health coverage, and the current insurance coverage will end at the end of the month. The school nurse at Mrs. Smith's school suggested she contact you for more information on the Medicaid/FAMIS programs.

1. **What is the household size for each member of the household?**

2. **What is the monthly income for each member of the household?**

3. **Does the family qualify for coverage? If yes, for which programs?**

4. **A) Would anything change if Stacy was 21, living with her parents, and not claimed as a tax dependent?**

   B) What would happen if, after Stacy had her baby, she moved out of the home to live with her boyfriend? What programs would Stacy, Ryan and their baby qualify for?

   C) In this scenario, if it is on or after January 1, 2027, would Stacy and/or Ryan need to comply with the Medicaid work requirement to qualify, and, if so, are they compliant?

Case #6: THE SMITH FAMILY ANSWERS

1. **What is the household size for each member of the household?**
   Tim – 5 (himself, his wife, and their 3 children claimed as dependents)
   Jessica – 5 (herself, her husband, and their 3 dependent children)
   Seth and Samantha– 5 (self, two parents, and two siblings)
   Stacy Smith – 6 (herself, her parents, her 2 siblings, her expected child)
   Ryan Jones – 1 (himself – separate application)

2. **What is the income for each member of the household?** For the parents: Steven's income is $1,750 twice per month ($1,750 X 2) for a total of $3,500. Sarah earns $12,000 annually or $1,000 per month ($12,000/12). This makes the total monthly household income $4,500.

   Stacy's income is $688/month ($16/hr x 10 hrs weekly x 4.3). Her income is not included in family's income since she makes $8,256 annually, which is less than the threshold that requires a dependent to file taxes ($15,570 in annual earned income 2026).

   Ryan's monthly income is $1,612.50 ($15/hr x 25 hrs weekly x 4.3).

3. **Does the family qualify for coverage? If yes, for which programs?** Seth (7) and Samantha (11) would both qualify for 12 months of continuous coverage through Medicaid for Children (FAMIS Plus) because their monthly household income ($4,500/month) falls below the income limit for a household of 5 ($4,771/month).

   Stacy (17) would qualify for Medicaid for Pregnant Women because her household income ($4,500/month) falls below the Medicaid for Pregnant Women income limit for a household of 6 (don't forget the expected child!) ($5,472/month). Her coverage would last for the duration of her pregnancy and 12 months postpartum.

   Stacy's parents both qualify for Medicaid Expansion since their household income ($4,500/month) falls below the income limit ($4,771 for household of 5).

   Ryan would also qualify for Medicaid Expansion since his income ($1,612.50/month) is below that limit ($1,836 for 1 person).

4. **A) Would anything change if Stacy was 19, living with her parents, and not claimed as a tax dependent?** As 19-year-old pregnant woman, she would be a single filer with a household of 2 with no dependents. Given her $688/month income, she would be eligible for Medicaid for Pregnant Women (income limit of $2,669/month for a household of 2).

   The household size for her parents and siblings would drop to 4, with the kids now eligible for FAMIS (income limit of $5,638 for household of 4). The parents would no longer be eligible for MedEx ($3,795 for family of 4), but they would be eligible for Plan First and/or Marketplace coverage with financial help.

B) What would happen if Stacy and her baby moved out of her family's home to live with her boyfriend? What programs would Stacy, Ryan and their child qualify for?

If Stacy and Ryan were living together but not married, their household size would depend on which parent claimed their child on their taxes:

- If Stacy claims the child, she would be a household of 2, herself and the child she is claiming on her taxes. Given her $688/month income, she would be eligible for LIFC since her income is below the limit ($789) for Group II which contains Lexington. Ryan would have a household of 1, his income would remain $1,612.50 and he would continue to be eligible for Medicaid Expansion.
- The baby would have a household of 3 since s/he is a dependent who is living with both parents who are not married. Counting mom and dad's income ($688 + $1,612.50 = $2,300.50), the baby would be eligible for 12 months of continuous coverage through Medicaid for Children (FAMIS Plus) since it is under the limit of $3,370/month for a household of 3.

C) In this scenario, if it is on or after January 1, 2027, would Stacy and/or Ryan need to comply with the Medicaid work requirement to qualify, and, if so, are they compliant? Since Stacy is enrolled in the LIFC covered group, she does not have to meet the requirements. LIFC recipients are not subject to the work requirement. Her coverage period will last the usual 12 months.

Ryan, being enrolled in Medicaid Expansion, would be evaluated for exemptions or compliance with the work requirement at his 2027 renewal. As the parent of a child under 14 years old, he meets an exclusion and will not need to comply with the work requirement. He has met the exclusion for the current month, so would therefore be considered a "specified excluded individual" and is still eligible for Medicaid Expansion, with his coverage period lasting 6 months. *NOTE: Since Ryan is on his own case, the state may not have record of his child on file, so he may need to report this to the state.*

D) In this scenario, if it is on or after January 1, 2027 would Stacy's parents, Jessica and Tim, need to comply with the Medicaid work requirement to qualify, and, if so, are they compliant? Stacy's parents, being enrolled in Medicaid Expansion, would be evaluated for exemptions or compliance with the work requirement at their 2027 renewal. As the parents of children under 14 years old (Seth 7 and Samantha 11), they meet an exclusion and will not need to comply with the work requirement. They would meet the exclusion for the current month, so would therefore be considered "specified excluded individuals" and still be eligible for Medicaid Expansion with their coverage period lasting 6 months.