



Medicaid / FAMIS in Virginia: The Basics and What's New



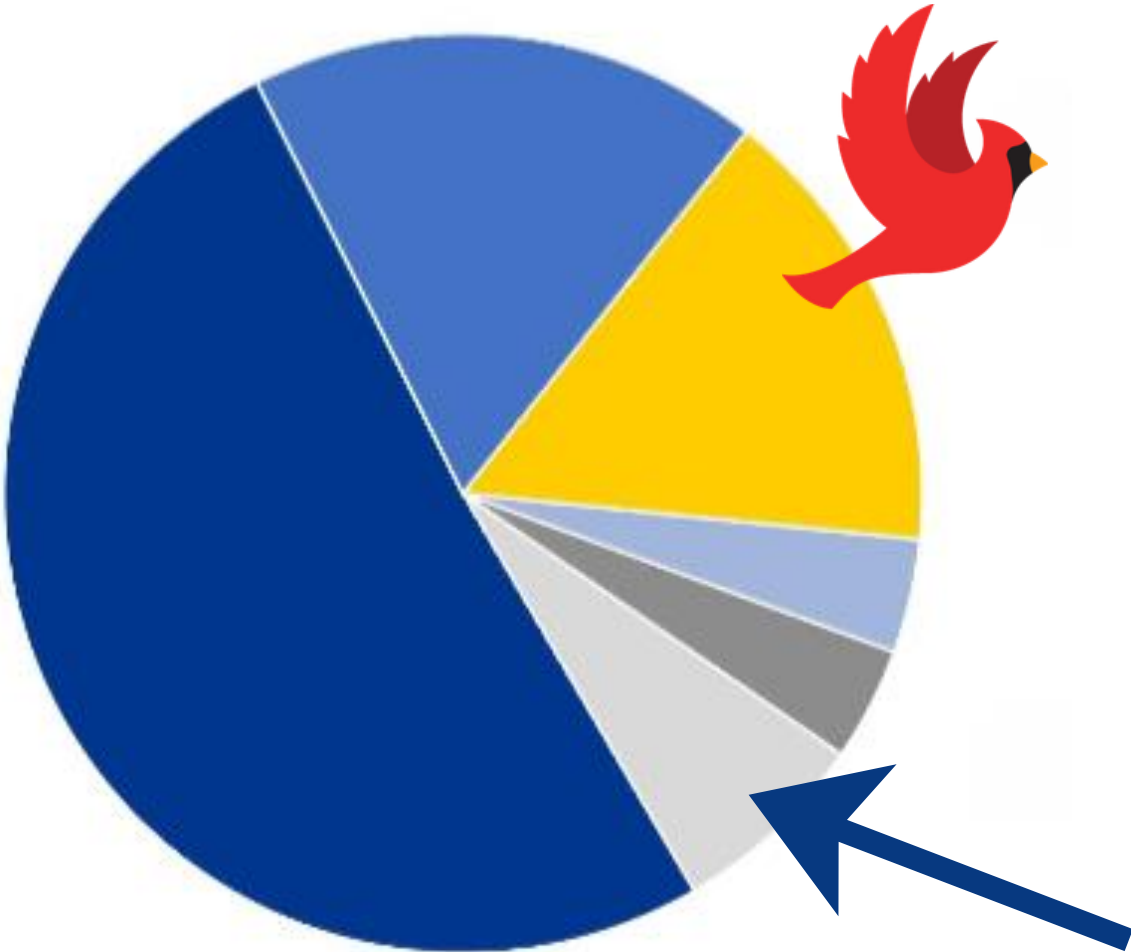
SUNLight: Today's Learning Objectives

- ➔ Gain a **bird's eye view** of Virginia's Cardinal Care programs (Medicaid/FAMIS)
- ➔ Learn about upcoming federal changes that will impact Cardinal Care: **what's changing** and **when, who** is impacted, and **why** this is important
- ➔ Leave this training with a solid understanding of the basics and a "first aid kit" of resources so you can **shine a light** on what's happening for your networks/communities!



Our collective goal is to help eligible Virginians keep their health coverage. Thank you for taking the time today to learn more about how you can help!

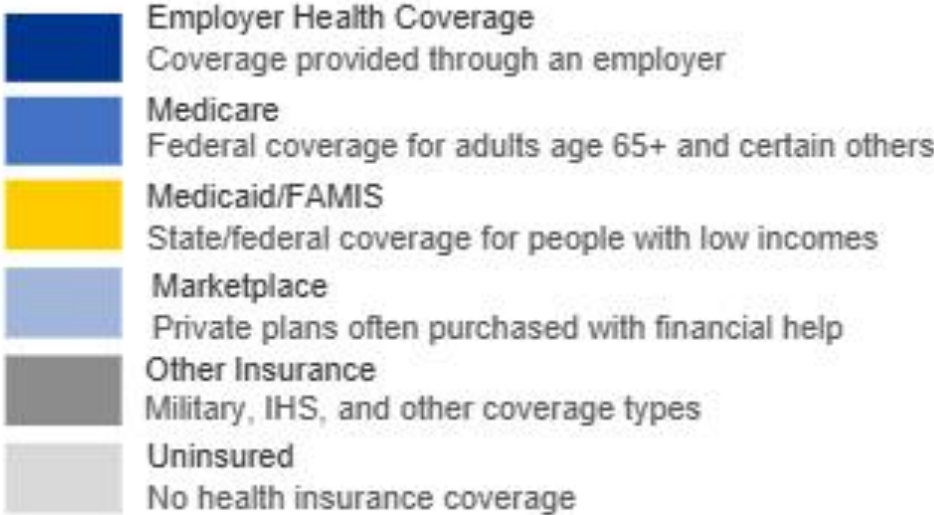
Introduction: Health coverage in Virginia



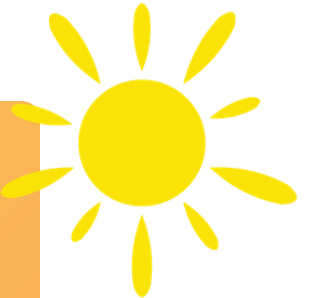
About one-third of Virginians have government-sponsored health coverage through:

- The **Medicare** program (typically people age 65+)
- **Medicaid and the Children's Health Insurance Program (called "FAMIS" in Virginia)**
- Financial help to purchase private health plans on Virginia's Insurance **Marketplace**

The latest comprehensive data from **the Virginia Health Care Foundation's Profile of Virginia's Uninsured** shows that 573,000 Virginians (about 8% of the population) do not have health coverage.



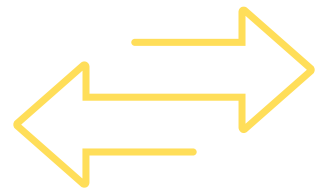
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Introduction: Federal changes impacting coverage



A new federal law passed in July 2025 that requires states to make major changes to health and social services programs nationwide

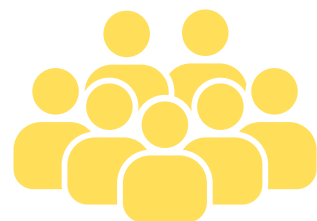


Two of the biggest programs impacted by this new law are **Medicaid** and the **Supplemental Nutrition Assistance Program** (SNAP, or food stamps)

- Today's training will focus on changes to Medicaid



The changes are required to be phased in from 2025 to 2029, but the **biggest changes impacting Medicaid eligibility will begin between October 2026 and January 2027, impacting 550,000 people**



The state is working closely with community partners to help Virginia families navigate these new changes and **stay covered and connected to care.**

Poll #1

Bird's Eye View: Cardinal Care (Medicaid/FAMIS)

What is Cardinal Care?



670,000 Children



40,000 pregnant & postpartum individuals (35% of births in Virginia!)



657,000 adults



137,000 Individuals with disabilities



100,000 older adults

→ Cardinal Care is the name of Virginia's Medicaid/FAMIS program, which is administered by the Department of Medical Assistance Services (DMAS). Cardinal Care plays a critical role in the lives of **1.8 million Virginians** – over 1/5 of the state's population.

→ Cardinal Care provides free coverage to Virginians of all ages, from newborns to older adults.

→ To get coverage, Virginians must apply. Applications are reviewed to see if the person meets certain requirements.



What factors determine if someone is eligible for Cardinal Care?

To be eligible for Cardinal Care, a person must meet all financial and non-financial requirements, which generally include:

- ✓ Living in Virginia
- ✓ Meeting citizenship/immigration status requirements 
- ✓ Having their household composition/size and income evaluated to ensure their family income is below the set limits* 
- ✓ For certain categories of coverage, a person cannot have other types of health insurance already

To ensure the person is eligible in the correct category of coverage, the state also looks at factors such as age (18-year-olds are considered “kids”!), pregnancy status, disability status, if the person is living in an institution, and more

**For adults over age 65 and certain people with disabilities, the state also looks at assets/resources*

Snapshot of the Cardinal Care programs



Coverage Categories for Pregnant/Postpartum Individuals

- **Medicaid for Pregnant Women** for pregnant individuals with lower incomes
- **FAMIS MOMS** for pregnant individuals with slightly higher incomes
- **FAMIS Prenatal** for pregnant individuals who don't meet the citizenship/immigration status requirements



Coverage Categories for Children under Age 19

- **Children's Medicaid** for children living in families with lower incomes
- **FAMIS** for children living in families with slightly higher incomes



Coverage Categories for Adults Who Aren't Pregnant

- **Medicaid Expansion** for adults ages 19–64 who don't have Medicare
- **Low Income Families with Children (LIFC)** for certain parents/caretakers with very low incomes
- **Medicaid for Former Foster Care Youth** for adults up to age 26 who aged out of foster care (regardless of their income)
- **Plan First** is a limited-benefit family planning program for adults

Older Adults and People with Disabilities: There are various special Medicaid programs for older adults and people with disabilities, including people who are receiving nursing home care. We have a separate SignUpNow training available about these programs!

What are the financial requirements for Cardinal Care?



- Financial eligibility for Cardinal Care generally mirrors **federal tax filing rules**, with some exceptions, such as the inclusion of Social Security income
- In general, think about who will be in the person’s tax household when they file their taxes for this year, and what their **current monthly gross income** is
- Income limits vary and are based on **percentages of the federal poverty level** (see table for dollar amounts)
- If the person’s household size and income fall within the set limits, the person **is likely to be financially eligible for Cardinal Care**

Income Limits Effective January 1, 2026				
Adults under Age 65			Children and Pregnant People	
Adults ages 19-64 may be eligible for full-benefit coverage if their household income is equal to or less than:			Children under age 19 and pregnant individuals of any age may be eligible for full-benefit coverage if their household income is equal to or less than:	
Household Size	Monthly	Yearly	Monthly	Yearly
1	\$1,836	\$22,025	\$2,727	\$32,718
2	\$2,489	\$29,864	\$3,697	\$44,362
3	\$3,142	\$37,702	\$4,668	\$56,006
4	\$3,795	\$45,540	\$5,638	\$67,650
5	\$4,449	\$53,379	\$6,608	\$79,294
6	\$5,102	\$61,217	\$7,579	\$90,938
7	\$5,755	\$69,056	\$8,549	\$102,582
8	\$6,408	\$76,894	\$9,519	\$114,226
Additional person add	\$654	\$7,839	\$971	\$11,644

Medicaid programs for adults age 65+ and people with disabilities have different income limits and more complex financial rules.

What are the citizenship/immigration status requirements for Cardinal Care?



Pregnant Individuals — Any Age

No citizenship or immigration status restrictions.

As long as they meet other eligibility requirements, pregnant people qualify regardless of their immigration status!

Immigration status is only used to determine the coverage period for Cardinal Care.



Children under Age 19

Must be a US citizen/National or lawfully residing immigrant – almost any lawfully residing immigration status/visa qualifies.

As long as they meet other requirements, all children who are citizens or lawfully residing immigrants qualify! No waiting periods.



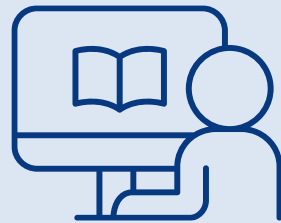
Adults Who Aren't Pregnant

Must be a US citizen/National or have a certain “qualified” immigration status to qualify.

Federal changes will soon further restrict eligibility for non-citizen adults age 19 and older, beginning October 1, 2026. (More on this later.)

Children and adults who do not meet these immigration status requirements may qualify for **Emergency Services Medicaid** – this is limited coverage that typically only covers payment to a provider in the event of an emergency.

How to apply for Cardinal Care



Online at CommonHelp

www.commonhelp.virginia.gov



By Phone: Cover Virginia 855-242-8282

*Bilingual English/Spanish reps
Language line access*



On Paper

- Print or order paper applications at <https://coverva.dmas.virginia.gov/apply/applications/>
- Mail to the Cardinal Care Correspondence Center (P.O. Box 1820, Richmond, VA 23218)
- Drop off in-person at your local dept. of social services

Information Needed

- Full legal names, SSNs, and birth dates for everyone applying. SSNs are not required for individuals who are not applying or do not receive them based on their immigration status.
- Mailing address and telephone number
- Current income information*
- Immigration documents (if not a US citizen)*
- Information on other health insurance if anyone is already covered

**Helpful to include copies of immigration documents and recent income information (like paystubs) with the application if applicable/possible.*

Need help applying?

Statewide networks of application
assisters are available to help for free:

enrollva.org/get-help

What happens after the application is submitted?



Important: This process takes up to 45 days!



1. Application submitted

The completed application is sent to the state's Cover Virginia unit or the applicant's local Department of Social Services (DSS) for review and processing.



2. Data verification by state

The information provided is **compared against electronic data sources** to confirm that it's accurate.



3. Watch the mail and act quickly- updates are typically sent by mail!

It is so important that applicants OPEN every letter and act quickly. If more info is needed to process the application, a **"verification checklist" (VCL) will be mailed** asking for copies specific documents.



4. Notice of Action - approval or denial

Once processing is complete, a Notice of Action letter will be mailed stating whether the application was **approved or denied**.

Who will the mail come from:

- Cover Virginia
- Local DSS
- DMAS

Submit Documents:

- Online via CommonHelp
- Email
verify_docs@coverva.org
- Mail to Cardinal Care Correspondence Center
- Bring to local DSS

People who are denied have the right to appeal. Notice of Action will include information on the appeal process. See <https://www.dmas.virginia.gov/appeals/> for more info.

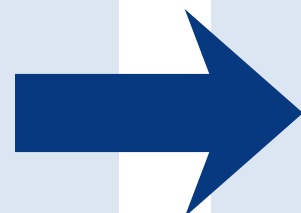
What happens after an approval?



Approved

Coverage usually starts the 1st of the month that the person applied. Members can start using their coverage right away using the enrollee ID number printed on the Notice of Action.

Some people in certain categories of coverage can get retroactive coverage for up to 3 months of past bills. ***These rules are changing in January. (More on this later)***



Enrolled

A Cardinal Care ID card arrives by mail.

Members are typically in Fee-for-Service Cardinal Care for the first 1-2 months. This just means that the state is directly paying for any care they receive before they are enrolled in managed care.



Managed Care

Members are enrolled in a managed care organization (MCO) and get a card from that health plan.

Members can select a plan before their enrollment in an MCO and for 90 days after their enrollment, and then typically once a year, through the Cardinal Care Enrollment Broker.

These 5 health plans (MCOs) serve all of Virginia



Aetna Better Health® of Virginia



Members can compare plans and choose or change their MCO with the Cardinal Care Enrollment Broker at www.viriniamanagedcare.com

What benefits are covered?

Cardinal Care covers a comprehensive set of services



**Doctor/clinic visits
(primary & specialty)**



Prescription drugs



Lab & x-ray services



**Hospitalizations &
emergency care**



**Maternity & newborn
care**



**Mental health &
addiction recovery**



**Rehab therapies
(PT/OT/speech)**



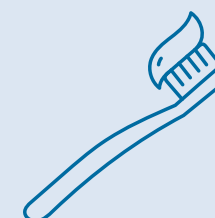
Family planning services



**Medical equipment &
supplies**



**Preventive & wellness
care**



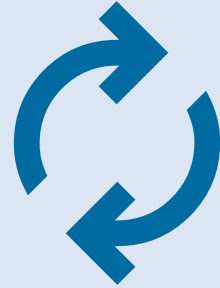
Dental services



And More!

Health plans (MCOs) can help Cardinal Care members find a provider and navigate their benefits. Dental benefits are administered by DentaQuest, which can help with finding a dentist and navigating dental care: www.dentaquest.com

Reporting changes and renewals



Renew every 12 months

Most members have their eligibility checked once a year (every 12 months).* ***These rules are changing in January for some people. (More on this later.)***



Keep information up to date!

If members move or have a change in contact info, income or other circumstances, they **should report that change right away**, even if it is not time for their renewal.

At renewal, the state checks electronic data sources first ("ex parte" review)

Verified electronically – no action needed!

The state sends a Notice of Action with new coverage dates.
No action needed!



Can't verify electronically – action needed!

A pre-populated paper renewal form is mailed. It's important to review the information and respond by the due date (usually within 30 days).

Members can report changes anytime and/or complete their renewal:

- By calling the Cover Virginia Call Center
- Online via CommonHelp
- Mailing to Cardinal Care Correspondence Center (postage is included with the renewal)
- Bringing to local DSS

What about the Marketplace?

If someone doesn't qualify for Cardinal Care, they may be eligible for financial help to enroll in a health plan through Virginia's Insurance Marketplace.

The Marketplace has an **annual open enrollment period. This year open enrollment starts November 1 and runs through January 29, 2027.**



The state is providing additional financial help for people with incomes between 138–250% of the federal poverty level.



People can also enroll outside of the annual open enrollment period if they experience a qualifying life event, such as:



Becoming pregnant



Losing health coverage (including Cardinal Care)



Getting married or divorced



Moving



Other qualifying changes

Learn more and enroll at
marketplace.virginia.gov
or 888-687-1501

The Marketplace will also check whether someone applying may be eligible for Cardinal Care. A person who is eligible for Cardinal Care is not eligible for financial assistance through the Marketplace.

Poll #2

Upcoming Federal Changes Impacting Cardinal Care Coverage



Important note: These slides are based on current guidance from the federal government on these new rules and are subject to change. We will keep you updated if things change via our *SignUpNow* email list.

What's changing and what are the major impacts?

A new federal law, often called "**HR 1**" or the "**One Big Beautiful Bill Act**," which was signed into law by President Trump last summer, is requiring states to change Medicaid eligibility rules in 2026 and 2027. In Virginia, the impact falls mainly on **non-pregnant adults**.

How these changes could impact people enrolled in Cardinal Care:

Some people will lose eligibility outright

Others may lose coverage due to paperwork reasons (but are still eligible!)

Others who are still eligible will be impacted by the "unwelcome mat" effect

These changes **will likely hit some groups harder than others**, including immigrants who are no longer eligible and people who may struggle to meet the new work requirements, like people experiencing homelessness, adults in areas with few job opportunities, and people who work but may not show up "in the system," like caregivers, cash-paid workers, and seasonal workers.



However, for many people, coverage loss is not inevitable! That's why it's so important to shine a light on these changes for our communities!

In this section, you will learn:

- ✓ What's changing and what's not
- ✓ Who these changes apply to (and don't)
- ✓ What action people can take to stay covered
- ✓ How you can help

At a glance: new federal Medicaid requirements

New federal requirement	Summary	Who Is affected?	Implementation date	When members must take action
Restricting eligibility for lawfully present immigrants	Ending Medicaid eligibility for certain lawfully present immigrant adults, such as refugees	<u>Non-pregnant adults</u> with certain immigration statuses	October 1, 2026	By October 1, 2026
Reducing Medicaid coverage of past bills (retroactive coverage)	Reduces coverage option for Medicaid payment of past medical bills to 1-2 months	Everyone applying for Medicaid (FAMIS doesn't have retroactive coverage now)	January 1, 2027	N/A
More frequent renewals in Medicaid	Increases renewals to twice/year (every six months) for Medicaid Expansion adults	Medicaid Expansion adults (adults ages 19-64)	Phased in starting January 1, 2027	At their first renewal date in 2027, then every six months (or at application for new applicants)
Federal work requirements	Requires all states to establish work/community engagement reporting requirements for Medicaid Expansion adults	Medicaid Expansion adults (adults ages 19-64)	Phased in starting January 1, 2027	At their first renewal date in 2027 (or at application for new applicants)

Let's look at that in a timeline



Notices for members who will be impacted by the **eligibility restrictions for lawfully present immigrants** mailed out



Notices for members who will be impacted by **the work reporting requirements/six-month renewals** mailed out



Information on work reporting requirements included in Notices of Action for impacted members

August 2026

September 2026

October 2026

January 2027

2027 and Beyond



Eligibility restrictions for lawfully present immigrants take effect



Work requirement and six-month renewals take effect for Medicaid Expansion members



Work requirements are re-verified at each six-month renewal for Medicaid Expansion members



Retroactive coverage limits take effect for new applicants

Members may also receive outreach via text, phone, and email from their MCO

Now we'll break down each of the changes

- 1 Restricting eligibility for lawfully present immigrant adults who aren't pregnant
- 2 Reducing Medicaid coverage of past bills (retroactive coverage)
- 3 New federal work requirements and more frequent coverage renewals for adults enrolled in Medicaid Expansion

1

Remember this slide? Cardinal Care citizenship/immigration status requirements



Pregnant Individuals – Any Age

No citizenship or immigration status restrictions.

As long as they meet other eligibility requirements, pregnant people qualify regardless of their immigration status!

Immigration status is only used to determine the coverage period for Cardinal Care.



Children under Age 19

Must be a US citizen/National or lawfully residing immigrant – almost any lawfully residing immigration status/visa qualifies.

As long as they meet other requirements, all children who are citizens or lawfully residing immigrants qualify! No waiting periods.



Adults Who Aren't Pregnant

Must be a US citizen/National or have a certain “qualified” immigration status to qualify.

Federal changes will soon further restrict eligibility for non-citizen adults age 19 and older, beginning October 1, 2026. (More on this later.)

Children and adults who do not meet these immigration status requirements may qualify for Emergency Services Medicaid – this is limited coverage that typically only covers payment to a provider in the event of an emergency.

1

New restrictions to eligibility for non-pregnant adults who are immigrants

Rules Prior to Oct. 1, 2026

Non-pregnant adults with various immigration statuses qualify for full-benefit Medicaid, including:

- Lawful Permanent Residents (most need to have lived in the US for 5 years)
- Cuban/Haitian Entrants
- Compact of Free Association (COFA) migrants
- Refugees
- Asylees
- Humanitarian parolees
- Afghan and Ukrainian parolees
- Special Immigrant Visa holders from Iraq and Afghanistan
- Victims of trafficking
- VAWA ("battered" noncitizens)
- Withholding of removal
- Legally residing active-duty military/veterans and their spouses and dependent children
- Deportees whose removal is withheld
- And More!

Rules Starting Oct. 1, 2026

Non-pregnant adults will need to have one of these three immigration statuses to qualify:

- Lawful Permanent Residents (see next slide for more info on who has a waiting period and who doesn't)
- Cuban/Haitian Entrants (for their first 7 years in the US)
- Compact of Free Association (COFA) migrants

All other immigration statuses are excluded from full-benefit coverage.



IMPORTANT: No changes to eligibility for children under age 19 or pregnant individuals

1

More information on LPR status eligibility requirements for non-pregnant adults

NO WAITING PERIOD – ELIGIBLE IMMEDIATELY

- Lawful Permanent Residents (LPRs, or green card holders) with status for 5 years
- LPRs with Iraqi or Afghan Special Immigrant Visas (SIVs)
- LPRs who formerly held refugee status
- LPRs who formerly held asylee status
- LPRs who formerly held Withholding of Removal status
- LPRs who formerly held Ukrainian or Afghan parolee status
- LPRs who formerly held Trafficking Victim (T-Visa) status
- LPRs who formerly held Amerasian status
- LPRs who were previously Cuban/Haitian Entrants
- LPRs who are Canadian Native Americans
- LPRs on active military duty, veterans, or their immediate relatives

5-YEAR WAITING PERIOD (“5-YEAR BAR”)

All other LPRs are subject to a 5-year waiting period for Medicaid

For example: green cards obtained through family, employment, Diversity Visas, U-Visas, and more

Adults who do not meet these immigration status requirements, or are in their 5-year waiting period, may qualify for **Emergency Services Medicaid** – this is limited coverage that typically only covers payment to a hospital in the event of a true emergency.

Applies under new eligibility rules effective October 1, 2026

1 How the immigration status eligibility changes will be implemented

New Applicants

- Non-pregnant immigrant adults applying on or after October 1, 2026 will have their eligibility reviewed under the new rules
- The application includes additional questions to determine specific immigration status

EXISTING CARDINAL CARE MEMBERS WHO WILL BE IMPACTED: WHAT HAPPENS NEXT

1	2	3	4
Notice Mailed: August The state will check recent data for current immigration status and will mail a letter to members who may no longer qualify asking them to confirm or update their immigration status	30 Day Window Members have 30 days to respond with any updates	Eligibility Redetermined: September Eligibility will be redetermined based on the information provided, or existing state data if none is given	Outcome: Oct. 1, 2026 If no longer eligible for full-benefit coverage, a Notice of Action is sent; many will likely move to Emergency Services Medicaid coverage (very limited benefit)

Reminder: Ways to Submit Documents

- Online via CommonHelp
- Email **verify_docs@coverva.org**
- Mail to Cardinal Care Correspondence Center
- Bring to local DSS

Poll #3

2 Reduces the Medicaid retroactive period

Rules Prior to Jan. 1, 2027

up to 3 months

of retroactive coverage to pay for medical services received during that period, for example from a recent hospitalization

Rules Starting Jan. 1, 2027

1 month

of retroactive coverage for Medicaid Expansion adults

up to 2 months

of retroactive coverage for kids, pregnant people, older adults, people with disabilities, and other categories

Impact in Virginia

Retroactive coverage helps Medicaid applicants pay prior bills, especially for unexpected hospitalizations. Virginians who are delayed in applying will have increased unpaid bills. CHIP (FAMIS) enrollees already have no retroactive period*, so this will not impact them.

**One exception is for FAMIS newborns for whom an application is submitted within 3 months of birth who receive retroactive coverage for up to 3 months currently; this period will be reduced to 2 months.*

3

New work reporting requirements and six-month renewals for non-pregnant adults ages 19-64

Rules Prior to Jan. 1, 2027

Cardinal Care members typically renew coverage annually (every 12 months)

- Current income is reviewed at application and renewal

Currently, there is no requirement to work or participate in other activities to qualify

Rules Starting Jan. 1, 2027

Adults enrolled in Medicaid Expansion (ages 19-64) will need to renew coverage every 6 months instead of every 12

Must also meet the new work requirements by:

- Being exempt (meeting an exclusion or exception)
- Working, volunteering, going to school, or participating in a work program for a combined total of at least 80 hours/month
- Being enrolled in school at least half-time
- Having monthly household income of at least \$580/month (the federal minimum wage multiplied by 80 hours)

Review of compliance with the work requirement will be done at application and renewal through the existing processes: it will NOT be a separate or additional process.

3 Remember this slide?



Coverage Categories for Pregnant/ Postpartum Individuals

- **Medicaid for Pregnant Women** for pregnant individuals with lower incomes
- **FAMIS MOMS** for pregnant individuals with slightly higher incomes
- **FAMIS Prenatal** for pregnant individuals who don't meet the citizenship/immigration status requirements



Coverage Categories for Children under Age 19

- **Children's Medicaid** for children living in families with lower incomes
- **FAMIS** for children living in families with slightly higher incomes



Coverage Categories for Adults Who Aren't Pregnant

- **Medicaid Expansion** for adults ages 19–64 who don't have Medicare
- **Low Income Families with Children (LIFC)** for certain parents/caretakers with very low incomes
- **Medicaid for Former Foster Care Youth** for adults up to age 26 who aged out of foster care (regardless of their income)
- **Plan First** is a limited-benefit family planning program for adults

Older Adults and People with Disabilities: There are various special Medicaid programs for older adults and people with disabilities, including people who are receiving nursing home care. A separate *SignUpNow* training available about these programs!

3

First definition: “**exclusions**”: people who do NOT need to comply with the new federal work requirement

Age

- Children (age 18 and under)
- Older adults (age 65+)

Certain Parents, Caregivers, & Pregnant People

- Parent, guardian, or caregiver of a child age 13 and under, or of someone with a disability of any age
- Pregnant people through 12 months postpartum

Already Meeting Other Rules

- Meeting SNAP or TANF work requirements

Medical Exemption

- Veteran with a 100% disability rating
- People who are in substance use disorder program (treatment/rehab)
- People who are “medically frail”:
 - People with a disability or blindness (e.g., SSI/SSDI recipients)
 - People with a physical, intellectual, or developmental disability that significantly limits daily activities (e.g., bathing, dressing, etc.)
 - People who have substance use disorder (or who have been in recovery for up to 5 years)
 - People with a disabling mental health disorder
 - People with a serious or complex medical condition

Other Exemptions

- American Indians and Alaska Natives
- People who are incarcerated
- Former foster care youth, age 25 and under

?

Important: Specific definitions of “medical frailty” are still being determined. New federal guidance says many of these conditions must seriously limit a person's ability to work or do other community engagement, but the details are still being worked out.

Timing is everything!

Exclusions = Current Month

For **exclusions**, the state is looking at the current month - the month they apply or renew.

If someone meets the exclusion for just 1 day in the applicable month, that means that the person meets the criteria for the **WHOLE** month.

People who meet one of these exclusions are known as “specified excluded individuals”

3

Second definition: “exceptions”: people who DO need to comply with the work requirement, but a certain circumstance excuses them

Transition Period

- People who are transitioning into Medicaid Expansion from certain other types of Cardinal Care coverage, such as people turning age 19 or pregnant individuals after 12 months of postpartum coverage
- People who were incarcerated in the prior 3 months
- People who were eligible for Medicare during the lookback period

Medical Care

- Receiving hospital care or nursing home care
- Needing to travel outside of their community for medical care for themselves or their dependent
- NOTE: these exceptions must be requested by the individual

Living Somewhere with Certain Circumstances

- Living in a county or city that has a high unemployment rate or where a federal emergency or disaster has been declared (state will determine this)

Meeting an Exclusion in the Past

- If someone is not meeting an **exclusion** (see previous slide) in the **current month**, but DID meet it during the **lookback period**, they meet an **exception**. Example - child turned 14 in the month of application.

Timing is everything!

Exceptions = Lookback

For exceptions, the state is looking back in time:

- The month BEFORE they apply
- At least one month since their most recent enrollment or renewal

If someone meets the exclusion for just 1 day in the applicable month, that means that the person meets the criteria for the **WHOLE** month.

3

Third definition: “**compliance**”: what are ways to comply with the new work requirement for people who don’t meet an exclusion or exception?



Having \$580/month in household income, OR

Going to school at least half-time, OR



Doing 80 hours of approved activities per month, which can include any mix of these things:

- Working at a job/business (including in-kind/unpaid work)
- Going to school
- A job training/work program
- Volunteering with an agency or organization



Timing is everything!

Compliance = Lookback

For compliance activities, the state is looking back in time:

- The month BEFORE they apply
- At least one month since their most recent enrollment or renewal

Future employment/activities do NOT fulfill the requirement.

3

How this will work in 2027: application & renewal

Implementation Date: January 1, 2027

New applicant applies on or after Jan. 1, 2027

At first renewal date in 2027

Current Medicaid Expansion enrollees will become subject to the requirement at their 2027 renewal date

State (Cover VA or local DSS) conducts usual ex parte processes + checks to see if the person qualifies for an exclusion from the work requirement

If excluded:

Enrolled using usual process: coverage lasts 6 months for Medicaid Expansion

If excepted or compliant:

Enrolled using usual process: coverage lasts 6 months for Medicaid Expansion

State (Cover VA or local DSS) checks for exceptions or compliance

Remember, timing is everything!

Exclusions = Current Month

For **exclusions**, the state is looking at the **current month** – the month they apply or the month the renewal is being processed.

Compliance/ Exeptions = Lookback

For **compliance activities** and **exceptions**, the state is looking back in time:

- The month BEFORE they apply
- At least one month since their most recent enrollment or renewal



If info is missing

If the state cannot determine exclusions/exceptions or compliance with the application answers and/or state data, it will issue a **notice (called a Notice of Non-Compliance)** and **give the applicant 30 days to respond. At renewal, this notice would be included in the renewal packet.**

What to do when action is needed

- The state will try to use information provided by the applicant/member (the person's "self-attestation") and/or data/information it already has to minimize the number of people who will need to do anything extra. **In 2027, the state is allowed to accept self-attestation for most exclusions, exceptions, and compliance activities.**
- If the state cannot determine exclusions/exceptions or compliance with the application answers and/or state data, it will issue a **notice (called a notice of noncompliance)** and **give the applicant 30 days to respond. At renewal, this notice would be included in the renewal packet.**

It is very important for people who get a notice of noncompliance in the mail to act on it quickly!

Reminder! Submit information:

- Online via CommonHelp
- Email **verify_docs@coverva.org**
- Mail to Cardinal Care Correspondence Center
- Bring to local DSS
- PLUS! New easy-to-use portal coming soon!

What proof might the state ask for to show compliance with the work requirement or that the person is exempt?

In most cases, in 2027, the applicant or member can simply provide their attestation for their exclusion, exception, or compliance.

In 2028, the state will need to start verifying these attestations.

3

Let's look at some examples



Linda is enrolled in Medicaid Expansion and her renewal date is December 2027.

She is 54 years old, and has not had stable housing for most of the past year. She also has a substance use disorder (SUD). Because of these challenges, she has not been working for over a year.

Does she need to comply with the work requirement at her 2027 renewal, and, if so, is she compliant?

Is Linda exempt (does she meet an exclusion or exception)?

Based on the info we have, Linda likely qualifies for an exemption –specifically, an exclusion based on her substance use disorder that is impacting her ability to work.

What time period are we going to look at?

Remember, exclusions are always looked at in the current month! Linda currently has a substance use disorder, which is impacting her ability to work.

Does Linda still qualify for Cardinal Care under the new requirements?

Linda currently has a substance use disorder. As long as the state is able to see evidence of SUD in the data or has her self-attestation, she will be enrolled for six more months of coverage with her next renewal in June 2028. If not, the state will send her a notice, and she will need to attest to her SUD.

3

Let's look at some examples



Ana (29 years old), her husband Carlos (28 years old), and their 5-year-old daughter Lucia are applying for Cardinal Care in February 2027.

- They meet all of the other requirements for Cardinal Care, including citizenship/immigration status, and their monthly household income is \$3,000/month.
- Ana is three months pregnant.

Do Ana and/or Carlos need to comply with the work requirement to qualify for Cardinal Care?

Does Ana need to meet the work requirements?

Ana will be enrolled in Medicaid for Pregnant Women and her coverage will be for her entire pregnancy and 12 months postpartum. Since she is not enrolled in Medicaid Expansion, she is not subject to the work requirements.

Is Carlos exempt (does he meet an exclusion or exception)?

Yes, since he is the parent of a child under 14 years old, Carlos meets an exclusion. He is enrolled in Medicaid Expansion for 6 months of coverage.

What time period are we going to look at?

Remember, exclusions are always looked at in the current month!

This is a good example of how everyone in the family can have different periods of coverage:

- Ana gets coverage for her pregnancy + 12 months postpartum.
- Carlos gets coverage for six months.
- Lucia gets continuous coverage for 12 months.

3

Let's look at some examples



Jayden has been enrolled in Medicaid Expansion since June 1, 2026, and his coverage is due to expire May 31, 2027.

- He is 21 years old, has been going to school full-time and working in the school bookstore part-time (making \$1,000/month) since August 2026.

Does he need to comply with the work requirement at his 2027 renewal, and, if so, is he compliant?

Is Jayden exempt (does he meet an exclusion or exception)?

Based on the info we have, it doesn't look like Jayden would be exempt (meet an exclusion or exception), so he will likely need to comply with the work requirement.

What time period are we going to look at?

Since this is a renewal, we are going to look back to the most recent enrollment or renewal date for compliance with the work requirement to see if Jayden met the requirement for any one month in that period – if he did, he is compliant and good to go for the next six months.

Does Jayden still qualify for Cardinal Care under the new requirements?

Jayden has been enrolled in school since August 2026. As long as the state is able to see evidence of his school enrollment in the data or has his self-attestation, he will be enrolled for six more months of coverage with his next renewal in November 2027.

NOTE: He also would meet the requirement since his monthly income has been at least >\$580/month!

3

Let's look at some examples



Dan (48 years old) and Jen (46 years old) had their last renewal in 2026. They continued to qualify for Medicaid Expansion and their new coverage period was set as October 1, 2026 - September 30, 2027.

- They are married and live together with their 2 teenage kids, Josh (15) and Liam (16). They both work – Dan's income is \$500/month and Jen's income is \$2,500/month (their income has been consistent for the last year or so).

Do Jen and Dan need to comply with the work requirement at their 2027 renewal, and, if so, are they compliant?

Are Jen or Dan exempt (do they meet an exclusion or exception)?

Based on the info we have, they likely don't qualify for an exemption – they are parents, but both of their kids are age 14 and older.

What time period are we going to look at?

Since this is a renewal, we are going to look back to the most recent enrollment or renewal date for compliance with the work requirement to see if they met the requirement for any one month in that period – if they did, they are compliant and good to go for the next six months.

Do Jen and Dan still qualify for Cardinal Care under the new requirements?

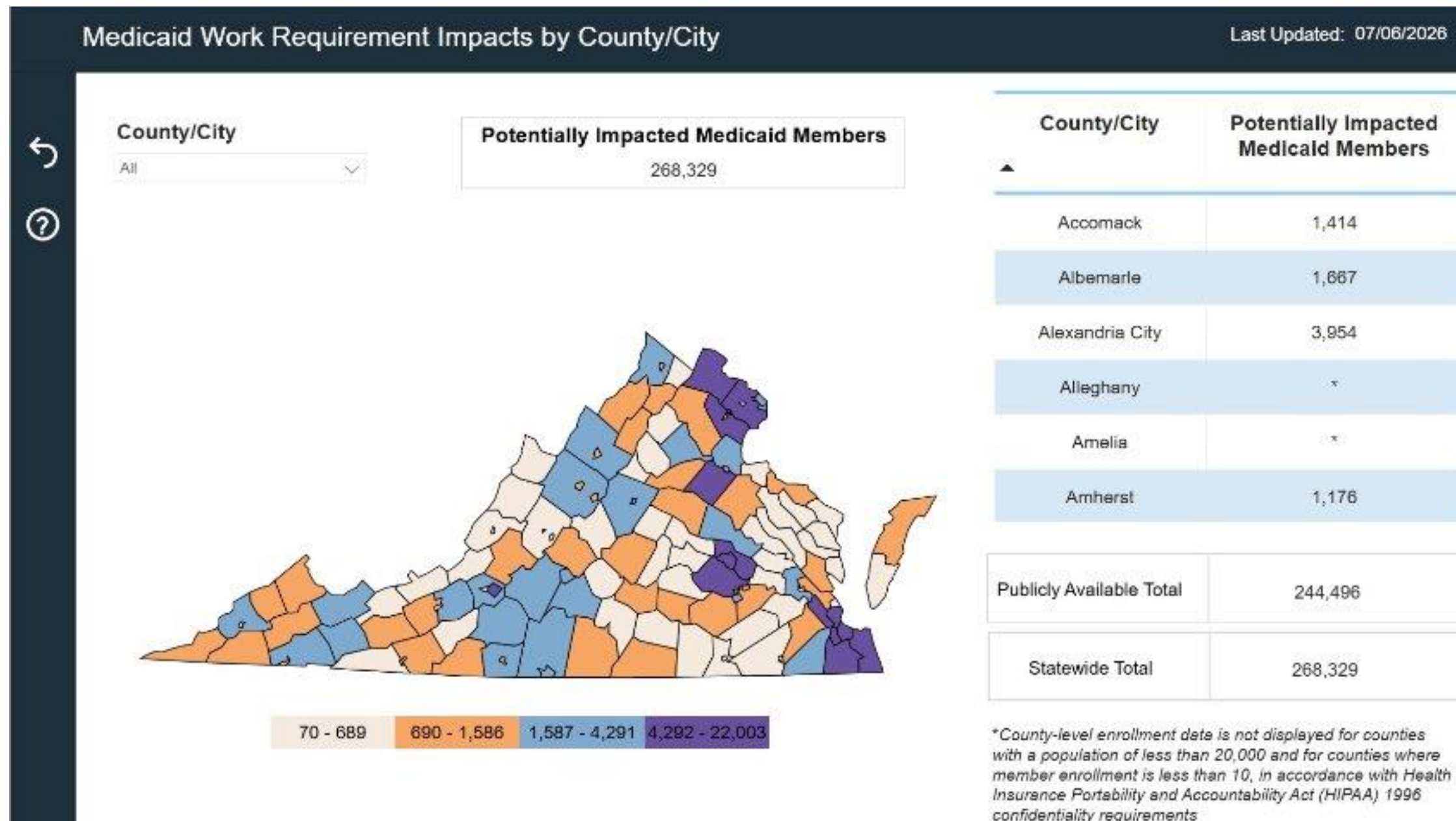
Dan's income has been below the \$580/month threshold to meet the work requirement, BUT the requirement is based on household income! Dan and Jen's combined MAGI has been \$3,000/month, meaning they BOTH meet the requirement and will be enrolled for six more months of coverage with their next renewal in April 2028.

Poll #4

YOUR FIRST AID KIT FOR FEDERAL CHANGES



How can I find more detail on who is impacted?



Utilize the state's dashboard to see how many people may need to take action to report their exemption or compliance with the work requirement – drill down to the county/city level.

<https://www.hhr.virginia.gov/hhr-dashboard/#medicaid-dashboard>

The state also has dashboards on federal impacts to SNAP.

What are the key resources available?

Where can I find info, FAQs, and Toolkits from the state about all of these changes?



<https://www.dmas.virginia.gov/news-updates/new-federal-requirements/>

Are there materials I can access about these changes?



Print or order rack cards, flyers, and fact sheets at:

<https://coverva.dmas.virginia.gov/partners/outreach-materials/>

Need help with applications/renewals?

Statewide networks of application assisters are available to help for free:

enrollva.org/get-help



Need help with appeals (or other legal resources)?

Local legal aid offices can help:

virginialawhelp.org



Need information on federal SNAP changes?

<https://www.dss.virginia.gov/relief/food-assistance/snap/snap-requirements-faqs/>



What about resources about public benefits for immigrant families?

Learn more on data privacy at vpic.org/frequently-asked-questions-about-data-privacy-for-immigrants and on public charge at pifcoalition.org



Need information on work, education, and volunteering programs?



Information on programs that can help with meeting the new requirements:

<https://www.dss.virginia.gov/relief/eligibilitychangersources/employment-assistance-services/>

Work opportunities: virginiaworks.gov

Volunteer opportunities: servevirginia.org

Education opportunities: virginiag3.com



What can people do who lose coverage because of the new federal requirements?

People who apply and are denied or whose coverage is terminated at renewal because of any the new requirements have the right to appeal that decision within 35 days of the Notice of Action.

Appeal info: <https://www.dmas.virginia.gov/appeals/>

Additionally, at renewal, people who lose coverage because of not completing the paperwork have a 90-day grace period after they lose coverage to submit that paperwork to get coverage restored.



Free and low-cost care for people who are uninsured is available through Virginia's networks of free clinics, community health centers, and local health departments:

Free clinics: www.vafreedclinics.org/clinics-in-virginia

Community health centers: vcha.org/locations

Interactive map of all free clinics and health centers: enrollva.org/clinics

Local health departments (typically provide vaccines, STI testing, birth control, and more):

<https://www.vdh.virginia.gov/health-department-locator/>



Notes on the Marketplace:

- Some people losing coverage because of the new federal requirements may be able to get affordable coverage through Virginia's Insurance Marketplace. More details soon!

What are key messages I can share?

- ➔ **Update your information!** Have you recently moved or changed your phone number? Tell the state so you don't miss important updates about your Cardinal Care coverage. Learn how to update your information at <https://coverva.dmas.virginia.gov/members/update-your-information/>
- ➔ New federal Medicaid requirements are coming in late 2026 and 2027. These new rules mainly affect adults who aren't pregnant. **If these changes affect you, you will get a letter in the mail explaining what to do.**
- ➔ **Open your mail and follow instructions!** Open and read any letters from the state, local department of social services (DSS), Cover Virginia, or your health plan right away and respond quickly to requests for information.
- ➔ **Access medical and dental care now!** Keep using your Cardinal Care coverage to get needed care.

What if I want a deeper dive?

Our classic *SignUpNow* (SUN) workshops provide comprehensive training on the ins and outs of the application, eligibility, and enrollment processes, including upcoming federal changes.

These workshops are the ideal choice for anyone who works directly with individuals and families who are or may be eligible for Medicaid/FAMIS. All participants receive a detailed hard-copy Tool Kit!

- ➔ Do you work with **adults, children, and/or pregnant individuals?** Register for a **SUN – Medicaid/FAMIS workshop!**
- ➔ Do you work with **older adults and/or people with disabilities?** Register for a **SUN – Aged Blind Disabled (ABD) workshop!**
- ➔ Register for a live, virtual workshop or access our on-demand content at [vhcf.org/workshops](https://www.vhcf.org/workshops)

Check out our other deep-dive resource, our comprehensive SUN Tool Kits!

<https://www.vhcf.org/for-those-who-help/resources-for-providers/medicaid-famis-resources/signupnow-toolkit/>

Stay informed!

Now that you've reached the end of this training you know that:

- Things are still being figured out
- Some things may change

So how can you stay up to speed on the latest updates?

- ➔ Because you took this training, you are now subscribed to the *SignUpNow* email list, where you will get quarterly newsletters and additional updates

Want to send to a friend? They can subscribe at: tinyurl.com/signupnowvhcf

- ➔ Bookmark the DMAS federal requirements webpage and subscribe to updates there: <https://dmas.virginia.gov/news-updates/new-federal-requirements/>

SUNLight: Today's Learning Objectives

- ✓ Gain a **bird's eye view** of Virginia's Cardinal Care programs (Medicaid/FAMIS)
- ✓ Learn about upcoming federal changes that will impact Cardinal Care: **what's changing** and **when, who** is impacted, and **why** this is important
- ✓ Leave this training with a solid understanding of the basics and a "first aid kit" of resources so you can **shine a light** on what's happening for your networks/communities!

Our shared goal is to help eligible Virginians keep their health coverage!