

Extended Medicaid



Weaving our
Knowledge
Together

Presented by:

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VIRGINIA DEPARTMENT OF
SOCIAL SERVICES

What is Extended Medicaid?

Medicaid families may be eligible for an extended period of Medicaid coverage when the family meets ALL the requirements for the Low Income Families with Children (LIFC) covered group except income.

M1520.400A



Low Income Families With Children (LIFC)



Dependent child under age 18, or under the age of 19 and is a full-time student; AND living in the home of a parent or a caretaker-relative. M0310.111

Modified Adjusted Gross Income (MAGI) methodology is used to determine eligibility for LIFC individuals.

There is no resource test for LIFC.

AC code 081 is for an LIFC individual in a family with one or no parent in the home.

AC code 083 is for LIFC individuals in a two-parent household (including a stepparent).



**LIFC Income
Limits
effective
7/1/2025**

Group I

Household Size	Monthly Amount	Annual Amount
1	\$329	\$3,948
2	495	5,940
3	632	7,584
4	764	9,168
5	896	10,752
6	1010	12,120
7	1142	13,704
8	1276	15,312
Additional	139	1,668

Group II

Household Size	Monthly Amount	Annual Amount
1	\$429	\$5,148
2	609	7,308
3	767	9,204
4	913	10,956
5	1,075	12,900
6	1,209	14,508
7	1,355	16,260
8	1,510	18,120
Additional	155	1,860

Group III

Household size	Monthly Amount	Annual Amount
1	\$642	\$7,704
2	859	10,308
3	1,048	12,576
4	1,226	14,712
5	1,452	17,424
6	1,613	19,356
7	1,793	21,516
8	1,983	23,796
Additional	188	2,256





+

Medicaid recipients may be eligible for an extended period of Medicaid coverage when the family meets all the eligibility requirements for LIFC except **income**.

There are two types of extensions available:



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4-month extension

- LIFC families who received Medicaid in 3 of the last 6 months
- Ineligible for Medicaid due to increased income from child and/or spousal support.

12-month extension

- LIFC families who received Medicaid in 3 of the last 6 months
- Ineligible for Medicaid due entirely to an increase in countable earned income

But first...review the household's eligibility in the other MAGI covered groups!

- If eligible, update the renewal date.
- If anyone in the household is *ineligible* in a MAGI group, evaluate eligibility for the Medicaid extension.

	MAGI	MAGI	MAGI	MAGI	MAGI	MAGI	MAGI	MAGI	MAGI	Non_MAGI	Non_MAGI			MAGI	
	5% FPL Disregard	Children < 19 109% FPL (To Assign AC)	Children < 19 & PG (143% FPL)	LIFC Eff. 07/01/25	F&C < 21 Eff. 07/01/25	FAMIS (150% FPL)	FAMIS / FAMIS Moms/ Plan First (200% FPL)	FAMIS Prenatal Non-Citizen 200% FPL	Extended Medicaid (185% FPL)	F&C Medically Needy Eff. 07/01/25			MAGI Adults Covered Group (Expansion) Eff. 01/15/25		
AU	Eff. 01/15/25	Eff. 01/15/25	Eff. 01/15/25	Group I	Group I	Eff. 01/15/25	Eff. 01/15/25	Eff. 01/15/25	Eff. 01/15/25	Group I	1 month	6 month	AU	100% FPL (To Assign AC)	133% FPL
1	\$66	\$1,422	\$1,865	1 \$329	1 \$315	\$1,957	\$2,609	N/A	1 \$2,413	1	\$410.05	\$2,460.34	1	\$1,305	\$1,735
2	\$89	\$1,922	\$2,521	2 \$495	2 \$481	\$2,644	\$3,525	\$3,525	2 \$3,261	2	\$522.01	\$3,132.06	2	\$1,763	\$2,345
3	\$112	\$2,421	\$3,176	3 \$632	3 \$618	\$3,332	\$4,442	\$4,442	3 \$4,109	3	\$615.08	\$3,690.53	3	\$2,221	\$2,954
4	\$134	\$2,921	\$3,832	4 \$764	4 \$747	\$4,019	\$5,359	\$5,359	4 \$4,957	4	\$693.95	\$4,163.71	4	\$2,680	\$3,564
5	\$157	\$3,420	\$4,487	5 \$896	5 \$880	\$4,707	\$6,275	\$6,275	5 \$5,805	5	\$772.81	\$4,636.86	5	\$3,138	\$4,173
6	\$180	\$3,920	\$5,143	6 \$1010	6 \$986	\$5,394	\$7,192	\$7,192	6 \$6,653	6	\$851.66	\$5,110.01	6	\$3,596	\$4,783
7	\$203	\$4,420	\$5,798	7 \$1,142	7 \$1,114	\$6,082	\$8,109	\$8,109	7 \$7,501	7	\$930.52	\$5,583.16	7	\$4,055	\$5,393
8	\$226	\$4,919	\$6,453	8 \$1,276	8 \$1,253	\$6,769	\$9,025	\$9,025	8 \$8,349	8	\$1,025.15	\$6,150.95	8	\$4,513	\$6,002



4-Month Extension

M1520.401

When a LIFC Medicaid family loses eligibility, they may be entitled to four additional months of Medicaid coverage when the following conditions are met:

- The parent or caretaker-relative received Medicaid as LIFC in at least three of the six months immediately preceding the month in which they became ineligible for LIFC;
- The parent or caretaker-relative lost eligibility solely or partly due to receipt of or increased countable spousal support income; and
- All other Medicaid eligibility factors except income are met.

Effective January 1, 2019, alimony or spousal support is not countable as income. Alimony received prior to January 1, 2019 is countable.



4-Month Extension continued...

- ❑ A family who received Medicaid erroneously during three or more of the six months before the month of ineligibility does not qualify for the Medicaid extension. They must be evaluated for eligibility in other covered groups.
- ❑ A new family member is eligible for Medicaid if he/she was a member of the family in the month the unit became ineligible for LIFC Medicaid. Newborns born to an eligible member of the family at any time during the 4-month extension is eligible.
- ❑ Eligibility ends for any member of the family who moves to another state.
- ❑ Eligibility will continue for 4 months beginning with the month in which the family became ineligible for LIFC Medicaid because of the receipt of or increase in spousal support.
- ❑ AC code 081 is for a LIFC family with one parent or caretaker-relative.
- ❑ AC code 083 is for a two-parent family.



4-Month Extension Case Handling

Evaluate the individuals in the family for continuing Medicaid eligibility prior to the end of the fourth month of the extension.



Cancel coverage for individuals in the family who are no longer eligible and send an advanced notice of the cancellation.



Individuals who meet a MN covered group must be given an opportunity for an MN determination prior to the worker taking action to cancel the Medicaid coverage and unless the individual has Medicare, a referral to the HIM must be made.



12-Month Extension

M1520.402

When a LIFC Medicaid family loses eligibility, they may be entitled to six additional months, with possible extension to twelve months, of Medicaid coverage when the following conditions are met:

- The parent or caretaker-relative received Medicaid as LIFC in at least three of the six months immediately preceding the month in which the change occurred making the family ineligible for LIFC. ;
- The parent or caretaker-relative lost eligibility solely or partly due to receipt of or increased income from earnings; and
- All other Medicaid eligibility factors except income are met.



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12-Month Extension continued...



- Family must have received LIFC at least three to six months immediately before the month in which the family became ineligible for LIFC. If Medicaid was received **erroneously** during the three to six months the family **does not** qualify for the Medicaid extension.
- LIFC Medicaid must be cancelled solely because of new employment, increased hours of employment, or increased wages.
- There must be a child living in the home under 18, or if in school, a child who is expected to graduate before or in the month he turns 19.
- Family must not be determined ineligible for LIFC Medicaid because of fraud.
- AC code 081 is for a LIFC family with one parent or caretaker-relative.
- AC code 083 is for a two-parent family.

Determining the Extension Period

Medicaid coverage will continue for six months beginning with the first month following the month in which the change occurred making the family no longer eligible for LIFC Medicaid because of excess income due to increased earnings **AND** the Benefit Worker can give 10 days notice prior to taking action.



Extension for an additional six-month period is possible if the reporting and financial requirements are met.



12-Month Extension Timeline



When LIFC is canceled, notify the family of its entitlement to extended Medicaid coverage for six months using the VaCMS-generated Notice of Extended Medicaid Coverage form.



In months 3, 6, and 9 of extension, members are automatically sent an earnings report that is due by the 21st of the following month.



In months 4, 7, and 10 of extension, if the report is received by the 21st day of the month, update VaCMS for the Extended Medicaid to continue. If the earnings report and verifications are not received by the 21st day, Medicaid coverage will be canceled effective the last day of the following month, and the family will not be eligible for any additional Medicaid extension.



12-Month Extension Timeline

4th month

Report received timely- Worker must update VaCMS when the report is received in order for Extended Medicaid to continue.



Report NOT received timely- Extended Medicaid must be canceled effective the last day of the sixth month. Reopen coverage in another Medicaid category for any individuals who remain eligible.

VaCMS will cancel coverage at cut-off of the sixth month. If the worker receives the report prior to cut-off and the family continues to include a child, reinstate the Extended coverage.

Notice Requirements



VaCMS will generate the Advanced Notice of Proposed Action at the end of the sixth month if the initial follow-up code and date were entered correctly AND the report was not received on time.

The worker must manually send the Advanced Notice of Proposed Action AND cancel ineligible individual's coverage after the Medicaid cut-off date in the fifth month if the code was NOT entered correctly.



12-Month Extension continued...

6th Month- Earnings report is sent to client automatically and will be due by the 21st of the seventh month.

7th Month- If the report is received timely, update VaCMS immediately. If the report is not received timely, coverage will be canceled effective the last day of the 8th month.

9th Month- Earnings report is sent to client automatically and will be due by the 21st of the tenth month.

10th Month- If the report is received timely, update VaCMS immediately. If the report is not received timely, coverage will be canceled effective the last day of the 11th month.

12th Month- Before cut-off in the twelfth month, complete the family's redetermination.

VaCMS Case Example 1

Mickey Mouse case is approved for LIFC coverage. On June 12th, Mr. Mouse called to report he now has income of \$850/mo. Income has been verified.

Medicaid - EDG Summary ? 📄 ⓘ 🗨️ 🚫

Case Name: Mouse, Mickey Case #: [113661589](#) Case Action: Case Change/Closure Case Status: Approved

[Waitlist Communication Form](#)
 [Communication Form](#)
 [Verification Checklist](#)
 [Next](#)

▶ Name	▶ EDG #	▶ Program/TOA	▶ Eligibility/Service Period	▶ Family Unit Size	▶ Eligibility Result	▶ Eligibility Status	▶ Eligibility Determination Date	Pending Reasons		Overridden
								VCL	Other	
Mouse, Mickey 38 M	93060308	MA - LIFC	07/01/2025 -	2	Approved	Authorized	06/12/2025	NA	NA	NO
Mouse, Mickey 38 M	93060308	MA - LIFC	07/01/2025 -	0	Closed		06/12/2025	NA	NA	NO
Mouse, Mickey 38 M	93060310	MA-EXPCA	07/01/2025 -	2	Approved		06/12/2025	NA	NA	NO
Mouse, Daisy 1F	93060309	MA-FAMIS Plus	07/01/2025 -	2	Approved	Authorized	06/12/2025	NA	NA	NO
Mouse, Daisy 1F	93060309	MA-FAMIS Plus	07/01/2025 -	2	Approved		06/12/2025	NA	NA	NO

Coverage is going from LIFC to Expanded Medicaid. Is this correct?

VaCMS Case Example 1



Yes! Mr. Mouse is now over the income limit for LIFC Medicaid due to an increase in earned income. Remember, we must review the household's eligibility in other MAGI covered groups before evaluating for Extended Medicaid. Being that Mr. Mouse is eligible for Expanded Medicaid we would approve coverage.

VaCMS Case Example 2

- Mickey Mouse was approved for LIFC coverage based on his monthly income reported of \$268.75. On June 12th Mr. Mouse called and reported he now works full-time (increase in earnings).
- Mr. Mouse is now over the income limit for LIFC coverage. VaCMS automatically checks to see if the customer is eligible for any other MAGI covered group.
- In this case, Mr. Mouse was not eligible for another MAGI covered group. He was approved for Extended Medicaid.





VaCMS Case Example 2

To verify that Mr. Mouse is eligible for Extended Medicaid, review the Medicaid Covered Group screen.

- Left Navigation
- Individual Information
- Questions
- Medicaid Covered Group

Medicaid Covered Group - Summary ? [Print] [Folder] [Q] [Chat] [Close]

✓ 20502: No Records Exist

Case Name: Mouse, Mickey Case #: [113661589](#) Case Action: [Case Change/Closure](#) Case Status: Approved

[New Data](#) [Add Medicaid Covered Group](#) [Previous](#) [Next](#)

Client #	Name	Medicaid Covered Group	Status	Agreement/Status Date	Received LIFC Non Erroneously
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[Add Medicaid Covered Group](#) [Previous](#) [Next](#)

- Add a Medicaid Covered Group screen for each parent/caretaker-relative that is being evaluated for Extended Medicaid. If the individual has an existing Medicaid Covered screen update the existing record.

VaCMS Case Example 2

Medicaid Covered Group Screen

Begin by updating the “Dates”:

- Effective Begin Date: First day of the first month in which the individual was eligible for Extended Medicaid.
- End Date: The renewal date based on Extended Medicaid. **(This renewal date may be different than the current renewal date).**

Medicaid Covered Group - Details ? 📄 👤 📁 🔍 💬 🛑 📄

Case Name: Mouse, Mickey Case #: [113661589](#) Case Action: [Case Change/Closure](#) Case Status: Approved

Client Information

* Name: Client #: 2104499536

Dates

* Effective Begin Date: End Date:

* Reported On: * Date Change Occurred:

* Verification Received On:

VaCMS Case Example 2

Medicaid Covered Group Screen

Next, update “Other Medicaid Covered Groups” section:

- Medicaid Covered Group: LIFC.
- Status: Terminated
- Agreement/Status Date: Should match the effective begin date.

Other Medicaid Covered Groups

* Medicaid Covered Group:

* Status:

* Agreement/Status Date:

Has the client signed work agreement?

Has the client established WIN account?



VaCMS Case Example 2

Medicaid Covered Group Screen



Finally, update Extended Medicaid section:

- Has the client or Parent/Caretaker correctly received LIFC three of the last six months: Yes.
- What is the LIFC failure reason: Excess Earnings
- In what month Extended MA should have begun?: Should match the effective begin date. May need to manually send Earnings Report.

Extended Medicaid

Has the client or Parent/Caretaker correctly received LIFC three of the last six months?	YES
Has the client or Parent/Caretaker already received 12 months of Extended Medicaid?	
Would the client or Parent/Caretaker have been eligible for LIFC in last 3 months?	
What is the LIFC failure reason?	Excess Earnings
In what month Extended MA should have begun?	06 2025
Has the necessary information been provided for follow up code x2 if applicable for the month entered above?	NO
Has the necessary information been provided for follow up code x3 if applicable for the month entered above?	NO
Has the necessary information been provided for follow up code x4 if applicable for the month entered above?	NO

***Note:** Initially, all three question regarding the follow-up codes x2, x3, and x4 will be “No” as they are not applicable until months 4, 7, and 10.

VaCMS Case Example 2

- Complete steps for each parent/caretaker-relative that should receive Extended Medicaid then run eligibility.
- In this example, Mr. Mouse was approved for Extended Medicaid.
- Be sure to update Case Comments and certify/authorize the case.

Medicaid - EDG Summary

Case Name: Mouse, Mickey Case #: [113661589](#) Case Action: Case Change/Closure Case Status: Approved

[Waitlist Communication Form](#) [Communication Form](#) [Verification Checklist](#) [Next](#)

▶ Name	▶ EDG #	▶ Program/TOA	▶ Eligibility/Service Period	▶ Family Unit Size	▶ Eligibility Result	▶ Eligibility Status	▶ Eligibility Determination Date	Pending Reasons		Overridden
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Mouse, Mickey 38 M	93060308	MA - LIFC	07/01/2025 -	0	Closed		06/16/2025	NA	NA	NO
Mouse, Mickey 38 M	93061299	MA - EXT INC	07/01/2025 -	2	Approved		06/16/2025	NA	NA	NO
Mouse, Daisy 1F	93060309	MA-FAMIS Plus	07/01/2025 -	2	Approved	Authorized	06/12/2025	NA	NA	NO
Mouse, Daisy 1F	93060309	MA-FAMIS Plus	07/01/2025 -	2	Approved		06/16/2025	NA	NA	NO

[Waitlist Communication Form](#) [Communication Form](#) [Verification Checklist](#) [Next](#)



12-Month Extended Medicaid Timeline

LIFC month of closure: _____ (Family received LIFC in at least 3 of 6 months immediately preceding month they became LIFC ineligible.)

- Send first Notice of Extended Medicaid Coverage/Medicaid Extension Earnings Report
- Change Review Date to 12th month
- Be sure AC is 081 or 083
- Enter Follow-up Code "X1" and Follow-up Date. (**Follow-up Date is the 1st month of Extended Medicaid**). Must be entered within 2 months of current date.

WARNING:

Failure to correctly code MMIS will result in YOU having to send future notices manually.

Enter the appropriate month in each box.

1.	2.	3.	4. Report Due	5.	6.
<p>Worker Action:</p> <p>Enter Follow-up Code X1 & Follow-up Date</p> <p>Follow-up date must be entered within 2 months of current date</p>	<p>Worker Action:</p> <p>None</p>	<p>Worker Action:</p> <p>None</p>	<p>Worker Action:</p> <p>If report is received by 21st:</p> <p>a. Is child in home? b. Is report complete? c. Are paychecks attached? d. Is day care verified?</p> <ul style="list-style-type: none"> • If items a-c are true, update Follow-up Code to "X2." Must be updated by end of 5th month. • If NO to any item a-c or not received, request current income verification. 	<p>Worker Action:</p> <ul style="list-style-type: none"> • If NO to any item in month 4 a-c OR report was not received and income was verified, determine eligibility in another covered group. • If income is not verified, take no action. MMIS will automatically cancel coverage for each enrollee with AC 081 or AC 083 at the end of 6th month. 	<p>Worker Action:</p> <ul style="list-style-type: none"> • Prior to cut-off, change enrollment for anyone eligible or close anyone ineligible.
<p>MMIS will:</p> <p>Take no action</p>	<p>MMIS will:</p> <p>Take no action</p>	<p>MMIS will:</p> <p>Send 1st report on the 2nd of month. Follow-up Code will show "XA" to indicate report was sent.</p>	<p>MMIS will:</p> <p>Take no action</p>	<p>MMIS will:</p> <p>Take no action</p>	<p>MMIS will:</p> <p>Send 2nd report on 2nd of month (coded "X2") to indicate 1st report was received. Follow-up Code shows "XB" to indicate report was sent.</p> <p>-OR-</p>

Resources

- Review the Extended Medicaid QRG found in VaCMS for step-by-step instructions on evaluating cases for Extended Medicaid.

Extended Medicaid - Medicaid Covered Group Screen

Overview

VaCMS can evaluate applicable individuals for Extended Medicaid following the termination of LIFC. To reflect eligibility or ineligibility within the VaCMS for Extended Medicaid workers must complete and update the Medicaid Covered Group screen.

The Medicaid Covered Group Screen should be completed for the adults on a case who may or may not be eligible for Extended Medicaid due to the termination of LIFC because of increased support or earning. The appropriate evaluation of the adult will also result in eligible children being determined as Extended Medicaid.

This QRG includes two sections:

1. Approving Extended Medicaid
2. Maintaining an Extended Medicaid Case

Approving Extended Medicaid

- Utilize the [12-Month Extended Medicaid Timeline](#) as a desk tool located on the Fusion Page.



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Thank you!



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