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VA - Submission Package - VA2020MS00020 - (VA-23-0004) - Eligibility

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DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
CAHPG-DMEP
Medicaid and CHIP Operations Group
601 E. 12th St., Room 355
Kansas City, MO 64106



Center for Medicaid & CHIP Services

May 02, 2023

Cheryl J. Roberts
Director
Department of Medical Assistance Services
600 E. Broad Street
Richmond, VA 23219

Re: Approval of State Plan Amendment VA-23-0004

Dear Ms. Roberts,

On February 06, 2023, the Centers for Medicare and Medicaid Services (CMS) received Virginia State Plan Amendment (SPA) VA-23-0004, in which the state proposed to disregard certain resources for various eligibility groups covered under the state plan.

We approve Virginia State Plan Amendment (SPA) VA-23-0004 with an effective date(s) of January 01, 2023.

If you have any questions regarding this amendment, please contact Margaret Kosherzenko at Margaret.Kosherzenko@cms.hhs.gov

Sincerely,
James G. Scott
Director, Division of Program Operations
Center for Medicaid & CHIP Services

Records / Submission Packages - Your State

VA - Submission Package - VA2020MS0002O - (VA-23-0004) - Eligibility

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CMS-10434 OMB 0938-1188

Package Information

Package ID	VA2020MS0002O	Submission Type	Official
Program Name	N/A	State	VA
SPA ID	VA-23-0004	Region	Philadelphia, PA
Version Number	4	Package Status	Approved
Submitted By	Emily McClellan	Submission Date	2/6/2023
Package Disposition		Approval Date	5/2/2023 9:17 AM EDT

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | VA2020MS00020 | VA-23-0004

Package Header

Package ID VA2020MS00020	SPA ID VA-23-0004
Submission Type Official	Initial Submission Date 2/6/2023
Approval Date 5/2/2023	Effective Date N/A
Superseded SPA ID N/A	

State Information

State/Territory Name: Virginia	Medicaid Agency Name: Department of Medical Assistance Services
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Submission Component

- State Plan Amendment
- Medicaid
- CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | VA2020MS00020 | VA-23-0004

Package Header

Package ID VA2020MS00020	SPA ID VA-23-0004
Submission Type Official	Initial Submission Date 2/6/2023
Approval Date 5/2/2023	Effective Date N/A
Superseded SPA ID N/A	

SPA ID and Effective Date

SPA ID VA-23-0004

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Eligibility Determinations of Individuals Age 65 or Older or Who Have Blindness or a Disability	1/1/2023	VA-17-0021
Non-MAGI Methodologies	1/1/2023	VA-01-0003
More Restrictive Requirements than SSI under 1902(f) - (209(b) States)	1/1/2023	16-12, 93-4, 03-14, 01-03
Medically Needy Income Level	1/1/2023	01-02, 03-01, 93-04
Handling of Excess Income (Spenddown)	1/1/2023	VA-93-0004
Medically Needy Resource Level	1/1/2023	VA-93-0004
Optional Eligibility Groups	1/1/2023	VA-18-0004
Individuals in Institutions Eligible under a Special Income Level	1/1/2023	09-02, 93-04, 06-08
Age and Disability-Related Poverty Level	1/1/2023	09-02, 93-04
Medically Needy Populations Based on Age, Blindness or Disability	1/1/2023	09-02, 93-04, 06-08

Page Number of the Superseded Plan Section or Attachment (If Applicable):

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | VA2020MS00020 | VA-23-0004

Package Header

Package ID VA2020MS00020	SPA ID VA-23-0004
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Superseded SPA ID N/A	

Executive Summary

Summary Description Including Goals and Objectives DMAS did not increase the patient pay amount for individuals receiving long-term care services during the federal public health emergency. Some individuals who are receiving long-term care services may have had increases in income during the PHE, and these normally would have resulted in an increase in patient pay amounts. Since DMAS did not increase the patient pay, some members may have retained this income increase during the PHE. When continuous coverage requirements end, some of these individuals could lose Medicaid eligibility due to their increases in income as the accumulated resources could put them over the applicable limit if DMAS does not make any changes to eligibility rules. DMAS is filing a SPA with CMS to officially notify CMS of this decision, retroactive to the start of the federal public health emergency.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2023	\$0
Second	2024	\$0

Federal Statute / Regulation Citation

1902(r)(2) of the Social Security Act

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created
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No items available

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | VA2020MS0002O | VA-23-0004

Package Header

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Submission Type Official
Approval Date 5/2/2023
Superseded SPA ID N/A

SPA ID VA-23-0004
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Effective Date N/A

Governor's Office Review

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

Submission - Medicaid State Plan

MEDICAID | Medicaid State Plan | Eligibility | VA2020MS00020 | VA-23-0004

CMS-10434 OMB 0938-1188

The submission includes the following:

Administration

Eligibility

Income/Resource Methodologies

Eligibility Determinations of Individuals Age 65 or Older or Who Have Blindness or a Disability

Reviewable Unit Name	Included in Another Submission Source Type Package
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Eligibility Determinations of Individuals Age 65 or Older or Who Have Blindness or a Disability	(APPROVED
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MAGI-Based Methodologies

Non-MAGI Methodologies

Reviewable Unit Name	Included in Another Submission Source Type Package
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Non-MAGI Methodologies	(APPROVED
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More Restrictive Requirements than SSI under 1902(f) - (209(b) States)

Reviewable Unit Name	Included in Another Submission Source Type Package
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More Restrictive Requirements than SSI under 1902(f) - (209(b) States)	(APPROVED
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Income/Resource Standards

AFDC Income Standards

Medically Needy Income Level

Reviewable Unit Name	Included in Another Submission Source Type Package
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Medically Needy Income Level	(APPROVED
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Handling of Excess Income (Spendedown)

Reviewable Unit Name **Included in Another Source Type Submission Package**

Handling of Excess Income (Spenddown) (APPROVED

Medically Needy Resource Level

Reviewable Unit Name **Included in Another Source Type Submission Package**

Medically Needy Resource Level (APPROVED

- Mandatory Eligibility Groups
- Optional Eligibility Groups

Reviewable Unit Name **Included in Another Source Type Submission Package**

Optional Eligibility Groups (APPROVED

- Non-Financial Eligibility
- Eligibility and Enrollment Processes

Benefits and Payments

Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | VA2020MS0002O | VA-23-0004

Package Header

Package ID	VA2020MS0002O	SPA ID	VA-23-0004
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Superseded SPA ID	N/A		

Indicate whether public comment was solicited with respect to this submission.

- Public notice was not federally required and comment was not solicited
- Public notice was not federally required, but comment was solicited
- Public notice was federally required and comment was solicited

Submission - Tribal Input

MEDICAID | Medicaid State Plan | Eligibility | VA2020MS00020 | VA-23-0004

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Superseded SPA ID N/A	

One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this state

- Yes
- No

This state plan amendment is likely to have a direct effect on Indians, Indian Health Programs or Urban Indian Organizations, as described in the state consultation plan.

- Yes
- No

The state has solicited advice from Indian Health Programs and/or Urban Indian Organizations, as required by section 1902(a)(73) of the Social Security Act, and in accordance with the state consultation plan, prior to submission of this SPA.

Complete the following information regarding any solicitation of advice and/or tribal consultation conducted with respect to this submission:

Solicitation of advice and/or Tribal consultation was conducted in the following manner:

All Indian Health Programs

Date of solicitation/consultation:

1/4/2023

Method of solicitation/consultation:

By emailed letter.

All Urban Indian Organizations

States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below:

All Indian Tribes



Date of consultation:

1/4/2023

Method of consultation:

By emailed letter.

The state must upload copies of documents that support the solicitation of advice in accordance with statutory requirements, including any notices sent to Indian Health Programs and/or Urban Indian Organizations, as well as attendee lists if face-to-face meetings were held. Also upload documents with comments received from Indian Health Programs or Urban Indian Organizations and the state's responses to any issues raised. Alternatively indicate the key issues and summarize any comments received below and describe how the state incorporated them into the design of its program.

Name	Date Created	
Tribal Notice email	1/12/2023 1:19 PM EST	
SPA 23-004 Tribal Notice letter 1-4-23	1/12/2023 1:19 PM EST	

Indicate the key issues raised (optional)

- Access
- Quality
- Cost
- Payment methodology

Eligibility

- **Summarize comments:** No comments, questions, or communications received in response to the emailed letter.
- **Summarize response:** No comments, questions, or communications received in response to the emailed letter.

Benefits

Service delivery

Other issue

Medicaid State Plan Eligibility

Income/Resource Methodologies

Eligibility Determinations of Individuals Age 65 or Older or Who Have Blindness or a Disability

MEDICAID | Medicaid State Plan | Eligibility | VA2020MS00020 | VA-23-0004

Package Header

Package ID	VA2020MS00020	SPA ID	VA-23-0004
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Superseded SPA ID	VA-17-0021		
	System-Derived		

A. Eligibility Determinations of Individuals Who Are Age 65 or Older or Who Have Blindness or a Disability

Eligibility determinations of individuals who are age 65 or older or who have blindness or a disability are based on one of the following:

1. SSA Eligibility Determination State (1634 State)

The state has an agreement under section 1634 of the Social Security Act for the Social Security Administration to determine Medicaid eligibility of SSI beneficiaries. For all other individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, the state requires a separate Medicaid application and determines financial eligibility based on SSI income and resource methodologies.

2. State Eligibility Determination (SSI Criteria State)

The state requires all individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility based on SSI income and resource methodologies.

3. State Eligibility Determination (209(b) State)

The state requires all individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility using income and resource methodologies more restrictive than SSI.

B. Additional information (optional)

Medicaid State Plan Eligibility

Income/Resource Methodologies

Non-MAGI Methodologies

MEDICAID | Medicaid State Plan | Eligibility | VA2020MS00020 | VA-23-0004

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Superseded SPA ID	VA-01-0003		
	User-Entered		

The state will apply the methodologies as described below, and consistent with 42 CFR 435.601, 435.602, and 435.831.

A. Basic Financial Methodology

1. The state applies the income and resource methodologies of the SSI program when determining eligibility for a population based on age (65 or older) or having blindness or a disability, with the exceptions described below in B. through G.
2. The state applies the financial methodologies of either the SSI program or the AFDC program in effect as of July 16, 1996 (whichever is most closely related) when determining eligibility for a population based on age (as a child), pregnancy, or status as a caretaker relative, with the exceptions described below in B. through G.

B. Use of Less Restrictive and More Restrictive Methodologies

1. The state elects to apply income and/or resources methodologies that are less restrictive than those used under the cash assistance programs, in accordance with 42 CFR 435.601(d).

Yes

No

2. The less restrictive income and resource methodologies are described on the RU for each applicable eligibility group.
3. The state applies more restrictive financial eligibility requirements to individuals who are age 65 or older or who have blindness or disability. The more restrictive requirements are no more restrictive than those requirements contained in the state's Medicaid plan in effect on January 1, 1972.
4. The more restrictive requirements are described in More Restrictive Methodologies Under 1902(f).

Non-MAGI Methodologies

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	User-Entered		

C. Financial Responsibility of Relatives

1. In determining financial eligibility for an individual, the state does not include income and resources from anyone other than the individual's spouse, and for individuals under age 21 or who have blindness or disability, the individual's parent.

a. The state includes the income and resources of a spouse or parent only when they are living with the individual in the same household, except as follows:

i. In the case of spouses who are age 65 or older or who have blindness or disability and who share the same room in a Medicaid institution, the state:

- (1) Considers these couples either as living together or as living separately for the purpose of counting income and resources, whichever is more advantageous to the couple.
- (2) Considers these couples as living separately for the purpose of counting income and resources.

ii. Where applicable, the state determines income and resource eligibility consistent with the spousal impoverishment rules of section 1924 of the Act, as described in the Resource Assessment and Eligibility reviewable unit.

b. In the case of individuals under age 21 for whom AFDC is the most closely related cash assistance program, the income and resources of parents and spouses are included only if the individual would have been considered a dependent under the state's approved AFDC state plan in effect as of July 16, 1996.

2. In determining financial eligibility for individuals who are age 65 or older or who have blindness or a disability, the state may apply more restrictive requirements for relative responsibility than specified in B.1., but no more restrictive than the requirements under the Medicaid plan in effect on January 1, 1972. These methodologies are described in More Restrictive Methodologies under 1902(f).

Non-MAGI Methodologies

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	User-Entered		

D. Family Size

1. The family size of an individual for whom the SSI income and resource methodologies are used (as described in section A) includes the persons identified below:

- a. The individual applying, or
- b. If the individual lives together with his or her spouse, the individual applying and the spouse, or
- c. If the individual lives together with his or her parent(s) and the individual is under 21 or has blindness or a disability, the individual applying and the parent(s).

2. The family size of an individual for whom the AFDC income and resource methodologies are used (as described in section A.), includes the persons who would have been included in the family under the state's July 16, 1996 AFDC state plan, except where the state has elected to use the MAGI-like methodologies (as described in section E).

3. The state defines family size for one or more of the following FPL eligibility groups to include others beyond those identified in D.1. and D.2.

- Yes
- No

Non-MAGI Methodologies

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E. Use of MAGI-like Methodologies

1. The state uses MAGI-like methodologies for one or more populations for whom the most closely related cash assistance program would be the AFDC program in effect as of July 16, 1996.

- Yes
 No

2. The election to use MAGI-like methodologies is described on the RU for each applicable eligibility group.

3. The MAGI-like methodology is consistent with 42 CFR 435.603(b) through (f) with respect to definitions, household income, and definition of household, except:

a. The agency elects to use the MAGI definition of parent when considering the financial responsibility of relatives, which includes natural or biological parents, as well as adopted parents and stepparents.

- Yes
 No

b. Less restrictive methodologies can be used, as described in section B.

c. The financial responsibility requirements for relatives are applicable, as described in section C.

d. The countable income deductions for the medically needy are applicable, when the MAGI-like methodologies are applied to the medically needy, as described in section F.

Non-MAGI Methodologies

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F. Countable Income Deductions for the Medically Needy

In determining countable income for individuals who are age 65 or older or who have blindness or a disability, the state deducts:

1. Amounts that are no more restrictive than those used under the Medicaid plan on January 1, 1972, and no more liberal than those used in determining eligibility under SSI or an optional state supplement, and
2. Amounts that are at least the same as those that would be deducted in determining eligibility under the eligibility group for individuals in 209(b) states who are age 65 or older or who have blindness or a disability (described in 42 CFR 435.121).

Non-MAGI Methodologies

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Superseded SPA ID VA-01-0003

User-Entered

G. Additional Information (optional)

Medicaid State Plan Eligibility

Income/Resource Methodologies

More Restrictive Requirements than SSI under 1902(f) - (209(b) States)

MEDICAID | Medicaid State Plan | Eligibility | VA2020MS00020 | VA-23-0004

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Superseded SPA ID	16-12, 93-4, 03-14, 01-03		
	User-Entered		

The state applies more restrictive requirements than SSI under the authority of section 1902(f) of the Act, and consistent with 42 CFR 435.121.

A. Use of More Restrictive Requirements

The state applies more restrictive eligibility requirements to individuals who are age 65 or older or who have blindness or disability. The more restrictive requirements are no more restrictive than those requirements contained in the state's Medicaid plan in effect on January 1, 1972. The state does not apply more restrictive requirements if:

1. The requirement conflicts with the requirements of section 1924 of the Act, which governs the eligibility and post-eligibility treatment of income and resources of institutionalized individuals with community spouses;
2. The requirement conflicts with a more liberal requirement which the agency has elected to use under 42 CFR 435.601; or
3. The more restrictive requirement conflicts with a more liberal requirement the state has elected to use under §435.234(c) in determining eligibility for State supplementary payments.

B. Populations with More Restrictive Requirements

The state applies more restrictive requirements for the following populations:

- 1. Individuals age 65 or older
- 2. Individuals who have blindness
- 3. Individuals who have a disability

C. Types of More Restrictive Requirements Used

The state applies more restrictive requirements for the following populations:

- 1. The state uses more restrictive requirements with respect to income.
- 2. The state uses more restrictive requirements with respect to resources.
- 3. The state uses more restrictive requirements with respect to the definition of disability.
- 4. The state uses more restrictive requirements with respect to the definition of blindness.
- 5. The state uses more restrictive requirements with respect to financial responsibility of relatives.
- 6. The state uses other more restrictive requirements.

More Restrictive Requirements than SSI under 1902(f) - (209(b) States)

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	User-Entered		

E. More Restrictive Requirements with Respect to Resources

The following more restrictive requirements are used with respect to resources:

1. The state uses a lower resource standard than the SSI or the Optional State Supplement standard for eligibility groups under Mandatory Coverage and Options for Coverage.
2. The state uses more restrictive requirements with respect to the treatment of real property.
- a. The state uses a more restrictive requirement with respect to the treatment of home property.

Description:

1. Real property contiguous to an individual's residence which does not meet the home property definitions in 2, the SSI income-producing requirement or the exceptions in 5, and which is saleable according to 6, shall be counted as an available resource. The equity value of the contiguous property shall be added to the value of all other countable resources.

2. Ownership of a dwelling occupied by the applicant as his home does not affect eligibility. A home shall mean the house and lot used as the principal residence and all contiguous property as long as the value of the land, exclusive of the lot occupied by the house, does not exceed \$5,000. In any case in which the definition of home as provided here is more restrictive than that provided in the State Plan for Medical Assistance in Virginia as it was in effect on January 1, 1972, then a home means the house and lot used as the principal residence and all contiguous property essential to the operation of the home regardless of value.

The lot occupied by the house shall be a measure of land as designated on a plat or survey or whatever the locality sets as a minimum size for a building lot, whichever is less. In localities where no minimum building lot requirement exists, a lot shall be a measure of land designated on a plat or survey or one acre, whichever is less.

Contiguous property essential to the operation of the home means:

a. land used for the regular production of any food or goods for the household's consumption only, including:

i. vegetable gardens,

ii. pasture land which supports livestock raised for milk or meat, and land used to raise chickens, pigs, etc. (the amount of land necessary to support such

animals is established by the local extension service; however, in no case shall more land be allowed than that actually being used to support the livestock.),

iii. outbuildings used to process and/or store any of the above;

b. driveways which connect the homesite to public roadways;

c. land necessary to the home site to meet local zoning requirements (e.g. building sites, mobile home sites, road frontage, distance from road, etc.);

d. land necessary for compliance with state or local health requirements (e.g. distance between home and septic tank, distance between septic tanks, etc.);

e. water supply for the household;

f. existing burial plots.

g. outbuilding used in connection with the dwelling, such as garages or tool sheds.

All of the above facts must be fully reevaluated and documented in the case record before the home site determination is made.

3. An institutionalized individual's former residence is counted as an available resource if the recipient is institutionalized longer than six months after the date he was admitted. The former residence is disregarded if it is occupied by the recipient's;

a. spouse,

b. minor dependent child under age 18,

Medicaid State Plan Print View

- c. dependent child under age 19 if still in school or vocational training,
- d. parent or adult child who is disabled according to the Medicaid disability definition, and who was living in the home with the recipient for at least one year prior to the recipient's institutionalization, and who is dependent upon the recipient for his shelter needs.
- e. parent who is age 65 or older and who is disabled according to the Medicaid or civil service disability definition and who was living in the home with the recipient for at least one year prior to the recipient's institutionalization and who is dependent upon the recipient for his shelter needs.
- 4. An applicant or recipient's proportional share of the value of property owned jointly with another person to whom the applicant or recipient is not married as tenants in common or joint tenants with the right of survivorship at common law is counted as a resource unless it is exempt property or is unseizable.
- 5. Ownership of other real property generally precludes eligibility.*

b. The state uses other more restrictive requirements related to real property.

Name of requirement:

Description:

Real Property

For income-producing property and other nonresidential property, appropriate equity and profit is to be determined by the prorata share owned by an individual in relation to his proportionate share of the equity and profit. The current market value of real property is determined by ascertaining the tax assessed value of the property and applying to it the local assessment rate. Alternatively, for non-commercial real property only, the current market value may be determined through the use of a certified appraisal in lieu of the tax assessed value. The certified appraisal must be completed by an individual licensed by the Virginia Real Estate Appraiser Board and the cost of the certified appraisal is to be borne by the applicant/recipient or his designee. The equity value is the current market value less the amount due on any recorded liens against the property. "Recorded" means written evidence that can be substantiated, such as deeds of trust, liens, promissory notes, etc. An applicant or recipient's proportional share of the value of property owned jointly with another person to whom the applicant or recipient is not married as tenants in common or joint tenants with the right of survivorship at common law is counted as a resource unless it is exempt property or is unseizable. Ownership of other real property generally precludes eligibility. Exceptions to this provision are: (i) when the

Name of requirement:**Description:**

equity value of the property, plus all other resources, does not exceed the appropriate resource limitation; (ii) the property is smaller than the county or city zoning ordinances allow for home sites or building purposes, or the property has less than the amount of road frontage required by the county or city for building purposes and adjoining land owners will not buy the property; or (iii) the property has no access, or the only access is through the exempted home site; or (iv) the property is contiguous to the recipient's home site and the survey expenses required for its sale reduce the value of such property, plus all other resources, below applicable resource limitations; or (v) the property cannot be sold after a reasonable effort to sell it has been made.

3. The state uses more restrictive requirements with respect to the treatment of lump sums.

4. The state uses more restrictive requirements with respect to the treatment of personal property.

Description:

Property in the form of an interest in an undivided estate is to be regarded as an asset when the value of the interest plus all other resources exceeds the applicable resource limit unless it is considered unsaleable for reasons other than being an undivided estate. An heir can initiate a court action to partition. If a partition suit is necessary (because at least one other owner of or heir to the property will not agree to sell the property) in order for the individual to liquidate the interest, estimated partition costs may be deducted from the property's value. However, if a partition would not result in the applicant/recipient securing title to property having value substantially in excess of the cost of the court action, the property would not be regarded as an asset.

Prepaid burial plans are counted as resource since the money is refundable to the individual upon his request. Cemetery plots are not counted as resources. Assets which can be liquidated such as cash, bank accounts, stocks, bonds, securities and deeds of trusts are considered resources.

5. The state uses other more restrictive requirements with respect to resources:

More Restrictive Requirements than SSI under 1902(f) - (209(b) States)

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	User-Entered		

J. Income Deductions

When applying more restrictive requirements, the state deducts SSI payments received by the individual and state supplement payments that meet the conditions specified in 42 CFR 435.232 and 435.234. The state also allows the following individuals to deduct incurred medical and remedial expenses (spend down) to become categorically eligible under the group for individuals in 209(b) states who are age 65 or over or who have blindness or a disability:

1. SSI beneficiaries and eligible spouses of SSI beneficiaries

2. State supplement recipients or individuals who are eligible for but not receiving a state supplementary payment.

3. Individuals who would be eligible for SSI/SSP but for OASDI COLA increases since April, 1977 (42 CFR 435.135)

In determining countable income used for the purpose of calculating spend down for this population, the state deducts OASDI benefits, as follows:

- a. All of the OASDI benefits is deducted from income.
- b. Part of the OASDI benefits is deducted from income.
- c. None of the OASDI benefits is deducted from income.

4. Disabled widows and widowers ineligible for SSI due to increase in OASDI (42 CFR 435.137)

In determining countable income used for the purpose of calculating spend down for this population, the state deducts OASDI benefits, as follows:

- a. All of the OASDI benefits is deducted from income.
- b. Part of the OASDI benefits is deducted from income.
- c. None of the OASDI benefits is deducted from income.

5. Disabled widows and widowers ineligible for SSI due to early receipt of social security (42 CFR 435.138)

In determining countable income used for the purpose of calculating spend down for this population, the state deducts OASDI benefits, as follows:

- a. All of the OASDI benefits is deducted from income.
- b. Part of the OASDI benefits is deducted from income.
- c. None of the OASDI benefits is deducted from income.

6. Adult children with disabilities (1939(a)(2)(D) and 1634(c) of the Act)

In determining countable income used for the purpose of calculating spend down for this population, the state deducts OASDI benefits, as follows:

- a. All of the OASDI benefits is deducted from income.
- b. Part of the OASDI benefits is deducted from income.
- c. None of the OASDI benefits is deducted from income.

More Restrictive Requirements than SSI under 1902(f) - (209(b) States)

MEDICAID | Medicaid State Plan | Eligibility | VA2020MS00020 | VA-23-0004

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K. Additional Information (optional)

*Cont'd: Exceptions to this provision are: (i) when the equity value of the property, plus all other resources, does not exceed the appropriate resource limitation; (ii) the property is smaller than the county or city zoning ordinances allow for home sites or building purposes, or the property has less than the amount of road frontage required by the county or city for building purposes and adjoining land owners will not buy the property; or (iii) the property has no access, or the only access is through the exempted home site; or (iv) the property is contiguous to the recipient's home site and the survey expenses required for its sale reduce the value of such property, plus all other resources, below applicable resource limitations; or (v) the property cannot be sold after a reasonable effort to sell it has been made, as defined in 7.

6. Reasonable Effort to Sell. Individuals must comply with the Reasonable Effort to Sell Requirements that are included in the DMAS Eligibility Manual, Chapter 11, Item M1130.140 (available at this link: <https://www.dmas.virginia.gov/media/5521/m11-1-1-2023.pdf>)

Medicaid State Plan Eligibility

Income/Resource Standards

Medically Needy Income Level

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A. Income Level Used

1. The state employs a single income level for the medically needy, subject to the condition described in A.3.
2. The income level varies based on differences between shelter costs in urban and rural areas.

- Yes
- No

The areas in which the level varies are:

Name of area:	Description:
Group 1	Lower cost of living areas: Counties: Accomack Alleghany Amelia Amherst Appomattox Bath Bedford Bland Botetourt Brunswick Buchanan Buckingham Campbell Caroline Carroll Charles City Charlotte Clarke Craig Culpeper Cumberland Dickenson Dinwiddie Essex Fauquier Floyd Fluvanna Franklin Frederick Giles Gloucester Goochland Grayson Greene Greensville Halifax Hanover Henry Highland Isle of Wight James City King George

Name of area:

Description:

- King & Queen
- King William
- Lancaster
- Lee
- Louisa
- Lunenburg
- Madison
- Mathews
- Mecklenburg
- Middlesex
- Nelson
- New Kent
- Northampton
- Northumberland
- Nottoway
- Orange
- Page
- Patrick
- Pittsylvania
- Powhatan
- Prince Edward
- Prince George
- Pulaski
- Rappahannock
- Richmond County
- Rockbridge
- Russell
- Scott
- Shenandoah
- Smyth
- Southampton
- Spotsylvania
- Stafford
- Surry
- Sussex
- Tazewell
- Washington
- Westmoreland
- Wise
- Wythe
- York

Cities:

- Bristol
- Buena Vista
- Danville
- Emporia
- Franklin
- Galax
- Norton
- Suffolk

Group 2

Middle income areas:

Counties:

- Albemarle
- Augusta
- Chesterfield
- Henrico
- Loudoun
- Roanoke
- Rockingham
- Warren

Cities:

- Chesapeake
- Covington
- Harrisonburg
- Hopewell
- Lexington
- Lynchburg
- Martinsville
- Newport News
- Norfolk
- Petersburg
- Portsmouth

Name of area:

Description:

- Poquoson
- Radford
- Richmond
- Roanoke
- Salem
- Staunton
- Virginia Beach
- Williamsburg
- Winchester

Urban, higher-cost of living areas:

Counties:

- Arlington
- Fairfax
- Montgomery
- Prince William

Group 3

Cities:

- Alexandria
- Charlottesville
- Colonial Heights
- Falls Church
- Fredericksburg
- Hampton
- Manassas
- Manassas Park
- Waynesboro

3. The state has a separate income level for the individuals who are age 65 or older, or who have blindness or a disability.

- Yes
- No

4. The level used is:

Group 1

Household size	Standard
1	\$356.35
2	\$453.65
3	\$534.54
4	\$603.07
5	\$671.60
6	\$740.13
7	\$808.66
8	\$890.90
9	\$973.14
10	\$1069.09

The state uses an additional incremental amount for larger household sizes.

- Yes
- No

Incremental Amount:

\$92.09

The dollar amounts increase automatically each year

- Yes
- No

The basis of the increase is:

- CPI-U
- Other basis

The annual increase occurs in the month and day indicated:

Every 1 of July

Group 2

Household size	Standard
1	\$411.18
2	\$506.31
3	\$589.36

The state uses an additional incremental amount for larger household sizes.

- Yes
- No

Incremental Amount:

\$92.09

The dollar amounts increase automatically each year

Household size	Standard
4	\$658.78
5	\$726.40
6	\$794.96
7	\$859.85
8	\$945.73
9	\$1037.84
10	\$1123.91

- Yes
- No

The basis of the increase is:

- CPI-U
- Other basis

The annual increase occurs in the month and day indicated:

Every 1 of July

Group 3

Household size	Standard
1	\$534.54
2	\$644.42
3	\$726.43
4	\$794.96
5	\$859.85
6	\$932.02
7	\$1000.55
8	\$1069.09
9	\$1168.39
10	\$1247.27

The state uses an additional incremental amount for larger household sizes.

- Yes
- No

Incremental Amount:

\$92.09

The dollar amounts increase automatically each year

- Yes
- No

The basis of the increase is:

- CPI-U
- Other basis

The annual increase occurs in the month and day indicated:

Every 1 of July

Medically Needy Income Level

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B. Basis for Income Level

1. Minimum Income Level

The minimum income level for this eligibility group is the lower of the state's July 1996 AFDC payment standard or the state's income standard for the Parents and Other Caretaker Relatives eligibility group.

2. Maximum Income Level

The maximum income level for this eligibility group is 133 1/3 percent of the higher of the state's 1996 AFDC payment standard or the state's income standard for the Parents and Other Caretaker Relatives eligibility group.

Medically Needy Income Level

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C. Additional Information (optional)

Medicaid State Plan Eligibility

Income/Resource Standards

Handling of Excess Income (Spenddown)

MEDICAID | Medicaid State Plan | Eligibility | VA2020MS00020 | VA-23-0004

Package Header

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If countable income exceeds the income standard, the state must deduct from income medical expenses incurred by the individual or family or financially responsible relatives that are not subject to payment by a third party, in accordance with 42 CFR 435.831 and 42 CFR 435.121.

A. Budget Periods

Income in excess of the appropriate income standard is considered available for payment of medical or remedial care expenses in budget periods that do not exceed six months.

1. In determining income eligibility, countable income is reduced by the amount of incurred medical or remedial care expenses during the budget period specified below:

a. One budget period of:

b. More than one budget period, as described below:

i. Community budget period

Length of budget period:

- (1) 6 months
- (2) 5 months
- (3) 4 months
- (4) 3 months
- (5) 2 months
- (6) 1 month

ii. Institutional budget period

Length of budget period:

- (1) 6 months
- (2) 5 months
- (3) 4 months
- (4) 3 months
- (5) 2 months
- (6) 1 month

iii. Other budget period

Handling of Excess Income (Spenddown)

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B. Types of Eligible Expenses

1. In determining incurred expenses to be deducted from income, the state includes:

- a. Medicare, Medicaid, and other health insurance premiums and enrollment fees.
- b. Cost sharing, including copayments, coinsurance, and deductibles, imposed by Medicare, Medicaid or other health insurance.
- c. Expenses for necessary medical and remedial services recognized by state law but not included in the state plan.
- d. Expenses for necessary medical and remedial services included in the state plan, including those that exceed limitations on the amount, duration, and scope of services.

2. The state also includes medical institutional expenses projected to the end of the budget period at the Medicaid reimbursement rate.

- Yes
 No

3. Incurred expenses subject to payment by a third party are not deducted unless the third party is a public program (other than Medicaid) of a state and the program is financed by the state.

Handling of Excess Income (Spenddown)

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C. Timeframe of Deduction of Expenses

In determining incurred expenses to be deducted from income, the state deducts:

1. Incurred medical and remedial expenses without regard to the age of the expenses.
2. Payments made during the budget period on eligible expenses incurred at any time, if not previously deducted in establishing eligibility.
3. Unpaid eligible expenses incurred at any time prior to the budget period, which have not been deducted previously in establishing eligibility.

Handling of Excess Income (Spenddown)

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D. Order of Deduction of Expenses

Incurred medical or remedial care expenses are deducted in the following order:

- 1. By the type of service, in the following order:
 - a. Premiums, deductibles, coinsurance and co-payments.
 - b. Expenses for necessary medical or remedial care services that are recognized under state law but not included in the State Plan.
 - c. Expenses for necessary medical or remedial care services that are included in the state Plan that exceed agency limitations on amount, duration, or scope of services.
 - d. Expenses for necessary medical or remedial care services that are included in the state Plan that are within the agency limitations on amount, duration, or scope of services.
- 2. In chronological order by the date of the service, or the date cost sharing payments are due.
- 3. In chronological order by the date the bill is submitted to the state by the individual.

Handling of Excess Income (Spenddown)

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E. Reasonable Limitations

The state sets reasonable limits on the amount to be deducted for expenses.

- Yes
- No

Handling of Excess Income (Spenddown)

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F. Spenddown Payments Made by Individuals

The state permits individuals to pay-in their spenddown liability.

- Yes
- No

Handling of Excess Income (Spenddown)

MEDICAID | Medicaid State Plan | Eligibility | VA2020MS0002O | VA-23-0004

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G. Additional Information (optional)

Medicaid State Plan Eligibility

Income/Resource Standards

Medically Needy Resource Level

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A. Medically Needy Resource Level Structure

1. The state employs a single resource level for the medically needy, subject to the condition described in A.3.
2. The resource level is equal to or higher than the lowest resource standard used under the most closely related cash assistance program.
3. The state has a separate resource level for the individuals who are age 65 or older, or who have blindness or a disability that is more restrictive than the resource level used for other medically needy populations.

- Yes
- No

Medically Needy Resource Level

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B. Resource Level Used

The level used is:

Household size	Standard
1	\$2000.00
2	\$3000.00
3	\$3100.00
4	\$3200.00
5	\$3300.00
6	\$3400.00
7	\$3500.00
8	\$3600.00
9	\$3700.00
10	\$3800.00

The state uses an additional incremental amount for larger household sizes.

- Yes
- No

Incremental Amount:
\$100.00

Medically Needy Resource Level

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C. Additional Information (optional)

Medicaid State Plan Eligibility

Optional Eligibility Groups

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A. Options for Coverage

The state provides Medicaid to specified optional groups of individuals.

Yes No

The optional eligibility groups covered in the state plan are (elections made in this screen may not be comprehensive during the transition period from the paper-based state plan to MACPro):

Families and Adults

Eligibility Group Name	Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Optional Coverage of Parents and Other Caretaker Relatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Reasonable Classifications of Individuals under Age 21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Children with Non-IV-E Adoption Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Independent Foster Care Adolescents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Optional Targeted Low Income Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals above 133% FPL under Age 65	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Needing Treatment for Breast or Cervical Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Family Planning Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Individuals with Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Electing COBRA Continuation Coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Aged, Blind and Disabled

Eligibility Group Name	Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Individuals Eligible for but Not Receiving Cash Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Individuals Eligible for Cash Except for Institutionalization		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Optional State Supplement Beneficiaries		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals in Institutions Eligible under a Special Income Level		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
PACE Participants		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Hospice		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children under Age 19 with a Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Age and Disability-Related Poverty Level		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Work Incentives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Ticket to Work Basic		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Ticket to Work Medical Improvements		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Family Opportunity Act Children with a Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Optional Eligibility Groups

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B. Medically Needy Options for Coverage

The state provides Medicaid to specified groups of individuals who are medically needy.

Yes No

The medically needy eligibility groups covered in the state plan are:

1. Mandatory Medically Needy:

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Medically Needy Pregnant Women		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Medically Needy Children under Age 18		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Protected Medically Needy Individuals Who Were Eligible in 1973		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

2. Optional Medically Needy:

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Medically Needy Reasonable Classifications of Individuals under Age 21		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Medically Needy Parents and Other Caretaker Relatives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Medically Needy Populations Based on Age, Blindness or Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED

Optional Eligibility Groups

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C. Additional Information (optional)

Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Individuals in Institutions Eligible under a Special Income Level

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Individuals who are in medical institutions for at least 30 consecutive days who are eligible under a special income level.

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The state covers Individuals in Institutions Eligible under a Special Income Level in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Have been in a medical institution for at least 30 consecutive days.
2. Have income at or below a standard described in section D.

Individuals in Institutions Eligible under a Special Income Level

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B. Individuals Covered

1. The state covers all individuals who meet the characteristics described in section A.

- Yes
- No

Individuals in Institutions Eligible under a Special Income Level

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C. Financial Methodologies

- 1. The methodologies of the most closely related cash assistance program are used in calculating income and resources, except that income disregards are not applied. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
- 2. More restrictive requirements than the most closely related cash assistance program are used in calculating countable income and/or resources, except that income disregards are not applied. Please refer as necessary to More Restrictive Requirements than SSI under 1902(f), completed by the state.
- 3. Less restrictive methodologies are used in calculating countable resources.
 - Yes
 - No

The less restrictive resource methodologies are:

- The state uses a less restrictive methodology with respect to resources set aside for burial.
 - Specified methodology for the treatment of resources set aside for burial:

Name of methodology:

Description:

Burial expenses

Resources set aside to meet the burial expenses of an applicant/recipient or that individual's spouse are excluded from countable assets. In determining eligibility for benefits for medically needy individuals, disregarded from countable resources is an amount not in excess of \$3,500 for the individual and an amount not in excess of \$3,500 for his spouse when such resources have been set aside to meet the burial expenses of the individual or his spouse. The amount disregarded shall be reduced by:

- A. the face value of life insurance on the life of an individual owned by the individual or his spouse if the cash surrender value of such policies has been excluded from countable resources; and
- B. the amount of any other revocable or irrevocable trust, contract, or other arrangement specifically designated for the purpose of meeting the individual's or his spouse's burial expenses.

- The state uses a less restrictive methodology with respect to the treatment of motor vehicles.

- The value of a countable motor vehicle is totally disregarded, without limits or conditions.

- One motor vehicle
- More than one motor vehicle

- Household goods and services are disregarded as a resource.

Description of disregard: The value of all household goods and personal effects are disregarded as resources.

- A specified type of resource is disregarded:

Name of resource type:	Description:
Life insurance less than \$1500	Life, retirement, and other related types of insurance policies with face values totaling \$1,500, or less on any one person 21 years old and over are not considered resources. When the face values of such policies of any one person exceeds \$1,500, the cash surrender value of the policies is counted as a resource.
Cemetery plots	Cemetery plots are not counted as resources regardless of the number owned.
Life rights	Life rights to real property are not counted as a resource. The purchase of a life right in another individual's home is subject to transfer of asset rules.
Reasonable effort to sell.	<p>Once the applicant has demonstrated that his property is unsaleable by following the procedures in 3 below, the property is disregarded in determining eligibility starting the first day of the month in which the most recent application was filed, or up to three months prior to this month of application if retroactive coverage is requested and the applicant met all other eligibility requirements in the period. A recipient must continue his reasonable efforts to sell the property as required in 4 below.</p> <p>2. Reasonable Effort to Sell. For purposes of this section "current market value" is defined as the current tax assessed value. If the property is listed by a realtor, then the realtor may list it at an amount higher than the tax assessed value. In no event, however, shall the realtor's list price exceed 150% of the assessed value.</p> <p>3. A reasonable effort to sell is considered to have been made:</p> <p>a. As of the date the property becomes subject to a realtor's listing agreement if</p> <p>(i) it is listed at a price at current market value, and</p> <p>(ii) the listing realtor verifies that it is unlikely to sell within 90 days of listing given the particular circumstances involved (e.g., owner's fractional interest; zoning restrictions; poor topography; absence of road frontage or access; absence of improvements; clouds on title, right of way or easement; local market conditions) OR</p> <p>b. When at least two realtors refuse to list the property. The reason for refusal must be that the property is unsaleable at current market value. Other reasons for refusal are not sufficient, OR</p> <p>c. When the applicant has personally advertised his property at or below current market value for 90 days by use of a "Sale By</p>

Name of resource type:

Description:

Owner" sign located on the property and by other reasonable efforts such as newspaper advertisements, or reasonable inquiries with all adjoining land-owners or other potential interested purchasers.

4. Notwithstanding the fact that the recipient made a reasonable effort to sell the property and failed to sell it, and although the recipient has become eligible, the recipient must make a continuing reasonable effort to sell by:

a. Repeatedly renewing any initial listing agreement until the property is sold. If the list price was initially higher than the tax-assessed value, the listed sales price must be reduced after 12 months to no more than 100% of the tax-assessed value.

b. In the case where at least 2 realtors have refused to list the property, the recipient must personally try to sell the property by efforts described in 2c above, for 12 months.

c. In the case of recipient who has personally advertised his property for a year without success (the newspaper advertisements, "for sale" sign, do not have to be continuous; these efforts must be done for at least 90 days within a 12 month period), the recipient must then

(i) subject his property to a realtor's listing agreement at price or below current market value; or

(ii) meet the requirements of 2b above which are that the recipient must try to list the property and at least two realtors refuse to list it because it is unsaleable at current market value; other reasons for refusal to list are not sufficient.

5. If the recipient has made a continuing effort to sell the property for 12 months, then the recipient may sell the property between 75% and 100% of its tax assessed value and such sale shall not result in disqualification under the transfer of property rules. If the recipient requests to sell his property at less than 75% of assessed value, he must submit documentation from the listing realtor, or knowledgeable source if the property is not listed with a realtor, that the requested sale price is the best price the recipient can expect to receive for the property at this time. Sale at such a documented price shall not result in disqualification under the transfer of property rules. The proceeds of the sale will be counted as a resource in determining continuing eligibility. *

Payments for involuntary sterilization.

The Commonwealth shall disregard as resources amounts received as payment for involuntary

Name of resource type:

Description:

sterilization under the Virginia Eugenic Sterilization Act, beyond the allowable nine-month exclusion by the SSI program's resource methodologies.

Disregard excess resources due to COVID-19

Income that would have otherwise been part of an individual's liability for his or her institutional or home and community based waiver services based on the application of the post-eligibility treatment of income (PETI) rules, but which became countable resources on or after March 18, 2020, will be disregarded until the individual's second Medicaid renewal that follows the end of the COVID-19 public health emergency.

A beneficiary of a "qualified state long-term care insurance partnership" policy (partnership policy), as defined in section 1917(b)(1)(C) of the Social Security Act and 45 CFR 144.200 et seq., is provided a resource disregard, equal to the amount of the insurance benefit payments made to or on behalf of the individual from the partnership policy.

Individuals in Institutions Eligible under a Special Income Level

MEDICAID | Medicaid State Plan | Eligibility | VA2020MS00020 | VA-23-0004

Package Header

Package ID VA2020MS00020	SPA ID VA-23-0004
Submission Type Official	Initial Submission Date 2/6/2023
Approval Date 5/2/2023	Effective Date 1/1/2023
Superseded SPA ID 09-02, 93-04, 06-08	
User-Entered	

D. Income Standard Used

The income standard for this group is:

- 1. 300% of the SSI Federal Benefit Rate (FBR) for an individual
- 2. Other lower income level

Individuals in Institutions Eligible under a Special Income Level

MEDICAID | Medicaid State Plan | Eligibility | VA2020MS0002O | VA-23-0004

Package Header

Package ID	VA2020MS0002O	SPA ID	VA-23-0004
Submission Type	Official	Initial Submission Date	2/6/2023
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Superseded SPA ID	09-02, 93-04, 06-08		
	User-Entered		

E.Resource Standard Used

The resource standard for this group is the one used for the most closely-related cash assistance program.

Individuals in Institutions Eligible under a Special Income Level

MEDICAID | Medicaid State Plan | Eligibility | VA2020MS00020 | VA-23-0004

Package Header

Package ID VA2020MS00020	SPA ID VA-23-0004
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User-Entered	

F.Additional Information (optional)

Reasonable effort to sell, continued:

6. Once the applicant has demonstrated that his property is unsaleable by following the procedures in 2 above, the property is disregarded in determining eligibility starting the first day of the month in which the most recent application was filed, or up to three months prior to this month of application if retroactive coverage is requested and the applicant met all other eligibility requirements in the period. A recipient must continue his reasonable efforts to sell the property as required in 3 above.

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Age and Disability- Related Poverty Level

MEDICAID | Medicaid State Plan | Eligibility | VA2020MS00020 | VA-23-0004

Individuals who are age 65 or older or who have a disability, with income no higher than 100% FPL.

Package Header

Package ID	VA2020MS00020	SPA ID	VA-23-0004
Submission Type	Official	Initial Submission Date	2/6/2023
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	User-Entered		

The state covers the optional Age and Disability-Related Poverty Level eligibility group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Meet at least one of the following condition(s):
 - a. Are age 65 or older; or
 - b. Have a disability.
2. Have income and resources at or below the standard for this group.

Age and Disability- Related Poverty Level

MEDICAID | Medicaid State Plan | Eligibility | VA2020MS0002O | VA-23-0004

Package Header

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User-Entered	

B. Individuals Covered

1. The state covers all individuals who meet the characteristics described in section A.

- Yes
- No

Age and Disability- Related Poverty Level

MEDICAID | Medicaid State Plan | Eligibility | VA2020MS00020 | VA-23-0004

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User-Entered	

C. Financial Methodologies

- SSI methodologies are used in calculating household income and resources. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
- Less restrictive methodologies are used in calculating countable income.

Yes
 No

a. The state uses the same less restrictive income methodologies for all individuals covered.

Yes
 No

The less restrictive income methodologies are:

Census Bureau wages are disregarded.

Description of disregard: All census income is disregarded.

The following less restrictive methodologies are used:

Name of methodology:

Description:

Disregard of in-kind support and maintenance.

The Commonwealth of Virginia shall disregard the value of in-kind support and maintenance when determining eligibility. In-kind support and maintenance means food, clothing, or shelter or any combination of these provided to an individual.

- Less restrictive methodologies are used in calculating countable resources.

Yes
 No

a. The state uses the same less restrictive resource methodologies for all individuals covered.

Yes
 No

The less restrictive resource methodologies are:

The state uses a less restrictive methodology with respect to resources set aside for burial.

Specified methodology for the treatment of resources set aside for burial:

Name of methodology:

Description:

Burial expenses

Resources set aside to meet the burial expenses of an applicant/recipient or that individual's spouse are excluded from countable assets. In determining eligibility for benefits for medically needy individuals, disregarded from countable resources is an amount not in excess of \$3,500 for the individual and an amount not in excess of \$3,500 for his spouse when such resources have been set aside to meet the burial expenses of the individual or his spouse. The amount disregarded shall be reduced by:

A. the face value of life insurance on the life of an individual owned by the individual or his spouse if the cash surrender value of such policies has been excluded from countable resources; and

B. the amount of any other revocable or irrevocable trust, contract, or other arrangement specifically designated for the purpose of meeting the individual's or his spouse's burial expenses.

The state uses a less restrictive methodology with respect to the treatment of motor vehicles.

The value of a countable motor vehicle is totally disregarded, without limits or conditions.

One motor vehicle

More than one motor vehicle

Household goods and services are disregarded as a resource.

Description of disregard: The value of all household goods and personal effects are

disregarded as resources.

A specified type of resource is disregarded:

Name of resource type:	Description:
Life insurance less than \$1500	Life, retirement, and other related types of insurance policies with face values totaling \$1,500, or less on any one person 21 years old and over are not considered resources. When the face values of such policies of any one person exceeds \$1,500, the cash surrender value of the policies is counted as a resource.
Cemetery plots	Cemetery plots are not counted as resources regardless of the number owned.
Life rights	Life rights to real property are not counted as a resource. The purchase of a life right in another individual's home is subject to transfer of asset rules.
Reasonable effort to sell.	Once the applicant has demonstrated that his property is unsaleable by following the procedures in 3 below, the property is disregarded in determining eligibility starting the first day of the month in which the most recent application was filed, or up to three months prior to this month of application if retroactive coverage is requested and the applicant met all other eligibility requirements in the period. A recipient must continue his reasonable efforts to sell the property as required in 4 below. 2. Reasonable Effort to Sell. For purposes of this section

Name of resource type:

Description:

"current market value" is defined as the current tax assessed value. If the property is listed by a realtor, then the realtor may list it at an amount higher than the tax assessed value. In no event, however, shall the realtor's list price exceed 150% of the assessed value.

3. A reasonable effort to sell is considered to have been made:

a. As of the date the property becomes subject to a realtor's listing agreement if (i) it is listed at a price at current market value, and (ii) the listing realtor verifies that it is unlikely to sell within 90 days of listing given the particular circumstances involved (e.g., owner's fractional interest; zoning restrictions; poor topography; absence of road frontage or access; absence of improvements; clouds on title, right of way or easement; local market conditions) OR

b. When at least two realtors refuse to list the property. The reason for refusal must be that the property is unsaleable at current market value. Other reasons for refusal are not sufficient, OR

c. When the applicant has personally advertised his property at or below current market value for 90 days by use of a "Sale By Owner" sign located on the property and by other reasonable efforts such as newspaper advertisements, or reasonable inquiries with all adjoining land-owners or other potential interested purchasers.

4. Notwithstanding

Name of resource type:

Description:

the fact that the recipient made a reasonable effort to sell the property and failed to sell it, and although the recipient has become eligible, the recipient must make a continuing reasonable effort to sell by:

- a. Repeatedly renewing any initial listing agreement until the property is sold. If the list price was initially higher than the tax-assessed value, the listed sales price must be reduced after 12 months to no more than 100% of the tax-assessed value.
- b. In the case where at least 2 realtors have refused to list the property, the recipient must personally try to sell the property by efforts described in 2c above, for 12 months.
- c. In the case of recipient who has personally advertised his property for a year without success (the newspaper advertisements, "for sale" sign, do not have to be continuous; these efforts must be done for at least 90 days within a 12 month period), the recipient must then
 - (i) subject his property to a realtor's listing agreement at price or below current market value; or
 - (ii) meet the requirements of 2b above which are that the recipient must try to list the property and at least two realtors refuse to list it because it is unsaleable at current market value; other reasons for refusal to list are not sufficient.

5. If the recipient has made a continuing effort to sell the

Name of resource type:

Description:

property for 12 months, then the recipient may sell the property between 75% and 100% of its tax assessed value and such sale shall not result in disqualification under the transfer of property rules. If the recipient requests to sell his property at less than 75% of assessed value, he must submit documentation from the listing realtor, or knowledgeable source if the property is not listed with a realtor, that the requested sale price is the best price the recipient can expect to receive for the property at this time. Sale at such a documented price shall not result in disqualification under the transfer of property rules. The proceeds of the sale will be counted as a resource in determining continuing eligibility.
*

Payments for involuntary sterilization.

The Commonwealth shall disregard as resources amounts received as payment for involuntary sterilization under the Virginia Eugenical Sterilization Act, beyond the allowable nine-month exclusion by the SSI program's resource methodologies.

Disregard excess resources due to COVID-19

Income that would have otherwise been part of an individual's liability for his or her institutional or home and community based waiver services based on the application of the post-eligibility treatment of income (PETI) rules, but which became countable resources on or after March 18, 2020, will be

Name of resource
type:

Description:

disregarded until the individual's second Medicaid renewal that follows the end of the COVID-19 public health emergency.

A beneficiary of a "qualified state long-term care insurance partnership" policy (partnership policy), as defined in section 1917(b)(1)(C) of the Social Security Act and 45 CFR 144.200 et seq., is provided a resource disregard, equal to the amount of the insurance benefit payments made to or on behalf of the individual from the partnership policy.

Age and Disability- Related Poverty Level

MEDICAID | Medicaid State Plan | Eligibility | VA2020MS0002O | VA-23-0004

Package Header

Package ID VA2020MS0002O	SPA ID VA-23-0004
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User-Entered	

D. Income Standard Used

The income standard for this eligibility group is:

- 1. 100% FPL
- 2. A lower percent of the FPL:

80.00% FPL

Age and Disability- Related Poverty Level

MEDICAID | Medicaid State Plan | Eligibility | VA2020MS0002O | VA-23-0004

Package Header

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User-Entered	

E. Resource Standard Used

The resource standard used is:

- 1. The resource limit for the SSI program; or
- 2. The resource limit used in the state's medically needy program, if higher.

Age and Disability- Related Poverty Level

MEDICAID | Medicaid State Plan | Eligibility | VA2020MS00020 | VA-23-0004

Package Header

Package ID	VA2020MS00020	SPA ID	VA-23-0004
Submission Type	Official	Initial Submission Date	2/6/2023
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Superseded SPA ID	09-02, 93-04		
	User-Entered		

F. Additional Information (optional)

Reasonable effort to sell, continued:

6. Once the applicant has demonstrated that his property is unsaleable by following the procedures in 2 above, the property is disregarded in determining eligibility starting the first day of the month in which the most recent application was filed, or up to three months prior to this month of application if retroactive coverage is requested and the applicant met all other eligibility requirements in the period. A recipient must continue his reasonable efforts to sell the property as required in 3 above.

Medicaid State Plan Eligibility

Eligibility Groups - Medically Needy

Medically Needy Populations Based on Age, Blindness or Disability

MEDICAID | Medicaid State Plan | Eligibility | VA2020MS00020 | VA-23-0004

Individuals who are age 65 or older or who have blindness or a disability who do not qualify as categorically needy.

Package Header

Package ID	VA2020MS00020	SPA ID	VA-23-0004
Submission Type	Official	Initial Submission Date	2/6/2023
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Superseded SPA ID	09-02, 93-04, 06-08		
	User-Entered		

The state covers the optional Medically Needy Populations Based on Age, Blindness or Disability eligibility group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Meet at least one of the following:
 - a. Are age 65 or older;
 - b. Have blindness; or
 - c. Have a disability.
2. Are not otherwise eligible for categorically needy coverage under the state plan.
3. Have income at or below the medically needy income level and resources at or below the medically needy resource level.

Medically Needy Populations Based on Age, Blindness or Disability

MEDICAID | Medicaid State Plan | Eligibility | VA2020MS00020 | VA-23-0004

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Superseded SPA ID 09-02, 93-04, 06-08	
User-Entered	

B. Individuals Covered

The state covers the following populations:

- 1. Individuals age 65 or older
- 2. Individuals with blindness
- 3. Individuals who have a disability

Medically Needy Populations Based on Age, Blindness or Disability

MEDICAID | Medicaid State Plan | Eligibility | VA2020MS00020 | VA-23-0004

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Superseded SPA ID 09-02, 93-04, 06-08	
User-Entered	

C. Financial Methodologies

1. The state uses the same financial methodology for all individuals covered.

- Yes
- No

2. The financial methodology used is:

- a. SSI methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
- b. More restrictive requirements than SSI. Please refer as necessary to More Restrictive Requirements than SSI under 1902(f), completed by the state.
- c. Less restrictive methodologies are used in calculating countable income.
 - Yes No

The less restrictive income methodologies are:

Census Bureau wages are disregarded.

Description of disregard: All census income is disregarded.

The following less restrictive methodologies are used:

Name of methodology:

Description:

Disregard of in-kind support and maintenance.

The Commonwealth of Virginia shall disregard the value of in-kind support and maintenance when determining eligibility. In-kind support and maintenance means food, clothing, or shelter or any combination of these provided to an individual.

Disregard of income.

The Commonwealth will disregard all earned income of a child under the age of 19 years who is a student. This applies only to medically needy children.

d. Less restrictive methodologies are used in calculating countable resources.

- Yes No

The less restrictive resource methodologies are:

The state uses a less restrictive methodology with respect to resources set aside for burial.

Specified methodology for the treatment of resources set aside for burial:

Name of methodology:

Description:

Burial expenses

Resources set aside to meet the burial expenses of an applicant/recipient or that individual's spouse are excluded from countable assets. In determining eligibility for benefits for medically needy individuals, disregarded from countable resources is an amount not in excess of \$3,500 for the individual and an amount not in excess of \$3,500 for his spouse when such resources have been set aside to meet the burial expenses of the individual or his spouse. The amount disregarded shall be reduced by:

A. the face value of life insurance on the life of an individual owned by the individual or his spouse if the cash surrender value of such policies has been excluded from countable resources; and

B. the amount of any other revocable or irrevocable trust, contract, or other arrangement specifically designated for the purpose of meeting the individual's or his spouse's burial expenses.

The state uses a less restrictive methodology with respect to the treatment of motor vehicles.

The value of a countable motor vehicle is totally disregarded, without limits or conditions.

- One motor vehicle
- More than one motor vehicle

Household goods and services are disregarded as a resource.

Description of disregard: The value of all household goods and personal effects are

disregarded as resources.

A specified type of resource is disregarded:

Name of resource type:	Description:
Life insurance less than \$1500	Life, retirement, and other related types of insurance policies with face values totaling \$1,500, or less on any one person 21 years old and over are not considered resources. When the face values of such policies of any one person exceeds \$1,500, the cash surrender value of the policies is counted as a resource.
Cemetery plots	Cemetery plots are not counted as resources regardless of the number owned.
Life rights	Life rights to real property are not counted as a resource. The purchase of a life right in another individual's home is subject to transfer of asset rules.
Reasonable effort to sell.	Once the applicant has demonstrated that his property is unsaleable by following the procedures in 3 below, the property is disregarded in determining eligibility starting the first day of the month in which the most recent application was filed, or up to three months prior to this month of application if retroactive coverage is requested and the applicant met all other eligibility requirements in the period. A recipient must continue his reasonable efforts to sell the property as required in 4 below. 2. Reasonable Effort to Sell. For purposes of this section

Name of resource
type:

Description:

"current market value" is defined as the current tax assessed value. If the property is listed by a realtor, then the realtor may list it at an amount higher than the tax assessed value. In no event, however, shall the realtor's list price exceed 150% of the assessed value.

3. A reasonable effort to sell is considered to have been made:

a. As of the date the property becomes subject to a realtor's listing agreement if (i) it is listed at a price at current market value, and (ii) the listing realtor verifies that it is unlikely to sell within 90 days of listing given the particular circumstances involved (e.g., owner's fractional interest; zoning restrictions; poor topography; absence of road frontage or access; absence of improvements; clouds on title, right of way or easement; local market conditions) OR

b. When at least two realtors refuse to list the property. The reason for refusal must be that the property is unsaleable at current market value. Other reasons for refusal are not sufficient, OR

c. When the applicant has personally advertised his property at or below current market value for 90 days by use of a "Sale By Owner" sign located on the property and by other reasonable efforts such as newspaper advertisements, or reasonable inquiries with all adjoining land-owners or other potential interested purchasers.

4. Notwithstanding

Name of resource type:

Description:

the fact that the recipient made a reasonable effort to sell the property and failed to sell it, and although the recipient has become eligible, the recipient must make a continuing reasonable effort to sell by:

- a. Repeatedly renewing any initial listing agreement until the property is sold. If the list price was initially higher than the tax-assessed value, the listed sales price must be reduced after 12 months to no more than 100% of the tax-assessed value.
- b. In the case where at least 2 realtors have refused to list the property, the recipient must personally try to sell the property by efforts described in 2c above, for 12 months.
- c. In the case of recipient who has personally advertised his property for a year without success (the newspaper advertisements, "for sale" sign, do not have to be continuous; these efforts must be done for at least 90 days within a 12 month period), the recipient must then
 - (i) subject his property to a realtor's listing agreement at price or below current market value; or
 - (ii) meet the requirements of 2b above which are that the recipient must try to list the property and at least two realtors refuse to list it because it is unsaleable at current market value; other reasons for refusal to list are not sufficient.

5. If the recipient has made a continuing effort to sell the

Name of resource type:

Description:

property for 12 months, then the recipient may sell the property between 75% and 100% of its tax assessed value and such sale shall not result in disqualification under the transfer of property rules. If the recipient requests to sell his property at less than 75% of assessed value, he must submit documentation from the listing realtor, or knowledgeable source if the property is not listed with a realtor, that the requested sale price is the best price the recipient can expect to receive for the property at this time. Sale at such a documented price shall not result in disqualification under the transfer of property rules. The proceeds of the sale will be counted as a resource in determining continuing eligibility.
*

Payments for involuntary sterilization.

The Commonwealth shall disregard as resources amounts received as payment for involuntary sterilization under the Virginia Eugenic Sterilization Act, beyond the allowable nine-month exclusion by the SSI program's resource methodologies.

Disregard excess resources due to COVID-19

Income that would have otherwise been part of an individual's liability for his or her institutional or home and community based waiver services based on the application of the post-eligibility treatment of income (PETI) rules, but which became countable resources on or after March 18, 2020, will be

Name of resource type:

Description:

disregarded until the individual's second Medicaid renewal that follows the end of the COVID-19 public health emergency.

A beneficiary of a "qualified state long-term care insurance partnership" policy (partnership policy), as defined in section 1917(b)(1)(C) of the Social Security Act and 45 CFR 144.200 et seq., is provided a resource disregard, equal to the amount of the insurance benefit payments made to or on behalf of the individual from the partnership policy.

Medically Needy Populations Based on Age, Blindness or Disability

MEDICAID | Medicaid State Plan | Eligibility | VA2020MS00020 | VA-23-0004

Package Header

Package ID	VA2020MS00020	SPA ID	VA-23-0004
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D. Income Standard Used

The income standard used for this group is described in the Medically Needy Income Level RU.

Medically Needy Populations Based on Age, Blindness or Disability

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E. Resource Standard Used

The resource standard used for this group is described in the Medically Needy Resource Level RU.

Medically Needy Populations Based on Age, Blindness or Disability

MEDICAID | Medicaid State Plan | Eligibility | VA2020MS00020 | VA-23-0004

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F. Spenddown

The state allows individuals to deduct incurred medical and remedial expenses (spend down) to become eligible under this group. Spenddown is defined in the Handling of Excess Income (Spenddown) RU.

Medically Needy Populations Based on Age, Blindness or Disability

MEDICAID | Medicaid State Plan | Eligibility | VA2020MS00020 | VA-23-0004

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G. Additional Information (optional)

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