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**State/Territory Name:** **Virginia**

**State Plan Amendment (SPA) #:** **24-0004**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

# VA - Submission Package - VA2023MS00030 - (VA-24-0004) - Eligibility

Summary Reviewable Units Versions Correspondence Log Analyst Notes **Approval Letter** Transaction Logs News Related Actions

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



## Center for Medicaid & CHIP Services

April 04, 2024

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

Re: Approval of State Plan Amendment VA-24-0004

Dear Cheryl J. Roberts,

On January 08, 2024, the Centers for Medicare and Medicaid Services (CMS) received Virginia State Plan Amendment (SPA) VA-24-0004, in which the state proposed to increase the income standard for its Ticket to Work Basic eligibility group and disregard "Work Incentive Accounts" in determining resource eligibility for certain non-MAGI eligibility groups.

We approve Virginia State Plan Amendment (SPA) VA-24-0004 with an effective date(s) of January 01, 2024.

If you have any questions regarding this amendment, please contact Margaret Kosherzenko at [Margaret.Kosherzenko@cms.hhs.gov](mailto:Margaret.Kosherzenko@cms.hhs.gov).

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

# VA - Submission Package - VA2023MS00030 - (VA-24-0004) - Eligibility

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## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | VA2023MS00030 | VA-24-0004

CMS-10434 OMB 0938-1188

### Package Header

<b>Package ID</b>	VA2023MS00030	<b>SPA ID</b>	VA-24-0004
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	1/8/2024
<b>Approval Date</b>	04/04/2024	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### State Information

**State/Territory Name:** Virginia

**Medicaid Agency Name:** Department of Medical Assistance Services

### Submission Component

- State Plan Amendment
- Medicaid
- CHIP

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | VA2023MS00030 | VA-24-0004

### Package Header

**Package ID** VA2023MS00030  
**Submission Type** Official  
**Approval Date** 04/04/2024  
**Superseded SPA ID** N/A

**SPA ID** VA-24-0004  
**Initial Submission Date** 1/8/2024  
**Effective Date** N/A

### SPA ID and Effective Date

**SPA ID** VA-24-0004

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Optional Eligibility Groups	1/1/2024	VA-23-0004
Individuals Eligible for Cash Except for Institutionalization	1/1/2024	New
Individuals in Institutions Eligible under a Special Income Level	1/1/2024	VA-23-0004
Age and Disability-Related Poverty Level	1/1/2024	VA-23-0004
Ticket to Work Basic	1/1/2024	13-20, 93-04, 06-08
Medically Needy Populations Based on Age, Blindness or Disability	1/1/2024	VA-23-0004

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

Ticket to Work Basic Superseded SPA ID's (continued): 09-04, 13-20, 15-004

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | VA2023MS00030 | VA-24-0004

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<b>Superseded SPA ID</b>	N/A		

### Executive Summary

**Summary Description Including Goals and Objectives** This SPA submission increases the income eligibility for participation in the Medicaid Works program to 138 percent of the Federal Poverty Level.

### Federal Budget Impact and Statute/Regulation Citation

#### Federal Budget Impact

	Federal Fiscal Year	Amount
First	2024	\$34113
Second	2025	\$47759

#### Federal Statute / Regulation Citation

1902(a)(10)(A)(ii)(XV) of the Social Security Act

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created
No items available	

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | VA2023MS00030 | VA-24-0004

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<b>Superseded SPA ID</b>	N/A		

### Governor's Office Review

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

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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## Medicaid State Plan Eligibility

### Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | VA2023MS00030 | VA-24-0004

CMS-10434 OMB 0938-1188

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<b>Superseded SPA ID</b>	VA-23-0004		
	System-Derived		

### 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Children with Non-IV-E Adoption Assistance		<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Family Planning Services		<input checked="" 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
Individuals Eligible for Cash Except for Institutionalization		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW
Optional State Supplement Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals in Institutions Eligible under a Special Income Level		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
PACE Participants		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Hospice		<input checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="radio"/>	APPROVED
Work Incentives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Ticket to Work Basic		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="radio"/>	APPROVED
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

MEDICAID | Medicaid State Plan | Eligibility | VA2023MS00030 | VA-24-0004

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<b>Superseded SPA ID</b>	VA-23-0004		
	System-Derived		

## 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Medically Needy Children under Age 18		<input checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED

# Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | VA2023MS00030 | VA-24-0004

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	System-Derived		

## 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

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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## Medicaid State Plan Eligibility

### Eligibility Groups - Options for Coverage

#### Individuals Eligible for Cash Except for Institutionalization

MEDICAID | Medicaid State Plan | Eligibility | VA2023MS00030 | VA-24-0004

Individuals who would be eligible for federal cash assistance or an optional state supplement, except for institutionalization.

[Download Spell Check Instructions](#) | [Request System Help](#)

CMS-10434 OMB 0938-1188

Not Started

In Progress

Complete

### Package Header

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<b>Superseded SPA ID</b>	New User-Entered		

[View Implementation Guide](#)

[VIEW ALL RESPONSES](#)

The state covers the optional Individuals Eligible for Cash Except for Institutionalization eligibility group in accordance with the following provisions:

### A. Characteristics

[Collapse](#)

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

- Are in a medical institution.
- Would meet the eligibility requirements for at least one of the following cash assistance programs, but for the lower income standards used to determine eligibility for institutionalized individuals:
  - a. SSI
  - b. Optional State Supplement
  - c. AFDC

### B. Individuals Covered

[Collapse](#)

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

- Yes
- No

2. The state covers the following populations:

- a. Individuals age 65 or older
- b. Individuals who have blindness
- c. Individuals who have a disability
- d. All children under a specified age limit:

- i. Under age 21
- ii. Under age 20
- iii. Under age 19
- iv. Under age 18

e. Reasonable classifications of children

Name of classification	Description	Age Range
Individuals placed in foster care homes by public agencies		Under age 21
Individuals placed in private institutions by public agencies		Under age 21
Individuals in adoptions subsidized in full or part by a public agency		Under age 21
Individuals in nursing facilities, if nursing facility services are provided under this plan		Under age 21
Also individuals in Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF-IID), if these services are provided under this plan.		Under age 21
Department of Juvenile Justice Children	Children are in the custody of DJJ.	Under age 21

f. Parents and other caretaker relatives

g. Pregnant women

h. Other population

## C. Financial Methodologies

[Collapse](#)

1. In calculating household income and resources for individuals who are seeking eligibility on the basis of being age 65 or older or having blindness or disability, SSI methodologies are used. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

- 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.

[View approved version of More Restrictive Requirements than SSI under 1902\(f\) - \(209\(b\) States\)](#)

2. In calculating household income and resources for populations for which AFDC is the most closely related program, the following methodology(ies) are used:

- a. MAGI-like methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
- b. AFDC methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

[View approved version of Non-MAGI Methodologies](#)

3. Less restrictive methodologies are used in calculating countable income.

- Yes
- No

4. 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

Name of methodology:	Description:
	<p>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:</p> <p>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</p> <p>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.</p>

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

**Name of resource type:**

**Description:**

property as required in 4 below.

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.

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 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

Name of resource type:	Description:
Payments for involuntary sterilization.	<p>(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.</p> <p>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. *</p> <p>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.</p>
Disregard excess resources due to COVID-19	<p>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.</p>
Work Incentive Account (WIN accounts)	<p>Resources accumulated in the Work Incentive Account (WIN) shall be disregarded in determining eligibility for one year after the individual leaves the Medicaid buy-in program, unless the WIN account is an IRS-recognized account, in which case the disregard of the account will not be time-limited (subject to the account meeting the conditions described in the "Ticket to Work Basic" section of the state plan). IRS-recognized WIN accounts are: retirement accounts (e.g., 401(k)/403(b)/457(b)/503(b) accounts, traditional Individual Retirement Accounts (IRAs), Roth IRAs, SEP-IRAs, SIMPLE IRAs, and Thrift Savings Plans), medical savings accounts (e.g., Archer Medical Savings Account), medical reimbursement accounts (e.g., Health Savings Accounts),</p>

Name of resource type:	Description:
	education accounts (e.g., 529 Plans) and independence accounts (e.g., Fostering Independence Account).

- 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.

## D. Income Standard Used

[Collapse](#)

The income standard used is the standard of the most closely related cash assistance program.

## E. Resource Standard Used

[Collapse](#)

The resource standard used is the standard of the most closely related cash assistance program.

## F. Additional Information (optional)

[Collapse](#)

When an SSI recipient has real property not excluded by our rules then all recipient resources must be verified and evaluated to determine if the SSI recipient meets Medicaid resource requirements.

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.



# VA - Submission Package - VA2023MS00030 - (VA-24-0004) - Eligibility

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## Medicaid State Plan Eligibility

### Eligibility Groups - Options for Coverage

#### Individuals in Institutions Eligible under a Special Income Level

MEDICAID | Medicaid State Plan | Eligibility | VA2023MS00030 | VA-24-0004

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

[Spell Check Instructions](#) | [Request System Help](#)

CMS-10434 OMB 0938-1188

Not Started

In Progress

Complete

### Package Header

<b>Package ID</b>	VA2023MS00030	<b>SPA ID</b>	VA-24-0004
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	1/8/2024
<b>Approval Date</b>	04/04/2024	<b>Effective Date</b>	<u>1/1/2024</u>
<b>Superseded SPA ID</b>	VA-23-0004		
	System-Derived		

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[VIEW ALL RESPONSES](#)

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

### A. Characteristics

[Collapse](#)

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.

### B. Individuals Covered

[Collapse](#)

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

- Yes
- No

### C. Financial Methodologies

[Collapse](#)

- 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.

[View approved version of More Restrictive Requirements than SSI under 1902\(f\) - \(209\(b\) States\)](#)

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: <ul style="list-style-type: none"> <li>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</li> <li>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.</li> </ul>

- 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:
Work Incentive Account (WIN accounts)	Resources accumulated in the Work Incentive Account (WIN) shall be disregarded in determining eligibility for one year after the individual leaves the Medicaid buy-in program, unless the WIN account is an IRS-recognized account, in which case the disregard of the account will not be time-limited (subject to the account meeting the conditions described in the "Ticket to Work Basic" section of the state plan). IRS-recognized WIN accounts are: retirement accounts (e.g., 401(k)/403(b)/457(b)/503(b) accounts, traditional Individual Retirement Accounts (IRAs), Roth IRAs, SEP-IRAs, SIMPLE IRAs, and Thrift Savings Plans), medical savings accounts (e.g., Archer Medical Savings Account), medical reimbursement accounts (e.g., Health Savings Accounts), education accounts (e.g., 529 Plans)

Name of resource type:	Description:
	and independence accounts (e.g., Fostering Independence Account).
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 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.</p> <p>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:</p> <p>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.</p>

Name of resource type:	Description:
Life insurance less than \$1500	<p>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.</p> <p>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</p> <p>(i) subject his property to a realtor's listing agreement at price or below current market value; or</p> <p>(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.</p> <p>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. *</p>
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.
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

Name of resource type:	Description:
	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.

## D. Income Standard Used

[Collapse](#)

### The income standard for this group is:

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

## E.Resource Standard Used

[Collapse](#)

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

## F.Additional Information (optional)

[Collapse](#)

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.

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

# VA - Submission Package - VA2023MS00030 - (VA-24-0004) - Eligibility

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## Medicaid State Plan Eligibility

### Eligibility Groups - Options for Coverage

#### Age and Disability- Related Poverty Level

MEDICAID | Medicaid State Plan | Eligibility | VA2023MS00030 | VA-24-0004

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

[Spell Check Instructions](#) | [Request System Help](#)

CMS-10434 OMB 0938-1188

Not Started

In Progress

Complete

### Package Header

<b>Package ID</b>	VA2023MS00030	<b>SPA ID</b>	VA-24-0004
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	1/8/2024
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<b>Superseded SPA ID</b>	VA-23-0004		
	System-Derived		

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

### A. Characteristics

[Collapse](#)

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

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

### B. Individuals Covered

[Collapse](#)

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

- Yes
- No

### C. Financial Methodologies

[Collapse](#)

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

[View approved version of Non-MAGI Methodologies](#)

2. 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.

3. 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

Name of methodology:	Description:
	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.



Name of resource type:	Description:
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</p>

Name of resource type:

Description:

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 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

Name of resource type:	Description:
	<p>to a realtor's listing agreement at price or below current market value; or</p> <p>(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.</p> <p>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. *</p>
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

Name of resource type:	Description:
Work Incentive Account (WIN accounts)	<p>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.</p> <p>Resources accumulated in the Work Incentive Account (WIN) shall be disregarded in determining eligibility for one year after the individual leaves the Medicaid buy-in program, unless the WIN account is an IRS-recognized account, in which case the disregard of the account will not be time-limited (subject to the account meeting the conditions described in the "Ticket to Work Basic" section of the state plan). IRS-recognized WIN accounts are: retirement accounts (e.g., 401(k)/403(b)/457(b)/503(b) accounts, traditional Individual Retirement Accounts (IRAs), Roth IRAs, SEP-IRAs, SIMPLE IRAs, and Thrift Savings Plans), medical savings accounts (e.g., Archer Medical Savings Account), medical reimbursement accounts (e.g., Health Savings Accounts), education accounts (e.g., 529 Plans) and independence accounts (e.g., Fostering Independence Account).</p>

- 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.

## D. Income Standard Used

[Collapse](#)

The income standard for this eligibility group is:

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

80.00% FPL

## E. Resource Standard Used

[Collapse](#)

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.

## F. Additional Information (optional)

[Collapse](#)

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.

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

# VA - Submission Package - VA2023MS00030 - (VA-24-0004) - Eligibility

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## Medicaid State Plan Eligibility

### Eligibility Groups - Options for Coverage

#### Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | VA2023MS00030 | VA-24-0004

Individuals between ages 16 and 64 with a disability, who have earned income.

[Spell Check Instructions](#) | [Request System Help](#)

CMS-10434 OMB 0938-1188

Not Started

In Progress

Complete

### Package Header

<b>Package ID</b>	VA2023MS00030	<b>SPA ID</b>	VA-24-0004
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	1/8/2024
<b>Approval Date</b>	04/04/2024	<b>Effective Date</b>	<u>1/1/2024</u>
<b>Superseded SPA ID</b>	13-20, 93-04, 06-08		
	User-Entered		

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The state covers the optional Ticket to Work basic eligibility group in accordance with the following provisions:

### A. Characteristics

[Collapse](#)

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

1. Are at least age 16 but less than 65 years of age.
2. Have earned income.
3. But for earned income, meet the SSI definition of disability.
4. Have income and resources that do not exceed the standards established by the state.

### B. Financial Methodologies

[Collapse](#)

#### 1. SSI methodologies are used in calculating household income and resources.

- Yes
- No

Please refer as necessary to Non-MAGI Methodologies, completed by the state.

[View approved version of Non-MAGI Methodologies](#)

#### 2. 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.

A specified type of income is disregarded:

Name of income type:	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.
Earned Income	\$6,250 a month in earned income is disregarded. This disregard is conditional on the income being placed in a WIN account.
Spousal income	No spousal income is deemed to the individual. All spousal income is disregarded.
Parental Income	No parental income is deemed to the individual. All parental income is disregarded.
COLA increases deposited to WIN account	The Commonwealth shall disregard any increase in the amount of earned income in Social Security Disability Insurance (SSDI) payment resulting from employment as a worker with disabilities eligible for assistance under §1902(a)(10)(A)(ii)(XVI) of the Act or as a result of a COLA adjustment to the SSDI payment, if this additional amount of unearned income in SSDI payment from work and/or COLA is deposited into the individual's designated WIN account.
Unemployment	The Commonwealth shall disregard any amount of unearned income of an enrollee as a result of the receipt of unemployment insurance benefits due to loss of employment through no fault of his own, if this unearned income from unemployment insurance payments is deposited into the individual's designated WIN account. This disregard shall only apply while an enrollee is in the six month safety net, or "grace" period.

**3. Less restrictive methodologies are used in calculating countable resources.**

Yes

No

The less restrictive resource methodologies are:

Resources from household members are disregarded.

Resources of the spouse are disregarded.

**Description:** No spousal resources are deemed to the applicant.

Resources of parents are disregarded.

**Description:** No parental resources are deemed to the applicant.

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

A higher amount is disregarded:

**Amount:** \$3500.00

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

Name of methodology:	Description:
Burial expenses	<p>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:</p> <p>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</p> <p>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.</p>

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

The state uses a less restrictive methodology with respect to the treatment of resources set aside in specified types of accounts.

Specified types of accounts:

Name of account:	Description:
WIN (Work Incentive Account)	<p>Any checking or savings accounts, or certain IRS-recognized accounts, that the member designates. "IRS-recognized" accounts in this context refers to: retirement accounts (e.g., 401(k)/403(b)/457(b)/503(b) accounts, traditional Individual Retirement Accounts (IRAs), Roth IRAs, SEP-IRAs, SIMPLE IRAs, and Thrift Savings Plans); medical savings accounts (e.g., Archer Medical Savings Account); medical reimbursement accounts (e.g., Health Savings Accounts); education accounts (e.g., 529 Plans); and independence accounts (e.g., Fostering Independence Account). The maximum amount that will be disregarded in a WIN account will be the relevant year's section 1619(b) threshold for Virginia, plus any interest a member has accrued on their designated WIN account; e.g., in 2024, the maximum WIN-account disregard will be \$45,976 plus any interest the member has accrued on the account. To be eligible for this resource disregard, WIN Accounts are subject to the following provisions: a. Deposits to this account shall derive solely from the individual's income earned after electing to enroll in the Medicaid</p>



Name of account:	Description:
	Buy-In (MBI) program. b. The account will be held separate from non-exempt resources in accounts for which prior approval has been obtained from the Department, and for which the owner authorizes regular monitoring and/or reporting including deposits, withdrawals, and other information deemed necessary by the Department for the proper administration of this provision. c. WIN accounts shall be disregarded for one year after the individual leaves the Medicaid buy-in program, unless the WIN account is an IRS-recognized account, in which case the disregard of the account will not be time-limited (subject to the account meeting the conditions described above).

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:
Payments made 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.
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>A. 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>B. A reasonable effort to sell is considered to have been made:</p> <ol style="list-style-type: none"> <li>1. As of the date the property becomes subject to a realtor's listing agreement if <ol style="list-style-type: none"> <li>a. it is listed at a price at current market value, and</li> <li>b. 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</li> </ol> </li> </ol>

**Name of resource type:**

**Description:**

title, right of way or easement; local market conditions) OR

2. 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

3. 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.

C. 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:

1. 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.

2. 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 B(3) above, for 12 months.

3. 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

- subject his property to a realtor's listing agreement at price or below current market value; or
- meet the requirements of B(2) 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.

D. 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

Name of resource type:	Description:
Life insurance less than \$1500	<p>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.</p> <p>E. Once the applicant has demonstrated that his property is unsaleable by following the procedures in Section "B", 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 Section C above.</p> <p>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.</p>

- 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.

### C. Income Standard Used

[Collapse](#)

The income standard for this group is:

- 1. No income standard
- 2. A percentage of the federal poverty level:
- 3. A percentage of the SSI Federal Benefit Rate:
- 4. A dollar amount
- 5. Other

**FPL** 138.00%

### D. Resource Standard Used

[Collapse](#)

The resource standard for this group is:

- 1. No resource standard
- 2. SSI resource standard
- 4. A dollar amount higher than the SSI resource standard

### E. Premiums and Cost Sharing

[Collapse](#)

Requirements for premiums and cost sharing for this group are found in the premium and cost sharing sections of the state plan.

### F. Additional Information (optional)

[Collapse](#)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

# VA - Submission Package - VA2023MS00030 - (VA-24-0004) - Eligibility

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## Medicaid State Plan Eligibility

### Eligibility Groups - Medically Needy

#### Medically Needy Populations Based on Age, Blindness or Disability

MEDICAID | Medicaid State Plan | Eligibility | VA2023MS00030 | VA-24-0004

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

[Spell Check Instructions](#) | [Request System Help](#)

CMS-10434 OMB 0938-1188

Not Started

In Progress

Complete

### Package Header

<b>Package ID</b>	VA2023MS00030	<b>SPA ID</b>	VA-24-0004
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	1/8/2024
<b>Approval Date</b>	04/04/2024	<b>Effective Date</b>	<u>1/1/2024</u>
<b>Superseded SPA ID</b>	VA-23-0004		
	System-Derived		

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

### A. Characteristics

[Collapse](#)

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

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

### B. Individuals Covered

[Collapse](#)

The state covers the following populations:

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

### 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.

[View approved version of More Restrictive Requirements than SSI under 1902\(f\) - \(209\(b\) States\)](#)

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

Name of methodology:	Description:
	<p>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:</p> <p>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</p> <p>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.</p>

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

Name of resource type:	Description:
	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</p>



Name of resource type:

**Description:**

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 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

Name of resource type:	Description:
Payments for involuntary sterilization.	<p>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.</p> <p>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. *</p> <p>The Commonwealth shall disregard as resources amounts received as payment for involuntary sterilization under the Virginia Eugenic</p>

Name of resource type:	Description:
	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.
Work Incentive Account (WIN accounts)	Resources accumulated in the Work Incentive Account (WIN) shall be disregarded in determining eligibility for one year after the individual leaves the Medicaid buy-in program, unless the WIN account is an IRS-recognized account, in which case the disregard of the account will not be time-limited (subject to the account meeting the conditions described in the "Ticket to Work Basic" section of the state plan). IRS-recognized WIN accounts are: retirement accounts (e.g., 401(k)/403(b)/457(b)/503(b) accounts, traditional Individual Retirement Accounts (IRAs), Roth IRAs, SEP-IRAs, SIMPLE IRAs, and Thrift Savings Plans), medical savings accounts (e.g., Archer Medical Savings Account), medical reimbursement accounts (e.g., Health Savings Accounts), education accounts (e.g., 529 Plans) and independence accounts (e.g., Fostering Independence Account).

- 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.

## D. Income Standard Used

[Collapse](#)

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

[View approved version of Medically Needy Income Level](#)

## E. Resource Standard Used

[Collapse](#)

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

[View approved version of Medically Needy Resource Level](#)

## F. Spenddown

[Collapse](#)

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.

[View approved version of Handling of Excess Income \(Spenddown\)](#)

## G. Additional Information (optional)

[Collapse](#)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.