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State/Territory Name: West Virginia

State Plan Amendment (SPA) #: 25-0003

This file contains the following documents in the order listed:

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- 2) Summary Form (with 179-like data)
- 3) Approved SPA Pages

WV - Submission Package - WV2025MS0001O - (WV-25-0003) - Eligibility

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



Center for Medicaid & CHIP Services

September 19, 2025

Cynthia Beane
Commissioner
WV Bureau for Medical Services
350 Capitol Street, Room 251
Charleston, WV 25301

Re: Approval of State Plan Amendment WV-25-0003

Dear Cynthia Beane,

On June 26, 2025, the Centers for Medicare and Medicaid Services (CMS) received West Virginia State Plan Amendment (SPA) WV-25-0003, in which the state proposed to disregard from countable resources certain Medicare premium refunds.

We approve West Virginia State Plan Amendment (SPA) WV-25-0003 with an effective date(s) of June 01, 2025.

If you have any questions regarding this amendment, please contact Nicole Guess at nicole.guess@cms.hhs.gov

Sincerely,
Shantrina Roberts, Acting Director
Division of Program Operations
Center for Medicaid & CHIP Services

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Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | WV2025MS0001O | WV-25-0003

CMS-10434 OMB 0938-1188

Package Header

Package ID	WV2025MS0001O	SPA ID	WV-25-0003
Submission Type	Official	Initial Submission Date	6/26/2025
Approval Date	09/19/2025	Effective Date	N/A
Superseded SPA ID	N/A		

State Information

State/Territory Name:	West Virginia	Medicaid Agency Name:	WV Bureau for Medical Services
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Submission Component

- State Plan Amendment
- Medicaid
- CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | WV2025MS0001O | WV-25-0003

Package Header

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Approval Date	09/19/2025	Effective Date	N/A
Superseded SPA ID	N/A		

SPA ID and Effective Date

SPA ID WV-25-0003

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Medically Needy Income Level	6/1/2025	94-15
Handling of Excess Income (Spenddown)	6/1/2025	94-15, 93-12
Medically Needy Resource Level	6/1/2025	94-15
Mandatory Eligibility Groups	6/1/2025	WV-23-0008
Qualified Medicare Beneficiaries	6/1/2025	09-01, 10-03
Specified Low Income Medicare Beneficiaries	6/1/2025	09-01, 10-03
Qualifying Individuals	6/1/2025	09-01, 10-03
Optional Eligibility Groups	6/1/2025	WV-23-0001
Individuals Eligible for but Not Receiving Cash Assistance	6/1/2025	94-15
Individuals in Institutions Eligible under a Special Income Level	6/1/2025	94-15, 10-04
Ticket to Work Basic	6/1/2025	09-01, 03-12
Ticket to Work Medical Improvements	6/1/2025	09-01, 03-12
Medically Needy Pregnant Women	6/1/2025	09-01
Medically Needy Children under Age 18	6/1/2025	09-01
Medically Needy Reasonable Classifications of Individuals under Age 21	6/1/2025	09-01, 10-02, 04-15
Medically Needy Parents and Other Caretaker Relatives	6/1/2025	09-01
Medically Needy Populations Based on Age, Blindness or Disability	6/1/2025	09-01

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

Attachment 2.2-A, Page 9b, Supplement 1 to Attachment 2.6-A, Page 6,

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | WV2025MS0001O | WV-25-0003

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Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives The purpose of this SPA is to apply 'Less Restrictive Resource Methodologies under 1902(r)(2) of the Act' to disregard refunds to individuals enrolled in the Qualified Medicare Beneficiary, Specified Low Income Medicare Beneficiary, and Qualifying Individual eligibility groups, for Medicare premiums paid. This disregard continues for nine months following the month of receipt for purposes of determining eligibility for individuals whose Medicaid eligibility is based on SSI methodologies.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2025	\$0
Second	2026	\$0

Federal Statute / Regulation Citation

Social Security Act 1902(r)(2) Regulation: 42 C.F.R. §§435.601 and 436.601

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

Submission - Summary

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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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WV - Submission Package - WV2025MS0001O - (WV-25-0003) - Eligibility

Medicaid State Plan Eligibility

Income/Resource Standards

Medically Needy Income Level

MEDICAID | Medicaid State Plan | Eligibility | WV2025MS0001O | WV-25-0003

CMS-10434 OMB 0938-1188

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User-Entered			

A. Income Level Used

1. The state employs a single income level for the medically needy.
2. The income level varies based on differences between shelter costs in urban and rural areas.

Yes

No

3. The level used is:

Household size	Standard
1	\$200.00
2	\$275.00
3	\$290.00
4	\$312.00
5	\$360.00
6	\$413.00
7	\$461.00
8	\$477.00
9	\$527.00
10	\$577.00

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

- Yes
- No

Incremental Amount:
\$50.00

The dollar amounts increase automatically each year

- Yes
- No

Medically Needy Income Level

MEDICAID | Medicaid State Plan | Eligibility | WV2025MS0001O | WV-25-0003

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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

MEDICAID | Medicaid State Plan | Eligibility | WV2025MS0001O | WV-25-0003

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C. Additional Information (optional)

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Medicaid State Plan Eligibility

Income/Resource Standards

Handling of Excess Income (Spenddown)

MEDICAID | Medicaid State Plan | Eligibility | WV2025MS0001O | WV-25-0003

CMS-10434 OMB 0938-1188

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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

2. The state includes part or all of the retroactive period in the budget period.

- ☒ Yes
- ☐ No

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:

- For retroactive budget periods and a budget period that includes both retroactive and prospective budget, the state deducts:
 - Eligible expenses incurred during the budget period, whether paid or unpaid.
 - Payments made during the budget period on eligible expenses incurred at any time prior to the budget period, if not previously deducted in establishing eligibility.
 - Unpaid eligible expenses, which have not been deducted previously in establishing eligibility, and were incurred:
 - ☒ i. At any time prior to the budget period.
 - ☐ ii. Prior to the third month before the month of application, but no earlier than:
 - ☐ iii. No earlier than the third month before the month of application.
- For prospective budget period(s), the state deducts:
 - Eligible expenses incurred during the budget period, whether paid or unpaid.
 - Payments made during the budget period on eligible expenses incurred at any time prior to the budget period, if not previously deducted in establishing eligibility.
 - Unpaid eligible expenses that are carried over from the prior budget period and 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)

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G. Additional Information (optional)

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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.
2. The resource level is equal to or higher than the lowest resource standard used under the most closely related cash assistance program.

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

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

- ☒ Yes
- ☐ No

Incremental Amount:
\$50.00

Medically Needy Resource Level

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C. Additional Information (optional)

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Medicaid State Plan Eligibility

Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | WV2025MS0001O | WV-25-0003

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	System-Derived		

Mandatory Coverage








A. The state provides Medicaid to mandatory groups of individuals. The mandatory groups covered are:

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Infants and Children under Age 19		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Parents and Other Caretaker Relatives		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Pregnant Women		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Deemed Newborns		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Former Foster Care Children		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Transitional Medical Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Extended Medicaid due to Spousal Support Collections		<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
SSI Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Closed Eligibility Groups		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Deemed To Be Receiving SSI		<input checked="" 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 
Working Individuals under 1619(b)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualified Medicare Beneficiaries		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Qualified Disabled and Working Individuals		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Specified Low Income Medicare Beneficiaries		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Qualifying Individuals		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED

Mandatory Eligibility Groups

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B. The state elects the Adult Group, described at 42 CFR 435.119.

☒ Yes ☐ No

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Adult Group		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED

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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WV - Submission Package - WV2025MS0001O - (WV-25-0003) - Eligibility

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Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | WV2025MS0001O | WV-25-0003

Individuals with income equal to or less than 100% of the FPL, who are entitled to Medicare Part A, and who qualify for Medicare cost-sharing.

CMS-10434 OMB 0938-1188

Package Header

Package ID	WV2025MS0001O	SPA ID	WV-25-0003
Submission Type	Official	Initial Submission Date	6/26/2025
Approval Date	09/19/2025	Effective Date	6/1/2025
Superseded SPA ID	09-01, 10-03		
	User-Entered		

The state covers the mandatory qualified Medicare beneficiaries group in accordance with the following provisions:

A. Characteristics

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

- Are entitled to hospital insurance benefits under part A of title XVIII (Medicare Part A), including individuals who have purchased a premium to enroll in Part A.
- Have income and resources at or below the standard for this group.

Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | WV2025MS0001O | WV-25-0003

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B. Financial Methodologies

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

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:

Wages paid by the Census Bureau are disregarded.

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

- ☒ Yes
- ☐ No

The less restrictive resource methodologies are:

- ☒ Lump sums are disregarded as a resource.
 - ☒ Specified type of lump sum:

Name of lump sum type:	Description:
Medicare Premium Refunds	Refunds to individuals enrolled in the Qualified Medicare Beneficiary, Specified Low Income Medicare Beneficiary, and Qualifying Individual eligibility groups, for Medicare premiums paid are excluded for nine months following the month of receipt.

Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | WV2025MS0001O | WV-25-0003

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C. Income Standard Used

The amount of the income standard for this group is 100% FPL.

D. Resource Standard Used

The resource standard is the same used to determine eligibility for the Medicare Part D full-benefit low-income subsidy (LIS) (but without regard to the life insurance policy exclusion applied in LIS resource eligibility determinations). This standard is three times the SSI resource standard, adjusted annually in accordance with the consumer price index.

E. Medical Assistance Provided

Medical assistance is limited to payment of co-insurance and deductibles for Medicare Parts A, B and C and payment for the premiums for Medicare Parts A and B.

Medical assistance begins the first day of the month following the month in which the individual is determined to qualify for this eligibility group.

Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | WV2025MS0001O | WV-25-0003

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F. Additional Information (optional)

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 - Mandatory Coverage

Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | WV2025MS0001O | WV-25-0003

Individuals with income above 100% and below 120% of the FPL who are entitled to Medicare Part A, who qualify for payment of Medicare Part B premiums.

CMS-10434 OMB 0938-1188

Package Header

Package ID	WV2025MS0001O	SPA ID	WV-25-0003
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The state covers the mandatory specified low income Medicare beneficiaries group in accordance with the following provisions:

A. Characteristics

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

- Would qualify as Qualified Medicare Beneficiaries (described in section 1905(p)(1) of the Act), except that their income exceeds the income level for that eligibility group.
- Have income below the income standard and resources at or below the resource standard for this group.

Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | WV2025MS0001O | WV-25-0003

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B. Financial Methodologies

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

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:

Wages paid by the Census Bureau are disregarded.

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

- ☒ Yes
☐ No

The less restrictive resource methodologies are:

- ☒ Lump sums are disregarded as a resource.
☒ Specified type of lump sum:

Name of lump sum type:	Description:
Medicare Premium Refunds	Refunds to individuals enrolled in the Qualified Medicare Beneficiary, Specified Low Income Medicare Beneficiary, and Qualifying Individual eligibility groups, for Medicare premiums paid are excluded for nine months following the month of receipt.

Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | WV2025MS0001O | WV-25-0003

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C. Income Standard Used

Family income must be above 100% FPL and below 120% FPL.

D. Resource Standard Used

The resource standard is the same used to determine eligibility for the Medicare Part D full-benefit low-income subsidy (LIS) (but without regard to the life insurance policy exclusion applied in LIS resource eligibility determinations). This standard is three times the SSI resource standard, adjusted annually in accordance with the consumer price index.

E. Medical Assistance Provided

Medical assistance is limited to payment for Medicare Part B premiums.

Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | WV2025MS0001O | WV-25-0003

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F. Additional Information (optional)

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 - Mandatory Coverage

Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | WV2025MS0001O | WV-25-0003

Individuals with income at or above 120% and below 135% of the FPL who are entitled to Medicare Part A, who qualify for payment of Medicare Part B premiums.

CMS-10434 OMB 0938-1188

Package Header

Package ID	WV2025MS0001O	SPA ID	WV-25-0003
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Superseded SPA ID	09-01, 10-03		
	User-Entered		

The state covers the mandatory qualifying individuals group in accordance with the following provisions:

A. Characteristics

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

1. Would qualify as Qualified Medicare Beneficiaries (described in section 1905(p)(1) of the Act), except that their income exceeds the income level for that eligibility group.
2. Are not otherwise eligible for Medicaid under the state plan.
3. Have income below the income standard and resources at or below the resource standard for this group.

Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | WV2025MS0001O | WV-25-0003

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B. Financial Methodologies

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

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:

Wages paid by the Census Bureau are disregarded.

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

- ☒ Yes
- ☐ No

The less restrictive resource methodologies are:

☒ Lump sums are disregarded as a resource.

☒ Specified type of lump sum:

Name of lump sum type:	Description:
Medicare Premium Refunds	Refunds to individuals enrolled in the Qualified Medicare Beneficiary, Specified Low Income Medicare Beneficiary, and Qualifying Individual eligibility groups, for Medicare premiums paid are excluded for nine months following the month of receipt.

Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | WV2025MS0001O | WV-25-0003

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C. Income Standard Used

Family income must be at or above 120% FPL and below 135% FPL.

D. Resource Standard Used

The resource standard is the same used to determine eligibility for the Medicare Part D full-benefit low-income subsidy (LIS) (but without regard to the life insurance policy exclusion applied in LIS resource eligibility determinations). This standard is three times the SSI resource standard, adjusted annually in accordance with the consumer price index.

E. Medical Assistance Provided

Medical assistance is limited to payment for Medicare Part B premiums.

Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | WV2025MS0001O | WV-25-0003

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F. Additional Information (optional)

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Medicaid State Plan Eligibility

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | WV2025MS0001O | WV-25-0003

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Superseded SPA ID	WV-23-0001		
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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"/>	NEW
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 type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals with Tuberculosis		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Electing COBRA Continuation Coverage		<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 ?
Individuals Eligible for but Not Receiving Cash Assistance		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
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 checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
PACE Participants		<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Age and Disability-Related Poverty Level		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
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 type="radio"/>	APPROVED
Ticket to Work Medical Improvements		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
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 | WV2025MS0001O | WV-25-0003

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

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 checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Medically Needy Parents and Other Caretaker Relatives		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED

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 | WV2025MS0001O | WV-25-0003

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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

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Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Individuals Eligible for but Not Receiving Cash Assistance

MEDICAID | Medicaid State Plan | Eligibility | WV2025MS0001O | WV-25-0003

Individuals who are eligible for but not receiving federal cash assistance or an optional state supplement.

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The state covers the optional Individuals Eligible for but Not Receiving Cash Assistance eligibility group in accordance with the following provisions:

A. Characteristics

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

1. Meet the eligibility requirements of at least one of the following cash assistance programs:

- ☒ a. SSI
- ☐ b. Optional State Supplement
- ☐ c. AFDC

2. Do not receive cash assistance under these programs.

Individuals Eligible for but Not Receiving Cash Assistance

MEDICAID | Medicaid State Plan | Eligibility | WV2025MS0001O | WV-25-0003

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B. Individuals Covered

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:
- ☐ e. Reasonable classifications of children
- ☐ f. Parents and other caretaker relatives
- ☐ g. Pregnant women
- ☐ h. Other population

Individuals Eligible for but Not Receiving Cash Assistance

MEDICAID | Medicaid State Plan | Eligibility | WV2025MS0001O | WV-25-0003

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User-Entered			

C. Financial Methodologies

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.

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:

- ☒ Lump sums are disregarded as a resource.
- ☒ Specified type of lump sum:

Name of lump sum type:	Description:
Medicare Premium Refunds	Refunds to individuals enrolled in the Qualified Medicare Beneficiary, Specified Low Income Medicare Beneficiary, and Qualifying Individual eligibility groups, for Medicare premiums paid are excluded for nine months following the month of receipt.

Individuals Eligible for but Not Receiving Cash Assistance

MEDICAID | Medicaid State Plan | Eligibility | WV2025MS0001O | WV-25-0003

Package Header

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D. Income Standard Used

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

E. Resource Standard Used

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

Individuals Eligible for but Not Receiving Cash Assistance

MEDICAID | Medicaid State Plan | Eligibility | WV2025MS0001O | WV-25-0003

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F. Additional Information (optional)

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 in Institutions Eligible under a Special Income Level

MEDICAID | Medicaid State Plan | Eligibility | WV2025MS0001O | WV-25-0003

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

CMS-10434 OMB 0938-1188

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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:

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

Individuals in Institutions Eligible under a Special Income Level

MEDICAID | Medicaid State Plan | Eligibility | WV2025MS0001O | WV-25-0003

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B.Individuals Covered

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. Pregnant women
- ☐ e. All Individuals under age 21, or a lower age
- ☐ f. Reasonable classifications of children.

Individuals in Institutions Eligible under a Special Income Level

MEDICAID | Medicaid State Plan | Eligibility | WV2025MS0001O | WV-25-0003

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C. Financial Methodologies

1. In calculating household income, the methodologies of the most closely related cash assistance program are used, except that disregards are not applied.
2. In calculating household resources, the methodologies of the most closely related cash assistance program are used. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
3. Less restrictive methodologies are used in calculating countable resources.

- ☒ Yes
- ☐ No

The less restrictive resource methodologies are:

- ☒ Lump sums are disregarded as a resource.
- ☒ Specified type of lump sum:

Name of lump sum type:	Description:
Medicare Premium Refunds	Refunds to individuals enrolled in the Qualified Medicare Beneficiary, Specified Low Income Medicare Beneficiary, and Qualifying Individual eligibility groups, for Medicare premiums paid are excluded for nine months following the month of receipt.

- ☒ 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 | WV2025MS0001O | WV-25-0003

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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 | WV2025MS0001O | WV-25-0003

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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 | WV2025MS0001O | WV-25-0003

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F.Additional Information (optional)

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

Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | WV2025MS0001O | WV-25-0003

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

CMS-10434 OMB 0938-1188

Package Header

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

Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | WV2025MS0001O | WV-25-0003

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A. Characteristics

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.

Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | WV2025MS0001O | WV-25-0003

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B. Financial Methodologies

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

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

- ☒ Yes
- ☐ No

The less restrictive income methodologies are:

☒ Income from household members is disregarded.

☒ Income of the spouse is disregarded.

Description:

In determining the individual's countable income the income of the spouse is disregarded.

☒ Census Bureau wages are disregarded.

Description of disregard:

Wages paid by the Census Bureau are disregarded.

☒ All income increases are disregarded between redeterminations.

Description:

A change in income and/or deductions between redeterminations does not result in ineligibility for the coverage group.

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

- ☒ Yes
- ☐ No

The less restrictive resource methodologies are:

☒ Lump sums are disregarded as a resource.

☒ Specified type of lump sum:

Name of lump sum type:	Description:
Medicare Premium Refunds	Refunds to individuals enrolled in the Qualified Medicare Beneficiary, Specified Low Income Medicare Beneficiary, and Qualifying Individual eligibility groups, for Medicare premiums paid are excluded for nine months following the month of receipt.

☒ A specified type of resource is disregarded:

Name of resource type:	Description:
Liquid Assets	Countable resources do not include liquid assets of up to \$5,000 for an individual and \$10,000 for a family. Note: Liquid assets are cash or assets payable in cash on demand, including financial instruments that can be converted to cash within twenty working days. For purposes of this article, national, state and local holidays are not working days.
Independence Accounts	Funds paid from the earned income of TWIAA participant and saved in a specified account to cover expenses necessary to enhance or

Name of resource type:	Description:
Retirement Accounts	maintain the individual's independence or increase employment opportunities. All funds held in retirement funds and accounts, including private retirement accounts such as IRAs and other individual accounts, and employer sponsored retirement plans such as 401(k) plans, Keogh plans, and employer pension plans.

Ticket to Work Basic

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C. Income Standard Used

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 250.00%

Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | WV2025MS0001O | WV-25-0003

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D. Resource Standard Used

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

Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | WV2025MS0001O | WV-25-0003

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E. Premiums and Cost Sharing

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

Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | WV2025MS0001O | WV-25-0003

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F. Additional Information (optional)

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Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Ticket to Work Medical Improvements

MEDICAID | Medicaid State Plan | Eligibility | WV2025MS0001O | WV-25-0003

Employed individuals between ages 16 and 64 who are no longer disabled but still have a medical impairment.

CMS-10434 OMB 0938-1188

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

A. Characteristics

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. Lost eligibility for the Ticket to Work basic eligibility group because it was determined at a regular disability review that they no longer meet the disability criteria.
3. Continue to have a severe medically determinable impairment.
4. Are employed, using the following definition:

☐ a. Earning at least the minimum wage and working at least 40 hours per month.

☒ b. An alternative definition

Description of criteria: The agency definition of employed is earning a monthly wage that is not less than the federal minimum hourly wage times forty.

5. Have income and resources that do not exceed the standards established by the state.

Ticket to Work Medical Improvements

MEDICAID | Medicaid State Plan | Eligibility | WV2025MS0001O | WV-25-0003

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B. Financial Methodologies

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

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

- ☒ Yes
☐ No

The less restrictive income methodologies are:

☒ Income from household members is disregarded.

☒ Income of the spouse is disregarded.

Description:

In determining the individual's countable income the income of the spouse is disregarded.

☒ Census Bureau wages are disregarded.

Description of disregard:

Wages paid by the Census Bureau are disregarded.

☒ All income increases are disregarded between redeterminations.

Description:

A change in income and/or deductions between redeterminations does not result in ineligibility for the coverage group.

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

- ☒ Yes
☐ No

The less restrictive resource methodologies are:

☒ Lump sums are disregarded as a resource.

☒ Specified type of lump sum:

Name of lump sum type:	Description:
Medicare Premium Refunds	Refunds to individuals enrolled in the Qualified Medicare Beneficiary, Specified Low Income Medicare Beneficiary, and Qualifying Individual eligibility groups, for Medicare premiums paid are excluded for nine months following the month of receipt.

☒ A specified type of resource is disregarded:

Name of resource type:	Description:
Liquid Assets	Countable resources do not include liquid assets of up to \$5,000 for an individual and \$10,000 for a family. Note: Liquid assets are cash or assets payable in cash on demand, including financial instruments that can be converted to cash within twenty working days. For purposes of this article, national, state and local holidays are not working days.
Independence Accounts	Funds paid from the earned income of TWIAA participant and saved in a specified account to cover expenses necessary to enhance or

Name of resource type:	Description:
Retirement Accounts	maintain the individual's independence or increase employment opportunities. All funds held in retirement funds and accounts, including private retirement accounts such as IRAs and other individual accounts, and employer sponsored retirement plans such as 401(k) plans, Keogh plans, and employer pension plans.

Ticket to Work Medical Improvements

MEDICAID | Medicaid State Plan | Eligibility | WV2025MS0001O | WV-25-0003

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C. Income Standard Used

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
- 250.00% FPL

Ticket to Work Medical Improvements

MEDICAID | Medicaid State Plan | Eligibility | WV2025MS0001O | WV-25-0003

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D. Resource Standard Used

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

Ticket to Work Medical Improvements

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E. Premiums and Cost Sharing

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

Ticket to Work Medical Improvements

MEDICAID | Medicaid State Plan | Eligibility | WV2025MS0001O | WV-25-0003

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F. Additional Information (optional)

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Medicaid State Plan Eligibility

Eligibility Groups - Medically Needy

Medically Needy Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | WV2025MS0001O | WV-25-0003

Woman who are pregnant or post-partum who would qualify under the state's Pregnant Women eligibility group, except for income.

CMS-10434 OMB 0938-1188

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Superseded SPA ID	09-01		
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The state covers the Medically Needy Pregnant Women eligibility group in accordance with the following provisions:

A. Characteristics

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

1. Are pregnant or post-partum, as defined in 42 CFR 435.4.
2. Would qualify under the Pregnant Women eligibility group, except for income.
3. Are not otherwise eligible for categorically needy coverage under the state plan.
4. Have income at or below the medically needy income level and resources at or below the medically needy resource level.

Medically Needy Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | WV2025MS0001O | WV-25-0003

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B. Financial Methodologies

1. The financial methodology used is:
- ☒ a. AFDC methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
 - ☐ b. MAGI-like methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
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:

Wages paid by the Census Bureau are disregarded.

3. Less restrictive methodologies are used in calculating countable resources.
- ☒ Yes
 - ☐ No

The less restrictive resource methodologies are:

- ☒ Lump sums are disregarded as a resource.
- ☒ Specified type of lump sum:

Name of lump sum type:	Description:
Medicare Premium Refunds	Refunds to individuals enrolled in the Qualified Medicare Beneficiary, Specified Low Income Medicare Beneficiary, and Qualifying Individual eligibility groups, for Medicare premiums paid are excluded for nine months following the month of receipt.

Medically Needy Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | WV2025MS0001O | WV-25-0003

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C. Income Standard Used

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

D. Resource Standard Used

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

E. 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 Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | WV2025MS0001O | WV-25-0003

Package Header

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Submission Type	Official	Initial Submission Date	6/26/2025
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F. Additional Information (optional)

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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WV - Submission Package - WV2025MS0001O - (WV-25-0003) - Eligibility

Medicaid State Plan Eligibility

Eligibility Groups - Medically Needy

Medically Needy Children under Age 18

MEDICAID | Medicaid State Plan | Eligibility | WV2025MS0001O | WV-25-0003

Children under age 18 who would qualify under the state's categorically needy eligibility groups, except for income.

CMS-10434 OMB 0938-1188

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The state covers the Medically Needy Children under Age 18 eligibility group in accordance with the following provisions:

A. Characteristics

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

- Are under age 18.
- Would qualify as categorically needy, except for income.
- 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.

Medically Needy Children under Age 18

MEDICAID | Medicaid State Plan | Eligibility | WV2025MS0001O | WV-25-0003

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B. Financial Methodologies

1. The financial methodology used is:
- ☒ a. AFDC methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
 - ☐ b. MAGI-like methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
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:

Wages paid by the Census Bureau are disregarded.

3. Less restrictive methodologies are used in calculating countable resources.
- ☒ Yes
 - ☐ No

The less restrictive resource methodologies are:

- ☒ Lump sums are disregarded as a resource.
- ☒ Specified type of lump sum:

Name of lump sum type:	Description:
Medicare Premium Refunds	Refunds to individuals enrolled in the Qualified Medicare Beneficiary, Specified Low Income Medicare Beneficiary, and Qualifying Individual eligibility groups, for Medicare premiums paid are excluded for nine months following the month of receipt.

Medically Needy Children under Age 18

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C. Income Standard Used

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

D. Resource Standard Used

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

E. 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 Children under Age 18

MEDICAID | Medicaid State Plan | Eligibility | WV2025MS0001O | WV-25-0003

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F. Additional Information (optional)

Medically Needy Children under Age 18

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Medicaid State Plan Eligibility

Eligibility Groups - Medically Needy

Medically Needy Reasonable Classifications of Individuals under Age 21

MEDICAID | Medicaid State Plan | Eligibility | WV2025MS0001O | WV-25-0003

One or more reasonable classifications of individuals under age 21 who do not qualify as categorically needy.

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The state covers the optional Medically Needy Reasonable Classifications of Individuals under Age 21 eligibility group in accordance with the following provisions:

A. Characteristics

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

- Are under age 21, or a lower age, as specified in section C.
- Would not qualify under the Medically Needy Children under Age 18 eligibility group (42 CFR 435.301)
- 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.

Medically Needy Reasonable Classifications of Individuals under Age 21

MEDICAID | Medicaid State Plan | Eligibility | WV2025MS0001O | WV-25-0003

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B. Individuals Covered

The state covers the following populations:

- ☐ 1. All children under a specified age limit:
- ☒ 2. Reasonable classifications of children

Name of classification	Age Range
Individuals receiving active treatment as inpatients in psychiatric facilities or programs, if such services are provided under this plan	Under age 21
Full time students	Under age 19

Name: Full time students	Description: Full time students in a secondary school or in the equivalent level of vocational or technical training.
Age Covered: Under age 19	

Medically Needy Reasonable Classifications of Individuals under Age 21

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C. Financial Methodologies

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

- ☒ Yes
- ☐ No

2. The financial methodology used is:

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

3. 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:

Wages paid by the Census Bureau are disregarded.

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

- ☒ Yes
- ☐ No

The less restrictive resource methodologies are:

- ☒ Lump sums are disregarded as a resource.
- ☒ Specified type of lump sum:

Name of lump sum type:	Description:
Medicare Premium Refunds	Refunds to individuals enrolled in the Qualified Medicare Beneficiary, Specified Low Income Medicare Beneficiary, and Qualifying Individual eligibility groups, for Medicare premiums paid are excluded for nine months following the month of receipt.

Medically Needy Reasonable Classifications of Individuals under Age 21

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D. Income Standard Used

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

E. Resource Standard Used

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

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 Reasonable Classifications of Individuals under Age 21

MEDICAID | Medicaid State Plan | Eligibility | WV2025MS0001O | WV-25-0003

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G. Additional Information (optional)

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Medicaid State Plan Eligibility

Eligibility Groups - Medically Needy

Medically Needy Parents and Other Caretaker Relatives

MEDICAID | Medicaid State Plan | Eligibility | WV2025MS0001O | WV-25-0003

Parents and other caretaker relatives of dependent children who do not qualify as categorically needy.

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The state covers the optional Medically Needy Parents and Other Caretaker Relatives eligibility group in accordance with the following provisions:

A. Characteristics

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

1. Meet the definition of parent or caretaker relative, as described in the mandatory Parents and Other Caretaker Relatives eligibility group.
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 Parents and Other Caretaker Relatives

MEDICAID | Medicaid State Plan | Eligibility | WV2025MS0001O | WV-25-0003

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B. Financial Methodologies

1. The financial methodology used is:

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

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:

Wages paid by the Census Bureau are disregarded.

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

- ☒ Yes
- ☐ No

The less restrictive resource methodologies are:

- ☒ Lump sums are disregarded as a resource.
- ☒ Specified type of lump sum:

Name of lump sum type:	Description:
Medicare Premium Refunds	Refunds to individuals enrolled in the Qualified Medicare Beneficiary, Specified Low Income Medicare Beneficiary, and Qualifying Individual eligibility groups, for Medicare premiums paid are excluded for nine months following the month of receipt.

Medically Needy Parents and Other Caretaker Relatives

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C. Income Standard Used

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

D. Resource Standard Used

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

E. 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 Parents and Other Caretaker Relatives

MEDICAID | Medicaid State Plan | Eligibility | WV2025MS0001O | WV-25-0003

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F. Additional Information (optional)

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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 | WV2025MS0001O | WV-25-0003

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

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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

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 | WV2025MS0001O | WV-25-0003

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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

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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. 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:**
- Wages paid by the Census Bureau are disregarded.
- c. Less restrictive methodologies are used in calculating countable resources.
- ☒ Yes ☐ No
- The less restrictive resource methodologies are:
- ☒ Lump sums are disregarded as a resource.
- ☒ Specified type of lump sum:

Name of lump sum type:	Description:
Medicare Premium Refunds	Refunds to individuals enrolled in the Qualified Medicare Beneficiary, Specified Low Income Medicare Beneficiary, and Qualifying Individual eligibility groups, for Medicare premiums paid are excluded for nine months following the month of receipt.

Medically Needy Populations Based on Age, Blindness or Disability

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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

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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

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