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VA - Submission Package - VA2022MS0003O - (VA-23-0001) - Eligibility

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CMS-10434 OMB 0938-1188

Package Information

Package ID VA2022MS0003O
Program Name N/A
SPA ID VA-23-0001
Version Number 1
Submitted By Emily McClellan

Submission Type Official
State VA
Region Philadelphia, PA
Package Status Submitted
Submission Date 1/17/2023
Regulatory Clock 90 days remain
Review Status Review 1

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | VA2022MS0003O | VA-23-0001

Package Header

Package ID VA2022MS0003O
Submission Type Official
Approval Date N/A
Superseded SPA ID N/A

SPA ID VA-23-0001
Initial Submission Date 1/17/2023
Effective Date N/A

Reviewable Unit Instructions

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 | VA2022MS00030 | VA-23-0001

Package Header

Package ID VA2022MS00030	SPA ID VA-23-0001
Submission Type Official	Initial Submission Date 1/17/2023
Approval Date N/A	Effective Date N/A
Superseded SPA ID N/A	

Reviewable Unit Instructions

SPA ID and Effective Date

SPA ID VA-23-0001

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
More Restrictive Requirements than SSI under 1902(f) - (209(b) States)	1/1/2023	VA-18-0004
Handling of Excess Income (Spenddown)	1/1/2023	VA-18-0004
Optional Eligibility Groups	1/1/2023	VA-18-0004
Ticket to Work Basic	1/1/2023	VA-18-0004

Page Number of the Superseded Plan Section or Attachment (If Applicable):

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | VA2022MS00030 | VA-23-0001

Package Header

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Superseded SPA ID	N/A		

Reviewable Unit Instructions

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	2023	\$253095
Second	2024	\$234422

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 | VA2022MS00030 | VA-23-0001

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Governor's Office Review

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

Submission - Medicaid State Plan

MEDICAID | Medicaid State Plan | Eligibility | VA2022MS0003O | VA-23-0001

CMS-10434 OMB 0938-1188

The submission includes the following:

Administration

Eligibility

Income/Resource Methodologies

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

MAGI-Based Methodologies

Non-MAGI Methodologies

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

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

Income/Resource Standards

AFDC Income Standards

Medically Needy Income Level

Handling of Excess Income (Spenddown)

Reviewable Unit Name	Included in Another Source Type Submission Package
Handling of Excess Income (Spenddown)	NEW

Medically Needy Resource Level

Mandatory Eligibility Groups

Optional Eligibility Groups

Reviewable Unit Name	Included in Another Source Type Submission Package
Optional Eligibility Groups	APPROVED

Non-Financial Eligibility

Eligibility and Enrollment Processes

Benefits and Payments

Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | VA2022MS0003O | VA-23-0001

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

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

Submission - Tribal Input

MEDICAID | Medicaid State Plan | Eligibility | VA2022MS0003O | VA-23-0001

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Superseded SPA ID	N/A		

Reviewable Unit Instructions

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

- Yes
- No

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

- Yes
- No

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

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

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

All Indian Health Programs

Date of solicitation/consultation:	Method of solicitation/consultation:
12/14/2022	By emailed letter.



All Urban Indian Organizations

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

All Indian Tribes

Date of consultation:	Method of consultation:
12/14/2022	By emailed letter.

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

Name	Date Created	
Attachemnt-Tribal Notice Email	1/12/2023 11:32 AM EST	
23-0001 Tribal Notice Letter Signed_12_14_2022	1/12/2023 11:35 AM EST	

Indicate the key issues raised (optional)

- Access
- Quality
- Cost
- Payment methodology
- Eligibility

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

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

- Benefits
- Service delivery
- Other issue

Medicaid State Plan Eligibility

Income/Resource Methodologies

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

MEDICAID | Medicaid State Plan | Eligibility | VA2022MS00030 | VA-23-0001

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	User-Entered		

Reviewable Unit Instructions

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

A. Use of More Restrictive Requirements

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

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

B. Populations with More Restrictive Requirements

The state applies more restrictive requirements for the following populations:

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

C. Types of More Restrictive Requirements Used

The state applies more restrictive requirements for the following populations:

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

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

MEDICAID | Medicaid State Plan | Eligibility | VA2022MS00030 | VA-23-0001

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Reviewable Unit Instructions

E. More Restrictive Requirements with Respect to Resources

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

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

Description:
See Supplement 5 to Attachment 2.6-A
 - b. The state uses other more restrictive requirements related to real property.

Name of requirement:	Description:
Real Property	See Supplement 5 to Attachment 2.6-A

- 3. The state uses more restrictive requirements with respect to the treatment of lump sums.
- 4. The state uses more restrictive requirements with respect to the treatment of personal property.
- 5. The state uses other more restrictive requirements with respect to resources:

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

MEDICAID | Medicaid State Plan | Eligibility | VA2022MS00030 | VA-23-0001

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Reviewable Unit Instructions

J. Income Deductions

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

1. SSI beneficiaries and eligible spouses of SSI beneficiaries

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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Reviewable Unit Instructions

K. Additional Information (optional)

Medicaid State Plan Eligibility

Income/Resource Standards

Handling of Excess Income (Spendedown)

MEDICAID | Medicaid State Plan | Eligibility | VA2022MS00030 | VA-23-0001

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Reviewable Unit Instructions

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

A. Budget Periods

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

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

- a. One budget period of:
- b. More than one budget period, as described below:
 - i. Community budget period

Length of budget period:

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

- ii. Institutional budget period

Length of budget period:

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

- iii. Other budget period

Handling of Excess Income (Spendedown)

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Reviewable Unit Instructions

B. Types of Eligible Expenses

- In determining incurred expenses to be deducted from income, the state includes:
 - Medicare, Medicaid, and other health insurance premiums and enrollment fees.
 - Cost sharing, including copayments, coinsurance, and deductibles, imposed by Medicare, Medicaid or other health insurance.
 - Expenses for necessary medical and remedial services recognized by state law but not included in the state plan.
 - 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.
- The state also includes medical institutional expenses projected to the end of the budget period at the Medicaid reimbursement rate.
 - Yes
 - No
- 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 (Spendedown)

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Reviewable Unit Instructions

C. Timeframe of Deduction of Expenses

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

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

Handling of Excess Income (Spenddown)

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Reviewable Unit Instructions

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 (Spendedown)

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Reviewable Unit Instructions

E. Reasonable Limitations

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

- Yes
- No

Handling of Excess Income (Spendedown)

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Reviewable Unit Instructions

F. Spendedown Payments Made by Individuals

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

- Yes
- No

Handling of Excess Income (Spendedown)

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Reviewable Unit Instructions

G. Additional Information (optional)

D. 2. In chronological order by the date of service.

Medicaid State Plan Eligibility

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | VA2022MS00030 | VA-23-0001

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Reviewable Unit Instructions

A. Options for Coverage

The state provides Medicaid to specified optional groups of individuals.

Yes No

















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

Families and Adults

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

Aged, Blind and Disabled

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

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

Optional Eligibility Groups

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B. Medically Needy Options for Coverage

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

Yes No

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

1. Mandatory Medically Needy:

Families and Adults

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

Aged, Blind and Disabled

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

2. Optional Medically Needy:

Families and Adults

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

Aged, Blind and Disabled

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

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | VA2022MS00030 | VA-23-0001

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C. Additional Information (optional)

Eligibility Groups Deselected from Coverage

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

- N/A

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | VA2022MS00030 | VA-23-0001

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

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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

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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 | VA2022MS00030 | VA-23-0001

Package Header

Package ID	VA2022MS00030	SPA ID	VA-23-0001
Submission Type	Official	Initial Submission Date	1/17/2023
Approval Date	N/A	Effective Date	1/1/2023
Superseded SPA ID	VA-18-0004		
	User-Entered		

Reviewable Unit Instructions

B. Financial Methodologies

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.

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

- Yes
- No

The less restrictive income methodologies are:

General income disregard:

Name of disregard:	Description:
General and earned disregard income	\$20 general income exclusion \$65 per month of earned income plus 1/2 of the remaining income

Census Bureau wages are disregarded.

Description of disregard: All census income is disregarded for ABD categorically and medically needy individuals as well as F&C medically needy individuals.

The following less restrictive methodologies are used:

Name of methodology:	Description:
Resource methodology	If income is retained in a WIN account, up to \$6,250 per month is an exempt resource.

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

- Yes
- No

The less restrictive resource methodologies are:

A dollar amount of resources in excess of the resource standard is disregarded.

The disregard equals: \$46340.00

Resources from household members are disregarded.

Resources of the spouse are disregarded.

Description: Once approved for Medicaid Works spousal income is disregarded.

Resources of parents are disregarded.

Description: Once approved for Medicaid Works parents income is disregarded.

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

A higher amount is disregarded:

Amount: \$3500.00

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)	Any checking or savings account that the member designates.

Description of disregard: Interest on WIN account is disregarded.

Interest is disregarded as a resource.

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.

The following less restrictive methodologies are used:

Name of methodology:	Description:
Payments made for involuntary sterilization.	For all aged, blind, or disabled individuals, both categorically needy and medically needy, 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.

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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 138.00%

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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

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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.

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F. Additional Information (optional)

Premiums are suspended.

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