

VA - Submission Package - VA2024MS00050 - (VA-24-0011) - Eligibility

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CMS-10434 OMB 0938-1188

Package Information

Package ID	VA2024MS00050	Submission Type	Official
Program Name	N/A	State	VA
SPA ID	VA-24-0011	Region	Philadelphia, PA
Version Number	1	Package Status	Pending

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | VA2024MS00050 | VA-24-0011

Package Header

Package ID	VA2024MS00050	SPA ID	VA-24-0011
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

State Information

State/Territory Name: Virginia

Medicaid Agency Name: Department of Medical Assistance Services

Submission Component

- State Plan Amendment
- Medicaid
- CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | VA2024MS00050 | VA-24-0011

Package Header

Package ID VA2024MS00050	SPA ID VA-24-0011
Submission Type Official	Initial Submission Date N/A
Approval Date N/A	Effective Date N/A
Superseded SPA ID N/A	

SPA ID and Effective Date

SPA ID VA-24-0011

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Mandatory Eligibility Groups	7/1/2024	VA-23-0003
Individuals in 209(b) States Who Are Age 65 or Older or Who have Blindness or a Disability	7/1/2024	New
Optional Eligibility Groups	7/1/2024	VA-24-0004
Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules	7/1/2024	New
Age and Disability-Related Poverty Level	7/1/2024	VA-24-0004
Ticket to Work Basic	7/1/2024	VA-24-0004

Page Number of the Superseded Plan Section or Attachment (If Applicable):

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | VA2024MS00050 | VA-24-0011

Package Header

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Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives This SPA makes changes to disregard Social Security Disability Insurance (SSDI) income above the maximum monthly federal Supplemental Security Insurance (SSI) payment amount when calculating financial eligibility for three 1915(c) waivers (the Family and Individual Support Waiver, Community Living Waiver, and Building Independence Waiver).

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2024	\$0
Second	2025	\$0

Federal Statute / Regulation Citation

Section 1902(r)(2) 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 | VA2024MS00050 | VA-24-0011

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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 | VA2024MS00050 | VA-24-0011

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The submission includes the following:

Administration

Eligibility

Income/Resource Methodologies

Income/Resource Standards

Mandatory Eligibility Groups

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

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 | VA2024MS00050 | VA-24-0011

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Superseded SPA ID	N/A		

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

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

Submission - Tribal Input

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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:
7/1/2024	Letter sent via email.


- 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:
7/1/2024	Letter sent via email.

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	
5-29-24 Tribal Notice letter	6/2/2024 6:28 PM EDT	

Indicate the key issues raised (optional)

- Access
- Quality
- Cost
- Payment methodology

Eligibility

- **Summarize comments:** None received.
- **Summarize response:** N/A

- Benefits

Service delivery

Other issue

Medicaid State Plan Eligibility

Mandatory Eligibility Groups

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Approval Date	N/A	Effective Date	7/1/2024
Superseded SPA ID	VA-23-0003		
	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 type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Parents and Other Caretaker Relatives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Pregnant Women		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Deemed Newborns		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Former Foster Care Children		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Transitional Medical Assistance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Extended Medicaid due to Spousal Support Collections		<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 in 209(b) States Who Are Age 65 or Older or Who have Blindness or a Disability		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	NEW
Closed Eligibility Groups		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Deemed To Be Receiving SSI		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Working Individuals under 1619(b)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualified Medicare Beneficiaries		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Medicaid State Plan Print View

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Qualified Disabled and Working Individuals		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Specified Low Income Medicare Beneficiaries		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualifying Individuals		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | VA2024MS00050 | VA-24-0011


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Superseded SPA ID	VA-23-0003		
	System-Derived		

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 type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED

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 - Mandatory Coverage

Individuals in 209(b) States Who Are Age 65 or Older or Who Have Blindness or a Disability

MEDICAID | Medicaid State Plan | Eligibility | VA2024MS0005O | VA-24-0011

In 209(b) states, individuals who are 65 or older or who have blindness or a disability, who meet more restrictive criteria than used in SSI

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Superseded SPA ID	New User-Entered		

The state covers the mandatory eligibility group for individuals in 209(b) states who are age 65 or older or who have blindness or a disability in accordance with the following provisions:

A. Characteristics

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

1. Be age 65 or older or have blindness or a disability;
2. Meet more restrictive requirements than SSI, as defined by the state in section B;
3. Have income and resources at or below the standard for this group.

Individuals in 209(b) States Who Are Age 65 or Older or Who Have Blindness or a Disability

MEDICAID | Medicaid State Plan | Eligibility | VA2024MS00050 | VA-24-0011

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Superseded SPA ID	New		
	User-Entered		

B. Financial Methodologies

- The more restrictive requirements used are described in the More Restrictive Requirements than SSI under 1902(f) RU.
- Less restrictive methodologies are used in calculating countable income.

- Yes
 No

The less restrictive income methodologies are:

- The following less restrictive methodologies are used:

Name of methodology:	Description:
SSDI Disregard	For individuals receiving services under Virginia's Family and Individual Support Waiver, Community Living Waiver, or Building Independence Waiver, disregard Social Security Disability Insurance (SSDI) income above the maximum monthly federal Supplemental Security Insurance (SSI) payment amount. This disregard is in effect through June 30, 2026, or until the provision as authorized by state law expires, whichever is later.

- Less restrictive methodologies are used in calculating countable resources.

- Yes
 No

Individuals in 209(b) States Who Are Age 65 or Older or Who Have Blindness or a Disability

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Superseded SPA ID	New		
	User-Entered		

C. Income Standard Used

The income standard for this group is:

- 1. A percentage of the federal poverty level:
- 2. A dollar amount
- 3. Another standard

The standard used is: 100.00% of SSI

Individuals in 209(b) States Who Are Age 65 or Older or Who Have Blindness or a Disability

MEDICAID | Medicaid State Plan | Eligibility | VA2024MS0005O | VA-24-0011

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	User-Entered		

D. Resource Standard Used

The resource standard for this group is:

Individual: \$2000.00

Couple: \$3000.00

Individuals in 209(b) States Who Are Age 65 or Older or Who Have Blindness or a Disability

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Superseded SPA ID	New		
	User-Entered		

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.

Individuals in 209(b) States Who Are Age 65 or Older or Who Have Blindness or a Disability

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	User-Entered		

F. Additional Information (optional)

Medicaid State Plan Eligibility

Optional Eligibility Groups

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Superseded SPA ID	VA-24-0004		
	System-Derived		

A. Options for Coverage

The state provides Medicaid to specified optional groups of individuals.

Yes No

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















Families and Adults

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

Medicaid State Plan Print View

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"/>	APPROVED
Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	NEW
Optional State Supplement Beneficiaries		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals in Institutions Eligible under a Special Income Level		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
PACE Participants		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Hospice		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children under Age 19 with a Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Age and Disability-Related Poverty Level		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Work Incentives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Ticket to Work Basic		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Ticket to Work Medical Improvements		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Family Opportunity Act Children with a Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Optional Eligibility Groups

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	System-Derived		

B. Medically Needy Options for Coverage

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

Yes No

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

1. Mandatory Medically Needy:

Families and Adults

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

Aged, Blind and Disabled

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

2. Optional Medically Needy:

Families and Adults

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

Aged, Blind and Disabled

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

Optional Eligibility Groups

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	System-Derived		

C. Additional Information (optional)

Eligibility Groups Deselected from Coverage

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

- N/A

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules

MEDICAID | Medicaid State Plan | Eligibility | VA2024MS0005O | VA-24-0011

Individuals who would be eligible for Medicaid if they were in an institution and who receive home and community-based services.

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Superseded SPA ID	New User-Entered		

The state operates the **Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules** eligibility group in accordance with the following provisions:

A. Characteristics

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

1. Would be eligible for Medicaid if in a medical institution.
2. But for the provision of home and community-based services under a waiver granted under section 1915(c), (d) or (e) of the Act:
 - a. For waivers granted under 1915(c), the individuals would otherwise require the level of care furnished in a hospital, a nursing facility or an intermediate care facility for individuals with intellectual disabilities.
 - b. For waivers granted under 1915(d) or (e), the individuals would otherwise require the level of care furnished in a hospital or nursing facility.
3. Will receive the waived services.

Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules

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Superseded SPA ID	New		
	User-Entered		

B. Income and Resource Methodologies

1. The income and resource methodologies used for this group are those used to determine eligibility for a state plan group under which the individual would be eligible if in an institution.

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

- Yes
- No

The less restrictive income methodologies are:

The following less restrictive methodologies are used:

Name of methodology:	Description:
SSDI Disregard	For individuals receiving services under Virginia's Family and Individual Support Waiver, Community Living Waiver, or Building Independence Waiver, disregard Social Security Disability Insurance (SSDI) income above the maximum monthly federal Supplemental Security Insurance (SSI) payment amount. This disregard is in effect through June 30, 2026, or until the provision as authorized by state law expires, whichever is later.

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

- Yes
- No

Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules

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	User-Entered		

C. Income and Resource Standards

The income and resource standards used for this group are those used to determine eligibility for a state plan group under which the individual would be eligible if in an institution.

Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules

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D. Additional Information (optional)

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Age and Disability- Related Poverty Level

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

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

A. Characteristics

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

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

Age and Disability- Related Poverty Level

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	System-Derived		

B. Individuals Covered

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

- Yes
- No

Age and Disability- Related Poverty Level

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	System-Derived		

C. 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

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

- Yes
- No

The less restrictive income methodologies are:

Census Bureau wages are disregarded.

Description of disregard: All census income is disregarded.

The following less restrictive methodologies are used:

Name of methodology:	Description:
Disregard of in-kind support and maintenance.	The Commonwealth of Virginia shall disregard the value of in-kind support and maintenance when determining eligibility. In-kind support and maintenance means food, clothing, or shelter or any combination of these provided to an individual.
SSDI Disregard	For individuals receiving services under Virginia's Family and Individual Support Waiver, Community Living Waiver, or Building Independence Waiver, disregard Social Security Disability Insurance (SSDI) income above the maximum monthly federal Supplemental Security Insurance (SSI) payment amount. This disregard is in effect through June 30, 2026, or until the

Name of methodology:	Description:
	provision as authorized by state law expires, whichever is later.

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

Yes

No

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

Yes

No

The less restrictive resource methodologies are:

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

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

Name of methodology:	Description:
Burial expenses	Resources set aside to meet the burial expenses of an applicant/recipient or that individual's spouse are excluded from countable assets. In determining eligibility for benefits for medically needy individuals, disregarded from countable resources is an amount not in excess of \$3,500 for the individual and an amount not in excess of \$3,500 for his spouse when such resources have been set aside to meet the burial expenses of the individual or his spouse. The amount disregarded shall be reduced by: A. the face value of life insurance on the life of an individual owned by the individual or his spouse if the cash surrender value of such policies has been excluded from countable resources; and B. the amount of any other revocable or irrevocable trust, contract, or other arrangement specifically designated for the purpose of meeting

Name of methodology:	Description:
	the individual's or his spouse's burial expenses.

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

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

Household goods and services are disregarded as a resource.

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

A specified type of resource is disregarded:

Name of resource type:	Description:
Reasonable effort to sell.	Once the applicant has demonstrated that his property is unsealable by following the procedures in 3 below, the property is disregarded in determining eligibility starting the first day of the month in which the most recent application was filed, or up to three months prior to this month of application if retroactive coverage is requested and the applicant met all other eligibility requirements in the period. A recipient must continue his reasonable efforts to sell the property as required in 4 below. 2. Reasonable Effort to Sell. For purposes of this section "current market value" is defined as the current tax assessed value. If the property is listed by a realtor, then the realtor may list it at

Name of resource type:

Description:

an amount higher than the tax assessed value. In no event, however, shall the realtor's list price exceed 150% of the assessed value.

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

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

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

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

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

Name of resource type:

Description:

recipient must make a continuing reasonable effort to sell by:

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

5. If the recipient has made a continuing effort to sell the property for 12 months, then the recipient may sell the property between 75% and 100% of its tax assessed value and such sale shall not result in

Name of resource type:	Description:
	<p>disqualification under the transfer of property rules. If the recipient requests to sell his property at less than 75% of assessed value, he must submit documentation from the listing realtor, or knowledgeable source if the property is not listed with a realtor, that the requested sale price is the best price the recipient can expect to receive for the property at this time. Sale at such a documented price shall not result in disqualification under the transfer of property rules. The proceeds of the sale will be counted as a resource in determining continuing eligibility. *</p>
<p>Payments for involuntary sterilization.</p>	<p>The Commonwealth shall disregard as resources amounts received as payment for involuntary sterilization under the Virginia Eugenic Sterilization Act, beyond the allowable nine-month exclusion by the SSI program's resource methodologies.</p>
<p>Disregard excess resources due to COVID-19</p>	<p>Income that would have otherwise been part of an individual's liability for his or her institutional or home and community based waiver services based on the application of the post-eligibility treatment of income (PETI) rules, but which became countable resources on or after March 18, 2020, will be disregarded until the individual's second Medicaid renewal that follows the end of the COVID-19 public health emergency.</p>

Name of resource type:	Description:
Work Incentive Account (WIN accounts)	Resources accumulated in the Work Incentive Account (WIN) shall be disregarded in determining eligibility for one year after the individual leaves the Medicaid buy-in program, unless the WIN account is an IRS-recognized account, in which case the disregard of the account will not be time-limited (subject to the account meeting the conditions described in the "Ticket to Work Basic" section of the state plan). IRS-recognized WIN accounts are: retirement accounts (e.g., 401(k)/403(b)/457(b)/503(b) accounts, traditional Individual Retirement Accounts (IRAs), Roth IRAs, SEP-IRAs, SIMPLE IRAs, and Thrift Savings Plans), medical savings accounts (e.g., Archer Medical Savings Account), medical reimbursement accounts (e.g., Health Savings Accounts), education accounts (e.g., 529 Plans) and independence accounts (e.g., Fostering Independence Account).
Life insurance less than \$1500	Life, retirement, and other related types of insurance policies with face values totaling \$1,500, or less on any one person 21 years old and over are not considered resources. When the face values of such policies of any one person exceeds \$1,500, the cash surrender value of the policies is counted as a resource.
Cemetery plots	Cemetery plots are not counted as resources regardless

Name of resource type:	Description:
Life rights	of the number owned. Life rights to real property are not counted as a resource. The purchase of a life right in another individual's home is subject to transfer of asset rules.

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

Age and Disability- Related Poverty Level

MEDICAID | Medicaid State Plan | Eligibility | VA2024MS0005O | VA-24-0011

Package Header

Package ID	VA2024MS0005O	SPA ID	VA-24-0011
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	7/1/2024
Superseded SPA ID	VA-24-0004		
	System-Derived		

D. Income Standard Used

The income standard for this eligibility group is:

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

80.00% FPL

Age and Disability- Related Poverty Level

MEDICAID | Medicaid State Plan | Eligibility | VA2024MS0005O | VA-24-0011

Package Header

Package ID	VA2024MS0005O	SPA ID	VA-24-0011
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	7/1/2024
Superseded SPA ID	VA-24-0004		
	System-Derived		

E. Resource Standard Used

The resource standard used is:

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

Age and Disability- Related Poverty Level

MEDICAID | Medicaid State Plan | Eligibility | VA2024MS0005O | VA-24-0011

Package Header

Package ID	VA2024MS0005O	SPA ID	VA-24-0011
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	7/1/2024
Superseded SPA ID	VA-24-0004		
	System-Derived		

F. Additional Information (optional)

Reasonable effort to sell, continued:

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

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | VA2024MS0005O | VA-24-0011

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

Package Header

Package ID	VA2024MS0005O	SPA ID	VA-24-0011
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	7/1/2024
Superseded SPA ID	VA-24-0004		
	System-Derived		

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 | VA2024MS0005O | VA-24-0011

Package Header

Package ID	VA2024MS0005O	SPA ID	VA-24-0011
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	7/1/2024
Superseded SPA ID	VA-24-0004		
	System-Derived		

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 | VA2024MS00050 | VA-24-0011

Package Header

Package ID	VA2024MS00050	SPA ID	VA-24-0011
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	7/1/2024
Superseded SPA ID	VA-24-0004		
	System-Derived		

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:

Census Bureau wages are disregarded.

Description of disregard: All census income is disregarded.

The following less restrictive methodologies are used:

Name of methodology:	Description:
Disregard of in-kind support and maintenance.	The Commonwealth of Virginia shall disregard the value of in-kind support and maintenance when determining eligibility. In-kind support and maintenance means food, clothing, or shelter or any combination of these provided to an individual.
Earned income.	\$6,250 a month in earned income is disregarded. This disregard is conditional on the income being placed in a WIN account.
Spousal income.	No spousal income is deemed to the individual. All spousal income is disregarded.
Parental income.	No parental income is deemed to the individual. All parental income is disregarded.
COLA increases deposited to WIN account.	The Commonwealth shall disregard any increase in the amount of earned income in Social Security Disability Insurance (SSDI) payment resulting from employment as a worker with disabilities eligible for assistance under §1902(a)(10)(A)(ii)(XVI) of the Act or as a result of a COLA adjustment to the SSDI payment, if this additional amount of unearned income in SSDI payment from work and/or COLA is deposited into the individual's designated WIN account.
Unemployment.	The Commonwealth shall disregard any amount of unearned income of an enrollee as a result of the receipt of unemployment

Name of methodology:	Description: insurance benefits due to loss of employment through no fault of his own, if this unearned income from unemployment insurance payments is deposited into the individual's designated WIN account. This disregard shall only apply while an enrollee is in the six month safety net, or "grace" period.
SSDI Disregard	For individuals receiving services under Virginia's Family and Individual Support Waiver, Community Living Waiver, or Building Independence Waiver, disregard Social Security Disability Insurance (SSDI) income above the maximum monthly federal Supplemental Security Insurance (SSI) payment amount. This disregard is in effect through June 30, 2026, or until the provision as authorized by state law expires, whichever is later.

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

- Yes
- No

The less restrictive resource methodologies are:

Resources from household members are disregarded.

Resources of the spouse are disregarded.

Description: No spousal resources are deemed to the applicant.

Resources of parents are disregarded.

Description: No parental resources are deemed to the applicant.

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

A higher amount is disregarded:

Amount: \$3500.00

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

Name of methodology:	Description:
Burial expenses	Resources set aside to meet the burial expenses of an applicant/recipient or that individual's spouse are excluded from countable assets. In determining eligibility for benefits for medically needy individuals, disregarded from countable resources is an amount not in excess of \$3,500 for the individual and an amount not in excess of \$3,500 for his spouse when such resources have been set aside to meet the burial expenses of the individual or his spouse. The amount disregarded shall be reduced by: A. the face value of life insurance on the life of an individual owned by the individual or his spouse if the cash surrender value of such policies has been excluded from countable resources; and B. the amount of any other revocable or irrevocable trust, contract, or other arrangement

Name of methodology:	Description: specifically designated for the purpose of meeting the individual's or his spouse's burial expenses.
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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 accounts, or certain IRS-recognized accounts, that the member designates. "IRS-recognized" accounts in this context refers to: retirement accounts (e.g., 401(k)/403(b)/457(b)/503(b) accounts, traditional Individual Retirement Accounts (IRAs), Roth IRAs, SEP-IRAs, SIMPLE IRAs, and Thrift Savings Plans); medical savings accounts (e.g., Archer Medical Savings Account); medical reimbursement accounts (e.g., Health Savings Accounts); education accounts (e.g., 529 Plans); and independence accounts (e.g., Fostering Independence Account). The maximum amount that will be disregarded in a WIN account will be the relevant year's section 1619(b) threshold for Virginia, plus any interest a member has accrued on their designated WIN account; e.g., in 2024, the maximum WIN-account disregard will be \$45,976 plus any interest the member has accrued on the account. To be eligible for this resource disregard, WIN Accounts are subject to the following provisions: a. Deposits to this account shall derive solely from the individual's income earned after electing to enroll in the Medicaid Buy-In (MBI) program. b. The account will be held separate from non-exempt resources in accounts for which prior approval has been obtained from the Department, and for which the owner authorizes regular monitoring and/or reporting including deposits, withdrawals, and other information deemed necessary by the Department for the proper administration of this provision. c. WIN accounts shall be disregarded for one year after the individual leaves the Medicaid buy-in program, unless the WIN account is an IRS-recognized account, in which case the disregard of the account will not be time-limited (subject to the account meeting the conditions described above).

Household goods and services are disregarded as a resource.

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

A specified type of resource is disregarded:

Name of resource type:	Description:
Payments made for involuntary sterilization.	The Commonwealth shall disregard as resources amounts received as payment for involuntary sterilization under the Virginia Eugenic Sterilization Act, beyond the allowable nine-month exclusion by the SSI program's resource methodologies.
Cemetery plots	Cemetery plots are not counted as resources regardless of the number owned.
Life Rights	Life rights to real property are not counted as a resource. The purchase of a life right in another individual's home is subject to transfer of asset rules.
Reasonable Effort to Sell	<p>A. For purposes of this section "current market value" is defined as the current tax assessed value. If the property is listed by a realtor, then the realtor may list it at an amount higher than the tax assessed value. In no event, however, shall the realtor's list price exceed 150% of the assessed value.</p> <p>B. A reasonable effort to sell is considered to have been made:</p> <ol style="list-style-type: none"> 1. As of the date the property becomes subject to a realtor's listing agreement if <ol style="list-style-type: none"> a. it is listed at a price at current market value, and b. the listing realtor verifies that it is unlikely to sell within 90 days of listing given the particular circumstances involved (e.g., owner's fractional interest; zoning restrictions; poor topography; absence of road frontage or access; absence of improvements; clouds on title, right of way or easement; local market conditions) OR 2. When at least two realtors refuse to list the property. The reason for refusal must be that the property is unsaleable at current market value. Other reasons for refusal are not sufficient, OR 3. When the applicant has personally advertised his property at or below current market value for 90 days by use of a "Sale By Owner" sign located on the property and by other reasonable efforts such as newspaper advertisements, or reasonable inquiries with all adjoining land-owners or other potential interested purchasers. <p>C. Notwithstanding the fact that the recipient made a reasonable</p>

Name of resource type:

Description:

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

1. Repeatedly renewing any initial listing agreement until the property is sold. If the list price was initially higher than the tax-assessed value, the listed sales price must be reduced after 12 months to no more than 100% of the tax-assessed value.
2. In the case where at least 2 realtors have refused to list the property, the recipient must personally try to sell the property by efforts described in B(3) above, for 12 months.
3. In the case of recipient who has personally advertised his property for a year without success (the newspaper advertisements, "for sale" sign, do not have to be continuous; these efforts must be done for at least 90 days within a 12 month period), the recipient must then
 - a. subject his property to a realtor's listing agreement at price or below current market value; or
 - b. meet the requirements of B(2) above which are that the recipient must try to list the property and at least two realtors refuse to list it because it is unsaleable at current market value; other reasons for refusal to list are not sufficient.

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

E. Once the applicant has demonstrated that his property is unsaleable by following the procedures in Section "B", the property is disregarded in determining eligibility starting the first day of the month in which the most recent application was filed, or up to three months prior to this month of application if retroactive coverage is requested and the

Name of resource type:	Description:
Life insurance less than \$1500	<p>applicant met all other eligibility requirements in the period. A recipient must continue his reasonable efforts to sell the property as required in Section C above.</p> <p>Life, retirement, and other related types of insurance policies with face values totaling \$1,500, or less on any one person 21 years old and over are not considered resources. When the face values of such policies of any one person exceeds \$1,500, the cash surrender value of the policies is counted as a resource.</p>

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

Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | VA2024MS00050 | VA-24-0011

Package Header

Package ID	VA2024MS00050	SPA ID	VA-24-0011
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	7/1/2024
Superseded SPA ID	VA-24-0004		
	System-Derived		

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%

Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | VA2024MS00050 | VA-24-0011

Package Header

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Superseded SPA ID	VA-24-0004		
	System-Derived		

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 | VA2024MS00050 | VA-24-0011

Package Header

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	System-Derived		

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

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	System-Derived		

F. Additional Information (optional)

Medicaid State Plan Print View

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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