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State Name: Virginia

State Plan Amendment (SPA) #: 10-04

This file contains the following documents in the order listed:

1) Approval Letter

- 2) CMS-179
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services 150 S. Independence Mall West Suite 216, The Public Ledger Building Philadelphia, Pennsylvania 19106-3499



## Region III/Division of Medicaid and Children's Health Operations

## JUN 25 2010

Cynthia B. Jones, Acting Director Department of Medical Assistance Services 600 East Broad Street, Suite 1300 Richmond, Virginia 23219

Dear Ms. Jones:

We have reviewed State Plan Amendment (SPA) 10-04, in which you propose increasing the resource limits for the Medicare Savings Programs. This SPA, as modified by your email notes dated May 7, 2010 and June 24, 2010, is acceptable. Therefore, we are approving SPA 10-04 with an effective date of January 1, 2010. Enclosed are the approved SPA pages and signed CMS-179 form.

If you have further questions about this SPA, please contact Jake Hubik at (215) 861-4181.

Sincerely,

/S/

Ted Gallagher Associate Regional Administrator

Enclosures

INTERS FOR MEDICARE & MEDICAID SERVICES			
TRANSMITTAL AND NOTICE OF APPROVAL OF	F 1. TRANSMITTAL NUMBER 2. STATE VIRGINIA		
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICE	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)		
O: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE		
CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	January 1, 2010		
5. TYPE OF PLAN MATERIAL (Check One)			
☐ NEW STATE PLAN ☐ AMENDMENT TO BE CO	NSIDERED AS NEW PLAN		
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AN	MENDMENT (Separate transmittal for each amendment)		
6. FEDERAL STATUTE/REGULATION CITATION	7. FEDERAL BUDGET IMPACT 8. FFY 2010 \$ 162,300		
1902(a)(10)(E)(i)-(iii) and 18(10)4-(a)(3)(D)	a FFY 2010 \$ 162,300 b, FFY 2011 \$ 141,700		
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION		
Attach. 2.2-A, Pages 9b, 9b.1 and 9b.2 of 20	OR ATTACHMENT (If Applicable)		
and Attach. 2.6-A, Pages 22 and 23 of 26	Same pages		
10. SUBJECT OF AMENDMENT			
Increase Resource Limits for Medicare Savings	Program Group		
Increase Resource Limits for Medicare Savings  11. GOVERNOR'S REVIEW (Check One)  GOVERNOR'S OFFICE REPORTED NO COMMENT <sup>2010</sup> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	Program Group  Z OTHER, AS SPECIFIED  Secretary of Health and Human Resources		
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Increase Resource Limits for Medicare Savings  11. GOVERNOR'S REVIEW (Check One)  GOVERNOR'S OFFICE REPORTED NO COMMENT <sup>2010</sup> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL  12. SIGNATURE OF STATE AGENCY OFFICIAL /S/  13. TYPED NAME Cynthla B. Jones	Secretary of Health and Human Resources  16 Return to  Dept. of Medical Assistance Services 600 East Broad Street, #1300		
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Revision: HCFA-PM-93-2

March, 1993

(MB)

Attachment 2.2-A Page 9b of 26 OMB No.: 0938-

### STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

#### State of VIRGINIA

### COVERAGE AND CONDITIONS OF ELIGIBILITY

Agency*	Citation		Groups Covered			
		A.			verage - Categorically Needy and Other Required s (Continued)	
IV-D	1902(a)(10)(E)(i), 1905(p) and 1860D-14(a)(3)(D) of the Act		25.	Qualif	ied Medicare beneficiaries	
				a.	Who are entitled to hospital insurance benefits under Medicare Part A, (but not pursuant to an enrollment under § 1818 of the Act);	
				b.	Whose income does not exceed 100 percent of the Federal level; and	
				c.	Whose resources do not exceed three times the SSI resource limit, adjusted annually by the increase in the consumer price index.	
					cal assistance for this group is limited to Medicare naring as defined in item 3.2 of this plan.)	
IV-D 1902(a)(10)(E)(ii),		26.	Qualif	ried disabled and working individuals		
1905(p)(3)(A)(i), 1905(p)and 1860D-14(a)(3)(D) of the Act			a.	Who are entitled to hospital insurance benefits under Medicare Part A under §1818A of the Act;		
				b.	Whose income does not exceed 200 percent of the Federal poverty level; and	
,				c.	Whose resources do not exceed twice the maximum standard under SSI.	
				d.	Who are not otherwise eligible for medical assistance under title XIX of the Act.	
					cal assistance for this group is limited to Medicare premiums under §§1818 and 1818A of the Act.)	

* Agency that determines	eligibility for coverage. Plant of the onso	
TN No. 10-04	Approval Date JUN 25 2010	Effective Date 01-01-10
Supersedes		
TN No. 93-06		HCFA ID: 7983E

Revision: HCFA-PM-93-2

March, 1993

(MB)

Attachment 2.2-A Page 9b1 of 26 OMB No.: 0938-

#### STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

#### COVERAGE AND CONDITIONS OF ELIGIBILITY

Agency*	Citation		Groups Covered
IV-A	A.		latory Coverage - Categorically Needy and Other Required al Groups (Continued)
	1902(a)(10)(E)(iii), 1905(p)(3)(A)(ii),and	27.	Specified low-income Medicare beneficiaries-
	1860D-14(a)(3)(D) of the Act		a. Who are entitled to hospital insurance benefits under Medicare Part A (but not pursuant to an enrollment under §1818A of the Act);
			<ul> <li>Whose income is at least 100 percent but less than 120 percent of the Federal Poverty Level;</li> <li>and</li> </ul>
			c. Whose resources do not exceed three times the SSI resource limit, adjusted annually by the increase in the consumer price index.
			(Medical assistance for this group is limited to Medicare Part B premiums under §1839 of the Act.)
	1902(a)(10)(E)(iv) and 1905(p)(3)(A)(ii)	28.	Qualifying Individuals.
	and 1860D- 14(a)(3)(D) of the Act		a. Who are entitled to hospital insurance benefits under Medicare Part A (but not pursuant to an enrollment under section 1818A of the Act);
,			<li>Whose income is at least 120 percent but less than 135 percent of the Federal poverty level;</li>
			c. Whose resources do not exceed three times the SSI resource limit, adjusted annually by the increase in the consumer price index.

TN No. 10-04	Approval Date JUN 25 2010	Effective Date 01/1/10	
Supersedes			_
TN No. 93-06		HCFA ID: 7985E	,

March, 1993

(MB)

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OMB No.: 0938-

#### STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

#### COVERAGE AND CONDITIONS OF ELIGIBILITY

Agency\* Citation **Groups Covered** 1634(e) of the Act Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued) 29. Each person to whom SSI benefits by reason of a. disability are not payable for any month solely by reason of clause (i) or (v) of Section 1611(e)(3)(A) shall be treated, for purposes of Title XIX, as receiving SSI benefits for the month. X b. The State applies more restrictive eligibility standards than those under SSL Individuals whose eligibility for SSI benefits are based solely on disability who are not payable for any months solely by reason of clause (i) or (v) of Section 1611(e)(3)(A) and who continue to meet the more restrictive requirements for Medicaid eligibility under the State Plan, are eligible for Medicaid as categorically needy..

TN No. 10-04 Supersedes

TN No. 93-06

Approval Date 3UN 25 2010

Effective Date 01/1/10

HCFA ID: 7985E

Revision: HCFA-PM-91-4 August, 1991 (BPD)

Attachment 2.6-A Page 22 of 26

OMB No.: 0938-

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA	ELIGIBILITY CONDITIONS AND REQUIREMENTS				
Citation	Condition or Requirement				
	7.	Resource Standard - Medically Needy			
		<ol> <li>Resource standards are based on family size.</li> </ol>			
1902(a)(10)(C)(i) of the Act		<ul> <li>A single standard is employed in determining resource eligibility for all groups.</li> </ul>			
		c. In 1902(f) States, the resource standards are more restrictive than in 7.b above for			
		☐ Aged			
		Blind			
		Disabled			
		Supplement 2 to ATTACHMENT 2.6-A specifies the resource standards for all covered medically needy groups. If the agency chooses more restrictive levels under 7.c, Supplement 2 so indicates.			
1902(a)(10)(E), 1905(p)(1)(D),	8.	Resource Standard - Qualified Medicare Beneficiaries, Specified Low- Income Medicare Beneficiaries and Qualifying Individuals			
1905(p)(2)(B)and 1860D- 14(a)(3)(D) of the Act		For Qualified Medicare Beneficiaries covered under §1902(a)(10)(E)(i) of the Act, Specified Low-Income Medicare Beneficiaries are covered under section 1902(a)(10)(E)(iii) of the Act, and Qualifying Individuals covered under 1902(a)(10)(E)(iv) of the Act, the resource standard is two times the SSI resource limit, adjusted annually by the increase in the consumer price index.			
1905(s) of the Act	9.	For qualified disabled and working individuals covered under §1902(a)(10)(E)(ii) of the Act, the resource standard for an individual or a couple (in the case of an individual with a spouse) is twice the SSI standard.			
		MUN 25 2010			
TN No. 10-04		Approval Date Effective Date 01/1/10			
Supersedes		LICEA ID. 709SE			
TN No. 93-04		HCFA ID: 7985E			

Revision: HCFA-PM-91-4

August, 1991

#### (BPD)

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OMB No.: 0938-

#### STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA	ELIGIBILITY CONDITIONS AND REQUIREMENTS					
Citation	Condition or Requirement					
	10.	Exces	ss Resources			
		a.	Categorically Needy, Qualified Medicare Beneficiaries, Qualified Disabled and Working Individuals, and Qualifying Individuals.			
			Any excess resources make the individual ineligible.			
		b.	Categorically Needy Only			
			This State has a §1634 agreement with SSI. Receipt of SSI is provided for individuals while disposing of excess resources.			
		c.	Medically Needy			
			Any excess resources make the individual ineligible.			

TN No. 10-04 Supersedes TN No. 93-04 Approval Date JUN 25 2010

Effective Date 01/1/10

7985E

HCFA ID: