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State Name: Virginia

State Plan Amendment (SPA) #: 14-11

This file contains the following documents in the order listed:

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

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

SWIFT #071620144011

OCT 10 2014

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

Dear Ms. Jones:

The Centers for Medicare & Medicaid Services (CMS) has reviewed Virginia's State Plan Amendment (SPA) 14-11, More Liberal Methods of Treating Resources for Children Receiving Long Term Care Services. This SPA proposes to disregard all resources for individuals otherwise eligible under section §1902(a)(10)(A)(ii)(V) who meet the definition of the group described under the reasonable classification of the following individuals: Individuals under the age of 18, or 19 if the individual is anticipated to graduate from high school by his or her 19th birthday.

This SPA is acceptable. Therefore, we are approving SPA 14-11 with an effective date of July 1, 2014. Enclosed are the approved SPA pages and a copy of the signed Form CMS-179.

If you have any questions about this SPA, please contact Margaret Kosherzenko of my staff at 215-861-4288.

Sincerely,

/S/

Francis McCullough
Associate Regional Administrator

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER
1 4 1 1

2. STATE
Virginia

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
July 1, 2014

5. TYPE OF PLAN MATERIAL (Check One)

- NEW STATE PLAN
- AMENDMENT TO BE CONSIDERED AS NEW PLAN
- AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION

42 CFR Part 435

7. FEDERAL BUDGET IMPACT

a. FFY 2014 \$ 0

b. FFY 2015 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Supplement 8b to Attachment 2.6-A Page 5 of 5
Attachment 2.2-A Page 19 of 26

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Same pages

10. SUBJECT OF AMENDMENT

More Liberal Methods of Treating Resources for Children Receiving LTC Services

11. GOVERNOR'S REVIEW (Check One)

- GOVERNOR'S OFFICE REPORTED NO COMMENT ²⁰¹⁴
- COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
- NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED

Secretary of Health and Human Resources

12. SIGNATURE OF STATE AGENCY OFFICIAL

/S/

13. TYPED NAME

Cynthia B. Jones

14. TITLE

Director

15. DATE SUBMITTED

7/14/14

16. RETURN TO

Dept. of Medical Assistance Services
600 East Broad Street, #1300
Richmond VA 23219

Attn: Regulatory Coordinator

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED

July 14, 2014

18. DATE APPROVED

OCT 10 2014

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

July 1, 2014

20. SIGNATURE OF REGIONAL OFFICIAL

/S/

21. TYPED NAME

FRANCIS McCullough

22. TITLE

Associate Regional Administrator / DMCHO

23. REMARKS

Pen and ink change to Section 8 to add: Attachment 2.2-A Page 19 of 26. (mk 10/07/14)

Pen and ink change to Section 9 to indicate same pages. (mk 10/07/14)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

Agency*	Citation	Groups Covered
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B. Optional Groups Other Than the Medically Needy (Continued)

IV-A	42 CFR 435.231 1902(a)(10)(A)(ii)(V) of the Act	<input checked="" type="checkbox"/> 12. Individuals who are in institutions for at least 30 consecutive days and who are eligible under a special income level. Eligibility begins on the first day of the 30-day period. These individuals meet the income standards specified in Supplement 1 to <u>ATTACHMENT 2.6-A</u> .
		<input type="checkbox"/> The State covers all individuals as described above.
		<input checked="" type="checkbox"/> The State covers only the following group or groups of individuals:
	1902(a)(10)(A)(ii) and 1905(a) of the Act	<input checked="" type="checkbox"/> Aged
		<input checked="" type="checkbox"/> Blind
		<input checked="" type="checkbox"/> Disabled
		<input checked="" type="checkbox"/> Individuals under the age of--
		<input checked="" type="checkbox"/> 21 <input type="checkbox"/> 20 <input type="checkbox"/> 19 <input type="checkbox"/> 18
		<input type="checkbox"/> Caretaker relatives
		<input checked="" type="checkbox"/> Pregnant women
		<input checked="" type="checkbox"/> Reasonable classifications of the following individuals:
		Individuals under the age of 18, or 19 if the individual is anticipated to graduate from high school by his or her 19 th birthday.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

OMB No.: 0938-

**MORE LIBERAL METHODS OF TREATING RESOURCES
UNDER § 1902 (R) (2) OF THE ACT**

Working individuals with disabilities eligible for assistance under §1902(a)(10)(A)(ii)(XV) of the Act who wish to increase their personal resources while maintaining eligibility for Medicaid shall establish Work Incentive (WIN) Accounts. The Commonwealth will disregard up to the current annual SSI [§1619(b)] threshold amount (as established for Virginia by the Social Security Administration) held in WIN Accounts for workers with disabilities eligible for assistance under §1902(a)(10)(A)(ii)(XV) of the Act. 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 balance of this account shall not exceed the current annual SSI [§1619(b)] threshold amount (as established for Virginia by the Social Security Administration).
- c. This 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.

A spouse's resources will not be deemed to the applicant when determining whether or not the individual meets the financial eligibility requirements for eligibility under this section.

Resources accumulated in the Work Incentive Account shall be disregarded in determining eligibility for Aged, Blind and Disabled Medicaid covered groups for one year after the individual leaves the Medicaid buy-in program.

In addition, excluded from the resource and asset limit include amounts deposited in the following types of IRS-approved accounts established as WIN accounts: retirement accounts, medical savings accounts, medical reimbursement accounts, education accounts and independence accounts. Assets retained in these WIN accounts shall be disregarded for all future Medicaid eligibility determinations for Aged, Blind and Disabled Medicaid covered groups.

K. The Commonwealth of Virginia will disregard all resources for individuals otherwise eligible under §§ 1902(a)(10)(A)(ii)(V) who meet the definition of the group described under "Reasonable classification of the following individuals" on Attachment 2.2-A, Page 19.

TN No. <u>14-11</u>	Approval Date <u>OCT 10 2014</u>	Effective Date <u>07-1-14</u>
Supersedes		
TN No. <u>06-11</u>		HCFA ID: 7985E