

## **Table of Contents**

**State Name:** Virginia

**State Plan Amendment (SPA) #:** 15-004

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**

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SWIFT #072320154023

JUL 30 2015

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


Dear Ms. Jones:

We have reviewed State Plan Amendment (SPA) 15-004, Sterilization Compensation and Medicaid Eligibility which was submitted to the Centers for Medicare & Medicaid Services (CMS) on May 12, 2015. Virginia SPA 15-004 proposes to disregard payments made to compensate individuals who were involuntarily sterilized pursuant to the Virginia Eugenical Sterilization Act (and who are living as of February 1, 2015) in determinations of Medicaid eligibility for new or current enrollees.

This SPA is acceptable. Therefore, we are approving SPA 15-004 with an effective date of July 1, 2015. Enclosed is a copy of the Summary Page (CMS-179) and the approved State Plan pages.

If you have further questions about this SPA, please contact Margaret Kosherzenko of my staff at 215-861-4288 or by email at [Margaret.Kosherzenko@cms.hhs.gov](mailto:Margaret.Kosherzenko@cms.hhs.gov).

Sincerely,

  
*f* 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 5 - 0 0 4

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, 2015

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 440

7. FEDERAL BUDGET IMPACT

a. FFY 2016 \$ 0

b. FFY 2017 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

*EU*  
*7/23/15*  
Attachment 2.6A, Attachment 8a, new page 3; Attachment 2.6A, Attachment 8b, new page 7  
Attachment 2.6A, Supplement 12, new page 1

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Same

10. SUBJECT OF AMENDMENT

Sterilization Compensation and Medicaid Eligibility

11. GOVERNOR'S REVIEW (Check One)

- GOVERNOR'S OFFICE REPORTED NO COMMENT<sup>2016</sup>
- 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

[Redacted Signature]

13. TYPED NAME

Cynthia B. Jones

14. TITLE

Director

15. DATE SUBMITTED

MAY 12, 2015

16. RETURN TO

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

Attn: Regulatory Coordinator

17. DATE RECEIVED

MAY 12, 2015

FOR REGIONAL OFFICE USE ONLY

18. DATE APPROVED

JUL 30 2015

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

July 1, 2015

20. SIGNATURE OF REGIONAL OFFICIAL

[Redacted Signature]

21. TYPED NAME

*fr* FRANCIS McCullough

22. TITLE

Associate Regional Administrator / DMCHO

23. REMARKS

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. 15-004  
Supersedes  
TN No. 14-11

Approval Date

**JUL 30 2015**

Effective Date 07-1-15

HCFA ID: 7985E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

MORE LIBERAL RESOURCE DISREGARDS

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12 VAC 30-40-290, continued

L. 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 9-month exclusion by the SSI program's resource methodologies.

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TN No.	<u>15-004</u>	Approval Date	<u>JUL 30 2015</u>	Effective Date	<u>7/1/2015</u>
Supersedes					
TN No.	<u>NEW</u>			HCFA ID:	7985E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

OMB No.: 0938-

VARIATIONS FROM THE BASIC PERSONAL NEEDS ALLOWANCE

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- A. For victims of Virginia's Eugenical program the Commonwealth shall, in addition to the basic personal needs allowance (PNA), increase the basic PNA by amounts received as payments for involuntary sterilization under the Virginia Eugenical Sterilization Act.

Disclosure Statement for Post-Eligibility Pre-Print

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 #0938-0673. The time required to complete this information collection is estimated at 3 hours per response, including the time to review instructions, searching existing data resources, gathering the data needed and completing and reviewing the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, N2-14-26, Baltimore, Maryland, 21244-1850 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C., 20503.

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TN No. 15-004  
Supersedes  
TN No. New Page

Approval Date

**JUL 30 2015**

Effective Date 07-1-15