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VA - Submission Package - VA2023MS0003O - (VA-24-0004) - Eligibility

[Summary](#) [Reviewable Units](#) [News](#) [Related Actions](#)



CMS-10434 OMB 0938-1188

Package Information

| | | | |
|-----------------------|---------------|------------------------|------------------|
| Package ID | VA2023MS0003O | Submission Type | Official |
| Program Name | N/A | State | VA |
| SPA ID | VA-24-0004 | Region | Philadelphia, PA |
| Version Number | 1 | Package Status | Pending |

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | VA2023MS0003O | VA-24-0004

Package Header

| | | | |
|--------------------------|---------------|--------------------------------|------------|
| Package ID | VA2023MS0003O | SPA ID | VA-24-0004 |
| 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| Superseded SPA ID | N/A | | |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 | VA2023MS00030 | VA-24-0004

Package Header

| | |
|---------------------------------|------------------------------------|
| Package ID VA2023MS00030 | SPA ID VA-24-0004 |
| 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| Superseded SPA ID N/A | |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-24-0004

| Reviewable Unit | Proposed Effective Date | Superseded SPA ID |
|-----------------------------|-------------------------|-------------------|
| Optional Eligibility Groups | 1/1/2024 | VA-23-0004 |
| Ticket to Work Basic | 1/1/2024 | VA-13-0020 |

Page Number of the Superseded Plan Section or Attachment (If Applicable):

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | VA2023MS0003O | VA-24-0004

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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 | 2024 | \$34113 |
| Second | 2025 | \$47759 |

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

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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 | VA2023MS00030 | VA-24-0004

CMS-10434 OMB 0938-1188

The submission includes the following:

Administration

Eligibility

Income/Resource Methodologies

Income/Resource Standards

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 | VA2023MS00030 | VA-24-0004

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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 | VA2023MS00030 | VA-24-0004

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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: |
| 12/8/2023 | 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: |
| 12/8/2023 | 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 | |
|-----------------------------------------------|----------------------|---------------------------------------------------------------------------------------|
| Attachment Tribal Notice Email | 1/5/2024 7:56 AM EST |  |
| 24-0004 Tribal Notice Letter Signed_12_8_2023 | 1/5/2024 7:56 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

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | VA2023MS00030 | VA-24-0004

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| | 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 |

| 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 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 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 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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| | 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

MEDICAID | Medicaid State Plan | Eligibility | VA2023MS0003O | VA-24-0004

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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

Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | VA2023MS0003O | VA-24-0004

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

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| Superseded SPA ID | VA-13-0020 | | |
| | User-Entered | | |

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 | VA2023MS0003O | VA-24-0004

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| | User-Entered | | |

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 | VA2023MS00030 | VA-24-0004

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| | User-Entered | | |

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.
- A specified type of income is disregarded:

Description of disregard: All census income is disregarded.

| Name of income type: | Description: |
|-----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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 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 |

| | |
|----------------------|------------------------------------------------------|
| Name of income type: | Description: month safety net, or "grace" period. |
|----------------------|------------------------------------------------------|

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: \$48092.00

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 specifically designated for the purpose of meeting 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

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) | <p>Any checking or savings account that the member designates. If income is retained in a WIN account, up to \$48,092 annually is an exempt resource.</p> <p>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:</p> <ul style="list-style-type: none"> 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. <p>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.</p> <p>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.</p> <p>Interest on WIN account is disregarded.</p> |

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 effort to sell the property and failed to sell it, and although the</p> |

Name of resource type:

Description:

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 applicant met all other eligibility requirements in the period. A

Name of resource type:

Description:

recipient must continue his reasonable efforts to sell the property as required in Section C above.

- 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

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| | User-Entered | | |

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

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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

Ticket to Work Basic

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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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| | User-Entered | | |

F. Additional Information (optional)

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