

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATIONS

Agency*	Citation	Groups Covered
---------	----------	----------------

The following groups are covered under this plan.

- | | | |
|------|----------------|--|
| | | A. Mandatory Coverage – Categorically Needy and Other Required Special Groups |
| IV-A | 42 CFR 435.110 | 1. Recipients of AFDC

The approved State AFDC plan includes

<input checked="" type="checkbox"/> Families with an unemployed parent for the mandatory 6-month period and an optional extension of 0 months.

<input type="checkbox"/> Pregnant women with no other eligible children.

<input checked="" type="checkbox"/> AFDC children age 18 who are full-time students in a secondary school or in the equivalent level of vocational or technical training.

The standards for AFCD payments are listed in Supplement 1 of Attachment 2.6-A. |
| IV-A | 42 CFR435.115 | 2. Deemed Recipients of AFDC

a. Individuals denied a title IV-A cash payment solely because the amount would be less than \$10. |

* Agency that determines eligibility for coverage.

TN No.	<u>93-04</u>	Approval Date	<u>01-03-94</u>	Effective Date	<u>06-16-93</u>
Supersedes					
TN No.	<u>90-21</u>			HCFA ID:	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATIONS

Agency*	Citation	Groups Covered
IV-A		A. Mandatory Coverage – Categorically Needy and Other Required Special Groups (continued)
		2. Deemed Recipients of AFDC
	1902(a)(10)(A)(i)(I) of the Act	b. Effective October 1, 1990, participants in a work supplementation program under title IV-A and any child or relative of such individual (or other individual living in the same household as such individuals) who would be eligible for AFDC if there were no work supplementation program, in accordance with 482(e)(6) of the Act.
	402(a)(22)(A) of the Act	c. Individuals whose AFDC payments are reduced to zero by Reason of recovery of overpayment of AFDC funds.
	406(h) and 1902(a)(10)(A)(i)(I) of the Act	d. An assistance unit deemed to be receiving AFDC for a period of four calendar months because the family becomes ineligible for AFDC as a result of collection or increased collection of support and meets the requirements of 406(h) of the Act.
	1902(a) of the Act	e. Individuals deemed to be receiving AFDC who meet the requirements of 473(b)(1) or (2) for whom an adoption of assistance agreement is in effect or foster care maintenance payments are being made under title IV-E of the Act.

* Agency that determines eligibility for coverage.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATIONS

Agency*	Citation	Groups Covered
		A. Mandatory Coverage – Categorically Needy and Other Required Special Groups (continued)
IV-A	407(b), 1902(a)(10)(A)(i) and 1905(m)(1) of the Act	3. Qualified Family Members effective October 1, 1990, qualified family members who would be eligible to receive AFDC under 407 of the Act because the principal wage earner is unemployed. — Qualified family members are not included because cash assistance programs may be made to families with unemployed parents for 12 months per calendar year.
IV-A	1902(a)(52) and 1925 of the Act	4. Families terminated from AFDC solely because of earnings, hours of employment, or loss of earned income disregards entitled up to 12 months of extended benefits in accordance with 1925 of the Act.

* Agency that determines eligibility for coverage.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATIONS

Agency*	Citation	Groups Covered
IV-A	42 CFR 435.113	<p data-bbox="699 489 1393 552">A. Mandatory Coverage – Categorically Needy and Other Required Special Groups (continued)</p> <p data-bbox="748 583 1492 678">5. Individuals who are ineligible for AFDC solely because of eligibility requirements that are specifically prohibited under Medicaid. Included are:</p> <ul style="list-style-type: none"><li data-bbox="748 720 1422 783">a. Families denied AFDC solely because of income and resources deemed to be available from –<ul style="list-style-type: none"><li data-bbox="797 825 1492 919">(1) Stepparents who are not legally liable for support of stepchildren under a State law of general applicability;<li data-bbox="797 919 1040 951">(2) Grandparents;<li data-bbox="797 951 1122 982">(3) Legal guardians; and<li data-bbox="797 982 1492 1056">(4) Individual alien sponsors (who are not spouses of the individual or the individual's parent);<li data-bbox="748 1087 1466 1182">b. Families denied AFDC solely because of the involuntary inclusion of siblings who have income and resources of their own in the filing unit.<li data-bbox="748 1224 1455 1281">c. Families denied AFDC because the family transferred a resource without receiving adequate compensation.

TN No. 95-16
Supersedes
TN No. 93-04

Approval Date 01-31-96

Effective Date 11-01-95

HCFA ID:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATIONS

Agency*	Citation	Groups Covered
		A. Mandatory Coverage – Categorically Needy and Other Required Special Groups (continued)
IV-A	42 CFR 435.114	6. Individuals who would be eligible for AFDC except for the increases in OASDI benefits under P.L. 92-336 (July 1, 1972), who were entitled to OASDI in August, 1972, and who were receiving cash assistance in August 1972. <u>X</u> Includes persons who would have been eligible for cash assistance but had not applied in August, 1972 (this group was included in the State's August 1972 plan). <u>X</u> Includes persons who would have been eligible for cash assistance in August 1972 if not in a medical institution or intermediate care facility (this group was included in this State's August 1972 plan). <u> </u> Not applicable with respect to intermediate care facilities; State did or does not cover this service.
IV-A	1901(a)(10)(A)(i)(III) and 1905(n) of the Act	7. Qualified Pregnant Women and Children a. A pregnant woman whose pregnancy has been medically verified who – (1) Would be eligible for an AFDC cash payment if the child had been born and was living with her;

* Agency that determines eligibility for coverage.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATIONS

Agency*	Citation	Groups Covered
		A. Mandatory Coverage – Categorically Needy and Other Required Special Groups (continued)
		7. a. (2) Is a member of a family that would be eligible for aid to families with dependent children of unemployed parents if the State had an AFDC-unemployed parents program; or
		(3) Would be eligible for an AFDC cash payment on the basis of the income and resource requirements of the State's approved AFDC plan.
1902(a)(10)(A)(i)		b. Children born after September 30, 1983 who are under age 19 and who would be eligible for an AFDC cash payment on the basis of the income and resource requirements of the State's approved AFDC plan.
		X Children born after <u>September 30, 1973</u> (specify optional earlier date) Who are under age 19 and would be eligible for an AFDC cash payment on the basis of the income and resource requirements of the State's approved AFDC plan.
		Supplement 8a and 8b to Attachment 2.6A describe the more liberal methods of treating income and resources under section 1902(r)(2) of the Act

TN No. 93-09
Supersedes
TN No. 93-04

Approval Date 04-03-95

Effective Date 07-01-93

HCFA ID:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATIONS

Agency*	Citation	Groups Covered
		A. Mandatory Coverage – Categorically Needy and Other Required Special Groups (continued)
IV-A CPU	1902(a)(10)(A)(i)(IV) and 1902(l)(1)(A) and (B) of the Act	8. Pregnant women and infants under 1 year of age with family incomes up to 133 percent of the Federal poverty level who are described in section 1902(a)(10)(A)(i)(IV) and 1902(l)(A) and (B) of the Act. The income level for this group is specified in Supplement 1 to Attachment 2.6-A. ___ The State uses a percentage greater than 133 but not more than 185 percent of the Federal poverty level, as established in its State plan, State legislation, or State appropriations as of December 19, 1989.
IV-A	1902(a)(10)(A)(i)(VI) 1902(a)(l)(1)(C) of the Act	9. Children a. Who have attained 1 year of age but have not attained 6 years of age, with family incomes at or below 133 percent of the Federal poverty levels. b. Born after September 30, 1983, who have attained 6 years of age but have not attained 19 years of age, with family incomes at or below 100 percent of the Federal poverty levels. Income levels for these groups are specified in Supplement 1 to Attachment 2.6-A.

TN No. 01-08
Supersedes
TN No. 93-04

Approval Date 10-18-01

Effective Date 08-02-01

HCFA ID:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATIONS

Agency*	Citation	Groups Covered
		A. Mandatory Coverage – Categorically Needy and Other Required Special Groups (continued)
	1902(a)(10)(A)(i)(V) and 1905(m) of the Act	10. Individuals other than qualified pregnant women and children under item A.7 above who are members of a family that would be receiving AFDC under section 407 of the Act if the State had not exercised the option under section 407(b)(2)(B)(i) of the Act to limit the number of months for which a family member may receive AFDC.
IV-A	1902(e)(5) of the Act	11. a. A woman who, while pregnant, was eligible for, applied for, and receives Medicaid under the approved State plan on the day her pregnancy ends. The woman continues to be eligible, as though she were pregnant, for all pregnancy-related and postpartum medical assistance under the plan for a 60-day period (beginning on the last day of her pregnancy) and for any remaining days in the month in which the 60 th day falls.
	1902(e)(6) of the Act	b. A pregnant woman who would otherwise lose eligibility because of an increase in income (of the family in which she is a member) during the pregnancy or the postpartum period which extends through the end of the month in which the 60-day period (beginning on the last day of the pregnancy) ends.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATIONS

Agency*	Citation	Groups Covered
		A. Mandatory Coverage – Categorically Needy and Other Required Special Groups (continued)
	1902(e)(4) of the Act	12. Deemed Newborns. A child born in the United States to a woman who was eligible for and receiving Medicaid (including coverage of an alien for labor and delivery as emergency medical services) for the date of the child's birth, including retroactively. The child is deemed eligible for one year from birth.
	42 CFR 435.120	13. Aged, Blind and Disabled Individuals Receiving Cash Assistance ___ a. Individuals receiving SSI. This includes beneficiaries eligible spouses and persons receiving SSI benefits pending a final determination of blindness or disability or pending disposal of excess resources under an agreement with the Social Security Administration; and beginning January 1, 1981, persons receiving SSI under section 1619(a) of the Act or considered to be receiving SSI under section 1619 of the Act. ___ Aged ___ Blind ___ Disabled

TN No. 09-08
Supersedes
TN No. 01-08

Approval Date 09-24-09

Effective Date 07-01-09

HCFA ID:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATIONS

A. Mandatory Coverage – Categorically Needy and Other
Required Special Groups (continued)

IV-A	435.121	X	13. b.	<p>Individuals who meet more restrictive requirements for Medicaid than the SSI requirements. (This includes persons who qualify for benefits under section 1619(a) of the Act or who meet the eligibility requirements for SSI status under section 1619(b)(1) of the Act and who met the State's more restrictive requirements for Medicaid in the month before the month they qualified for SSI under section 1619(a) or met the requirements under section 1619(b)(1) of the Act. Medicaid eligibility for these individuals continues as long as they continue to meet the 1619(a) eligibility standard or the requirements of 1619(b) of the Act.)</p> <p><input checked="" type="checkbox"/> Aged <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Disabled <input checked="" type="checkbox"/> Protected SSI children. Children who meet the pre-welfare reform definition of childhood disability who lost their SSI coverage solely as a result of the change in the definition of childhood disability and who also meet the more restrictive requirements for Medicaid than the SSI requirements.</p> <p>The more restrictive categorical eligibility criteria are described below:</p> <p>See Supplement 2 to Attachment 2.2 A</p> <p>(Financial criteria are described in Attachment 2.6-A.)</p>
	1619(b)(1) of the Act			
	1902(a)(i)(II) P.L. 105-33, sec. 4913.			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATIONS

Agency*	Citation	Groups Covered
		A. Mandatory Coverage – Categorically Needy and Other Required Special Groups (continued)
IV-A	1902(a)(10(A)(i)(II) And 1905(q) of the Act	14. Qualified severely impaired blind and disabled individuals under 65 who – (a) For the month preceding the first month of eligibility under the requirements of 1905(q)(2) of the Act, received SSI, a State supplemental payment under 1616 of the Act or under 212 of P.L. 93-66 or benefits under 1619(a) of the Act and were eligible for Medicaid; or (b) For the month of June 1987, were considered to be receiving SSI under 1619(b) of the Act and were eligible for Medicaid. These individuals must – (1) Continue to meet the criteria for blindness or have the disabling physical or mental impairment under which the individual was found to be disabled; (2) Except for earnings, continue to meet all nondisability-related requirements for eligibility for SSI benefits; (3) Have unearned income in amounts that would not cause them to be ineligible for a payment under 1611 of the Act;

TN No. 93-04
Supersedes
TN No. 87-11

Approval Date 01-03-94

Effective Date 06-16-93

HCFA ID:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATIONS

Agency*	Citation	Groups Covered
		A. Mandatory Coverage – Categorically Needy and Other Required Special Groups (continued)
		(4) Be seriously inhibited by the lack of Medicaid coverage in their ability to continue to work or obtain employment; and
		(5) Have earnings that are not sufficient to provide for himself or herself a reasonable equivalent of the Medicaid, SSI (including any Federally administered SSP), or public funded attendant care services that would be available if he or she did have such earnings.
		___ Not applicable with respect to individuals receiving only SSP because the State either does not make SSP payments or does not provide Medicaid to SSP-only recipients.

TN No. 93-04
Supersedes
TN No. 87-11

Approval Date 01-03-94

Effective Date 06-16-93

HCFA ID:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATIONS

Agency*	Citation	Groups Covered
IV-A	1619(b)(3) of the Act	A. Mandatory Coverage – Categorically Needy and Other Required Special Groups (continued) <u>X</u> The State applies more restrictive eligibility requirements for Medicaid than under SSI and under 42 CFR 435.121. Individuals who qualify for benefits under 1619(a) of the Act or individuals described above who meet the eligibility requirements for SSI benefits under 1619(b)(1) of the Act and who met the State’s more restrictive requirements in the month before the month they qualified for SSI under 1619(a) or met the requirements of 1619(b)(1) of the Act are covered. Eligibility for these individuals continues as long as they continue to qualify for benefits under 1619(a) of the Act or meet the SSI requirements under 1619(b)(1) of the Act.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATIONS

Agency*	Citation	Groups Covered
		A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)
IV-A	1634(c) of the Act	15. Except in States that apply more restrictive requirements for Medicaid than under SSI, blind or disabled individuals who- a. Are at least 18 years of age; b. Lose S51 eligibility because they become entitled to OASDI child's benefits under §202(d) of the Act or an increase in these benefits based on their disability. Medicaid eligibility for these individuals continues for as long as they would be eligible for 551, absence their OASDI eligibility. ___ c. The State applies more restrictive eligibility requirements than those under S51, and part or all of the amount of the OASDI benefit that caused 5SI/55P ineligibility and subsequent increases are deducted in determining the amount of countable income for categorically needy eligibility. ___ d. The State applies more restrictive requirements than those under SSI, and none of the OASDI benefit is deducted in determining the amount of countable income for categorically needy eligibility.
IV-A	42 CFR 435.122	16. Except in States that apply more restrictive eligibility requirements for Medicaid than under SSI, individuals who are ineligible for SSI or optional State supplements (if the agency provides Medicaid under §435.230), because of requirements that do not apply under title XIX of the Act.
IV-A	42 CFR 435.130	17. Individuals receiving mandatory State supplements.

* Agency that determines eligibility for coverage.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATIONS

Agency*	Citation	Groups Covered
		A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)
IV-A	42 CFR 435.131	18. Individuals who in December 1973 were eligible for Medicaid as an essential spouse and who have continued, as spouse, to live with and be essential to the well-being of a recipient of cash assistance. The recipient with whom the essential spouse is living continues to meet the December 1973 eligibility requirements of the State's approved plan for OAA, AB, APTD, or AABD and the spouse continues to meet the December 1973 requirements for have his or her needs included in computing the cash payment. <u>X</u> In December 1973, Medicaid coverage of the essential spouse was limited to the following group(s): <u>X</u> Aged <u>X</u> Blind <u>X</u> Disabled ___ Not applicable. In December 1973, the essential spouse was not eligible for Medicaid.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATIONS

Agency*	Citation	Groups Covered
		A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)
IV-A	42 CFR 435.132	19. Institutionalized individuals who were eligible for Medicaid in December 1973 as inpatients of title XIX medical institutions or residents of title XIX intermediate care facilities, if, for each consecutive month after December 1973, they— a. Continue to meet the December 1973 Medicaid State plan eligibility requirements; and b. Remain institutionalized; and c. Continue to need institutional care.
	42 CFR 435.133	20. Blind and disabled individuals who- a. Meet all current requirements for Medicaid eligibility except the blindness or disability criteria; and b. Were eligible for Medicaid in December 1973 as blind or disabled; and c. For each consecutive month after December 1973 continue to meet December 1973 eligibility criteria.

* Agency that determines eligibility for coverage.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATIONS

Agency*	Citation	Groups Covered
		A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)
IV-A	42 CFR 435.134	21. Individuals who would be SSI/SSP eligible except for the increase in OASDI benefits wider P.L. 92-336 (July 1, 1972), who were entitled to OASDI in August 1972, and who were receiving cash assistance in August 1972. <u>X</u> Includes persons who would have been eligible for cash assistance but had not applied in August 1972 (this group was included in this State's August 1972 plan). <u>X</u> Includes persons who would have been eligible for cash assistance in August 1972 if not in a medical institution or intermediate care facility (this group was included in this State's August 1972 plan). <u> </u> Not applicable with respect to intermediate care facilities; the State did or does not cover this service.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATIONS

Agency*	Citation	Groups Covered
A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)		
IV-A	42 CFR 435.135	<p>22. Individuals who --</p> <p>a. Are receiving OASDI and were receiving SSI/SSP but became ineligible for SSI/SSP after April 1977; and</p> <p>b. Would still be eligible for SSI or SSP if cost-of-living increases in OASDI paid under §215(i) of the Act received after the last month for which the individual was eligible for and received SSI/SSP and OASDI, concurrently, were deducted from income.</p> <p style="padding-left: 40px;">___ Not applicable with respect to individuals receiving only SSP because the State either does not make such payments or does not provide Medicaid to SSP-only individuals.</p> <p style="padding-left: 40px;">___ Not applicable because the State applies more restrictive eligibility requirements than those under SSI.</p> <p style="padding-left: 40px;"><u>X</u> The State applies more restrictive eligibility requirements than those under SSI and the amount of increase that caused SSI/SSP ineligibility and subsequent increases are deducted when determining the amount of countable income for categorically needy eligibility.</p>

* Agency that determines eligibility for coverage.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATIONS

Agency*	Citation	Groups Covered
		A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)
IV-A	1634 of the Act	23. Disabled widows and widowers who would be eligible for SSI or SSP except for the increase in their OASDI benefits as a result of the elimination of the reduction factor required by §134 of P.L. 98-21 and who are deemed, for purposes of title XIX, to be SSI beneficiaries or SSP beneficiaries for individuals who would be eligible for SSP only, under §1634(b) of the Act. ___ Not applicable with respect to individuals receiving only SSP because the State either does not make these payments or does not provide Medicaid to SSP-only recipients. ___ The State applies more restrictive eligibility standards than those under SSI and considers these individuals to have income equalling the SSI Federal benefit rate, or SSP benefit rate for individuals who would be eligible for SSP only, when determining countable income for Medicaid categorically needy eligibility.

*Agency that determines eligibility for coverage.

TN No. <u>93-04</u>	Approval Date <u>01-03-94</u>	Effective Date <u>06-16-93</u>
Supersedes TN No. <u>87-11</u>		HCFA ID:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATIONS

Agency*	Citation	Groups Covered
1634(d) of the Act		<p>A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)</p> <p>24. Disabled widows, disabled widowers, and disabled unmarried divorced spouses who had been married to the insured individual for a period of at least ten years before the divorce became effective, who have attained the age of 50, who are receiving title II payments, and who because of the receipt of title II income lost eligibility for SSI or SSP which they received in the month prior to the month in which they began to receive title II payments, who would be eligible for SSI or SSP if the amount of the title II benefit were not counted as income, and who are not entitled to Medicare Part A.</p> <p><u>X</u> The State applies more restrictive eligibility requirements for its blind or disabled than those of the SSI program.</p> <p>___ In determining eligibility as categorically needy, the State disregards the amount of the title II benefits identified in §1634(d)(1)(A) in determining the income of the individual, but does not disregard any more of this income than would reduce the individual's income to the SSI income standard.</p> <p>___ In determining eligibility as categorically needy, the State disregards only part of the amount of the benefits identified in §1634(d)(1)(A) in determining the income of the individual, which amount would not reduce the individual's income below the SSI income standard. The amount of these benefits to disregarded is specified in Supplement 4 to Attachment 2.6-A.</p> <p>___ In determining eligibility as categorically needy, the State chooses not to deduct any of the benefit identified in §1634(d)(1)(A) in determining the income of the individual.</p>

* Agency that determines eligibility for coverage.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATIONS

Agency*	Citation	Groups Covered
		A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)
IV-D 1905(p) and 1860D-14(a)(3)(D) of the Act	1902(a)(10)(E)(i), 1905(p) and 1860D-14(a)(3)(D) of the Act	25. Qualified 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. (Medical assistance for this group is limited to Medicare cost sharing as defined in item 3.2 of this plan.)
IV-D	1902(a)(10)(E)(ii), 1905(p)(3)(A)(i), 1905(p) and 1860D-14(a)(3)(D) of the Act	26. Qualified disabled and working individuals -- 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. (Medical assistance for this group is limited to Medicare Part A premiums under §§1818 and 1818A of the Act.)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATIONS

Agency*	Citation	Groups Covered
IV-A		A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)
	1902(a)(10)(EXiii), 1905(p)(3)(AXii),and 1860D-14(a)(3)(D) of the Act	26. Specified low-income Medicare beneficiaries- a. Who are entitled to hospital insurance benefits under Medicare Part A (but not pursuant to an enrollment under §1818A of the Act); b. Whose income is at least 100 percent but less than 120 percent of the Federal Poverty Level; and 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)(EXiv), and 1905(p)(3)(A)(ii) and 1860D- 14(a)(3)(D) of the Act	28. Qualifying Individuals. a. Who are entitled to hospital insurance benefits under Medicare Part A (but not pursuant to an enrollment under section 1818A of the Act); b. Whose income is at least 120 percent but less than 135 percent of the Federal poverty level; c. Whose resources do not exceed three times the SSI resource limit, adjusted annually by the increase in the consumer price index.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATIONS

Agency*	Citation	Groups Covered
1634(e) of the Act	<p data-bbox="578 562 1359 630">A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)</p> <p data-bbox="643 661 1359 819">29. a. Each person to whom SSI benefits by reason of disability are not payable for any month. solely by reason of clause {i} or (v) of Section 1611 {e}(3XA) shall be treated, for purposes of Title XIX, as receiving SSI benefits for the month.</p> <p data-bbox="643 850 1359 913"><u>X</u> b. The State applies more restrictive eligibility standards than those under SSI.</p> <p data-bbox="691 945 1359 1176">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)(3XA) and who continue to meet the more restrictive requirements for Medicaid eligibility under the State Plan, are eligible for Medicaid as categorically needy.</p>	

TN No. 10-04
Supersedes
TN No. 93-06

Approval Date 06-25-10

Effective Date 01-01-10

HCFA ID:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATIONS

Agency*	Citation	Groups Covered
		B. Optional Groups Other than the Medically Needy
IV-A	42 CFR 435.210 1902(a)(10)(A)(ii) and 1902(a) of the Act	<input checked="" type="checkbox"/> 1. Individuals described below who meet the income and resource requirements of AFDC, SSI, or an optional State supplement as specified in 42 CFR 435.230, but who do not receive cash assistance. <input type="checkbox"/> This plan covers all individuals as described above. <input checked="" type="checkbox"/> This plan covers only the following group or groups of individuals: <input type="checkbox"/> Aged <input type="checkbox"/> Blind <input checked="" type="checkbox"/> Disabled <input checked="" type="checkbox"/> Caretaker relatives <input checked="" type="checkbox"/> Pregnant women
IV-A	42 CFR 435.211	<input checked="" type="checkbox"/> 2. Individuals who would be eligible for AFDC, SSI, or an optional State supplement as specified in 42 CFR 435.230, if they were not in a medical institution.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATIONS

B. Optional Groups Other than the Medically Needy (Continued)

IV-A 42 CFR 435.212 and ___ 3. The State deems as eligible those individuals who became
1902(e)(2) of the otherwise ineligible for Medicaid while enrolled in an HMO Act,
Act, P.L. 99-272 qualified under Title XIII of the Public Health Service Act, or a
(section 9517) P.L. managed care organization (MCO), or a primary care case
101-508 (section management (PCCM) program, but who have been enrolled in
4732) the entity for less than the minimum enrollment period listed
below.

Coverage under this section is limited to MCO or PCCM services and family planning services described in section 1905(a)(4)(C) of the Act.

X The state elects not to guarantee eligibility.

___ The State elects to guarantee eligibility. The minimum enrollment period is ___ months (not to exceed six).

The State measures the minimum enrollment period from:

___ The date beginning the period of enrollment in the MCO or PCCM, without any intervening disenrollment, regardless of Medicaid eligibility.

___ The date beginning the period of enrollment in the MCO or PCCM as a Medicaid patient (including periods when payment is made under this section) without any intervening disenrollment.

___ The date beginning the last period of enrollment in the MCO or PCCM as a Medicaid patient (not including periods when payment is made under this section) without any intervening disenrollment or periods of enrollment as a privately paying patient. (A new minimum enrollment period begins each time the individual becomes Medicaid eligible other than under this section.)

TN No. 03-07
Supersedes
TN No. 93-04

Approval Date 10-28-03

Effective Date 08-13-03

HCFA ID:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATIONS

		B. Optional Groups Other than Medically Needy (Continued)
IV-A	1932(a)(4) of the Act	<p>The Medicaid Agency may elect to restrict the disenrollment of Medicaid enrollees of PCOs, PIHPs, PAHPs, and PCCMs in accordance with the regulations at 42 CFR 438.56. This requirement applies unless a recipient can demonstrate good cause for disenrolling or if he/she moves out of the entity's service area or becomes ineligible.</p> <p>___ Disenrollment rights are restricted for a period of ___ months (not to exceed 12 months).</p> <p>During the first three months of each enrollment period the recipient may disenroll without cause. The State will provide notification, at least once per year, to recipients enrolled with such organization of their right to and restrictions of terminating such enrollment.</p> <p>___ No restrictions upon disenrollment rights.</p>
IV-A	1903(m)(2)(H), 1902(a)(52) of the Act P.L. 101-508 42 CFR 438.56(g)	<p>In the case of individuals who have become ineligible for Medicaid for the brief period described in section 1903(m)(2)(H) and who were enrolled with an MCO, PIHP, PAHP, or PCCM when they became ineligible, the Medicaid agency may elect to reenroll those individuals in the same entity if that entity still has a contract.</p> <p>___ The agency elects to reenroll the above individuals who are eligible in a month but in the succeeding two months become eligible, into the same entity in which they were enrolled at the time eligibility was lost.</p> <p>___ The agency elects not to reenroll above individuals into the same entity in which they were previously enrolled.</p>

*Agency that determines eligibility for coverage.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATIONS

Agency*	Citation	Groups Covered
IV-A	42 CFR 435.217	B. <u>Optional Groups Other Than the Medically Needy</u> (Continued)
		<input checked="" type="checkbox"/> 4. A group or groups of individuals who would be eligible for Medicaid under the plan if they were in a NF or an ICF/MR, who but for the provision of home and community-based services under a waiver granted under 42 CFR Part 441, Subpart G would require institutionalization, and who will receive home and community-based services under the waiver. The group or groups covered are listed in the waiver request. This option is effective on the effective date of the State's section 1915(c) waiver under which this group(s) is covered. In the event an existing 1915(c) waiver is amended to cover this group(s), this option is effective on the effective date of the amendment.
		<input checked="" type="checkbox"/> PACE: The state determines eligibility for PACE enrollees under rules applying to institutional groups as provided for in Section 1902(a)(10)(A)(ii)(VI) of the Act.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATIONS

Agency*	Citation	Groups Covered
---------	----------	----------------

B. Optional Groups Other than the Medically Needy (continued)

IV-A	1902(a)(10A)(ii) <u>X</u> (VII) of the Act	5. Individuals who would be eligible for Medicaid under the plan if they were in a medical institution, who are terminally ill, and who receive hospice care in accordance with a voluntary election described in 1905(o) of the Act.
------	---	---

X The State covers all individuals as described above.

___ The State covers only the following group or groups of individuals:

- ___ Aged
- ___ Blind
- ___ Disabled
- ___ Individuals under the age of –
 ___ 21 ___ 20 ___ 19 ___ 18
- ___ Caretaker relatives
- ___ Pregnant women

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATIONS

Agency*	Citation	Groups Covered
		B. Optional Groups Other Than the Medically (Continued)
IV-A	42 CFR 435.220	<input type="checkbox"/> 6. Individuals who would be eligible for AFDC if their work-related child care costs were paid from earnings rather than by a State agency as a service expenditure. The State's AFDC plan deducts work-related child care costs from income to determine the amount of AFDC. <input type="checkbox"/> The State covers all individuals as described above. <input type="checkbox"/> The State covers only the following group or groups of individuals: Individuals under the age of— <input type="checkbox"/> 21 <input type="checkbox"/> 20 <input type="checkbox"/> 19 <input type="checkbox"/> 18 <input type="checkbox"/> Caretaker relatives <input type="checkbox"/> Pregnant women
IV-A	42 CFR 435.222 1902(a)(10)(A)(ii) and 1905(a)(i) of the Act	<input type="checkbox"/> 7. All individuals who are not described in 1902(a)(10)(A)(i) of the Act, who meet the income and resource requirements of the AFDC State plan and who are under the age of 21 as indicated below. <input type="checkbox"/> 20 <input type="checkbox"/> 19 <input type="checkbox"/> 18

TN No. 93-09
Supersedes
TN No. 87-01

Approval Date 01-03-94

Effective Date 06-16-93

HCFA ID:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATIONS

Agency*	Citation	Groups Covered
		B. Optional Groups Other Than the Medically Needy (Continued)
IV-A	42 CFR 435.222	<u>X</u> b. Reasonable classifications of individuals described in (a) above as follows: <u>X</u> (1) Individuals for whom public agencies are assuming full or partial financial responsibility and who are: <u>X</u> (a) In foster homes (and are under the age of <u>21</u>) <u>X</u> (b) In private institutions (and are under the age of <u>21</u>). <u>X</u> (c) in addition to the group under b.(1)(a) and (b), individuals placed in foster homes or private institutions by private nonprofit agencies (and are under the age of <u>21</u>). <u>X</u> (2) Individuals in adoptions subsidized in full or part by a public agency (who are under the age of <u>21</u>). <u>X</u> (3) Individuals in NFs (who are under the age of <u>21</u>). NF services are provided under this plan. <u>X</u> (4) In addition to the group under (b)(3), individuals in ICFs/MR (who are under the age of <u>21</u>).

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATIONS

Agency*	Citation	Groups Covered
		B. Optional Groups Other Than the Medically Needy (Continued)
IV-A		___ (5) Individuals receiving active treatment as inpatients in psychiatric facilities or programs (who are under the age of ___). Inpatient psychiatric services for individuals under age 21 are provided under this plan.
IV-A		___ (6) Other defined groups (and ages), as specified in Supplement 1 of ATTACHMENT 2.2-A.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATIONS

Agency*	Citation	Groups Covered
		B. Optional Groups Other Than the Medically Needy (Continued)
IV-A	1902(a)(10)(A)(ii) (VIII) of the Act	X 8. A child for whom there is in effect a State adoption assistance agreement (other than under title IV-E of the Act), who, as determined by the State adoption agency, cannot be placed for adoption without medical assistance because the child has special care needs for medical or rehabilitative care, and who before execution of the agreement-- a. Was eligible for Medicaid under the State's approved Medicaid plan; or b. Would have been eligible for Medicaid if the standards and methodologies of the title IV-E foster care program were applied rather than the AFDC standards and methodologies. The State cover individuals under the age of-- <u>X</u> 21 __ 20 __ 19 __ 18

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATIONS

Agency*	Citation	Groups Covered
		B. Optional Groups Other Than the Medically Needy (Continued)
IV-A	42 CFR 435.223	___ 9. Individuals who would be eligible for AFDC if coverage under under the State's AFDC plan were as broad as allowed under title IV-A:
	1902(a)(10)(A)(ii) and 1905(a) of the Act	___ Individuals under the age of: ___ 21 ___ 20 ___ 19 ___ 18 ___ Caretaker relatives ___ Pregnant women

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATIONS

Agency*	Citation	Groups Covered
		B. Optional Groups Other Than the Medically Needy (Continued)
IV-A	42 CFR 4335.230	10. States using SSI criteria with agreements under §§1616 and 1634 of the Act. The following groups of individuals who receive only a State supplementary payment (but no SSI payment) under an approved optional State supplementary payment program that meets the following conditions. The supplement is-- a. Based on need and paid in cash on a regular basis. b. Equal to the difference between the individual's countable income and the income standard used to determine eligibility for the supplement. c. Available to all individuals in the State. d. Paid to one or more of the classifications of individuals listed below, who would be eligible for SSI except for the level of their income. ___ (1) All aged individuals. ___ (2) All blind individuals. ___ (3) All disabled individuals.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATIONS

Agency*	Citation	Groups Covered
		B. Optional Groups Other Than the Medically Needy (Continued)
IV-A		___ (4) Aged individuals in domiciliary facilities or other group living arrangements as defined under SSI.
	42 CFR 435.230	___ (5) Blind individuals in domiciliary facilities or other group living arrangements as defined under SSL
		___ (6) Disabled individuals in domiciliary facilities or other group living arrangements as defined under SSL
		___ (7) Individuals receiving a Federally administered optional State supplement that meets the conditions specified in 42 CFR 435.230.
		___ (8) Individuals receiving a State administered optional State supplement that meets the conditions specified in 42 CFR 435.230.
		___ (9) Individuals in additional classifications approved by the Secretary as follows:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATIONS

Agency*	Citation	Groups Covered
IV-A	B.	Optional Groups Other Than the Medically Needy (Continued) The supplement varies in income standard by political subdivisions according to cost-of-living differences. ___ Yes. ___ No. The standards for optional State supplementary payments are listed in Supplement 6 of ATTACHMENT 2.6-A.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATIONS

Agency*	Citation	Groups Covered
B. Optional Groups Other Than the Medically Needy (Continued)		
IV-A	42 CFR 435.121, 435.230 1902(a)(10)(A)(ii) (IX) of the Act	<p style="text-align: center;"><u>X</u></p> <p>11. 1902(f) State and SSI Criteria States without agreements under 1616 and 1634 of the Act.</p> <p>The following groups of individuals who receive a State supplementary payment under an approved optional State supplementary payment program that meets the following conditions. The supplement is--</p> <ul style="list-style-type: none"> a. Based on need and paid in cash on a regular basis. b. Equal to the difference between the individual's countable income and the income standard used to determine eligibility for the supplement. c. Available to all individuals in each classification and available on a Statewide basis. d. Paid to one or more of the classifications of individuals listed below: <ul style="list-style-type: none"> ___ (1) All aged individuals. ___ (2) All blind individuals. ___ (3) All disabled individuals.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATIONS

Agency*	Citation	Groups Covered
		B. Optional Groups Other Than the Medically Needy (Continued)
		<input checked="" type="checkbox"/> (4) Aged individuals in domiciliary facilities or other group living arrangements as defined under SSI.
		<input checked="" type="checkbox"/> (5) Blind individuals in domiciliary facilities or other group living arrangements as defined under SSI.
		<input checked="" type="checkbox"/> (6) Disabled individuals in domiciliary facilities or other group living arrangements as defined under SSL
		<input type="checkbox"/> (7) Individuals receiving a Federally administered optional State supplement that meets the conditions specified in 42 CFR 435.230.
		<input checked="" type="checkbox"/> (8) Individuals receiving a State administered optional State supplement that meets the conditions specified in 42 CFR 435.230.
		<input type="checkbox"/> (9) Individuals in additional classifications approved by the Secretary as follows:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATIONS

Agency*	Citation	Groups Covered
IV-A	B. Optional Groups Other Than the Medically Needy (Continued)	<p>The supplement varies in income standard by political subdivisions a according to cost-of-living differences.</p> <p><input checked="" type="checkbox"/> Yes.</p> <p><input type="checkbox"/> No.</p> <p>The standards for optional State supplementary payments are listed in Supplement 6 of Attachment 2.6-A.</p>

TN No. 01-03
Supersedes
TN No. 93-04

Approval Date 09-24-01

Effective Date 04-11-01

HCFA ID:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATIONS

Agency*	Citation	Groups Covered
		B. <u>Optional Groups Other Than the Medically Needy</u> (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

GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATIONS

Agency*	Citation	Groups Covered
		B. <u>Optional Groups Other Than the Medically Needy</u> (Continued)
IV-A	1902 (e) (3) of the Act	<p>___ 13. Certain disabled children age 18 or under who are living at home, who would be eligible for Medicaid under the plan if they were in a medical institution, and for whom the State has made a determination as required under §1902 (e) (3) (B) of the Act.</p> <p>Supplement 3 to ATTACHMENT 2,2-A describes the method that is used to determine the cost effectiveness of caring for this group of disabled children at home.</p>
IV-A	1902 (a) (10) (A) (ii) (IX) and 1902 (1) of the Act	<p>___ 14. The following individuals who are not mandatory categorically needy whose income level does not exceed the income level (established at an amount above the mandatory level and not more than 185 percent of the Federal poverty income level) specified in Supplement 1 to ATTACHMENT 2.6-A for a family of the same size, including the woman and unborn child or infant and who meet the resource standards specified in Supplement 2 to ATTACHMENT 2,6-A:</p> <p>a. Women during pregnancy (and during the 60-day period beginning on the last day of pregnancy)</p> <p>b. and infants under one year of</p>

TN No. 14-11Approval Date 10-10-14Effective Date 07-01-14

Supersedes

TN No. 01-03

HCFA ID:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATIONS

Agency*	Citation	Groups Covered
---------	----------	----------------

Reserved.

TN No. 93-04

Approval Date 01-03-94

Effective Date 06-16-93

Supersedes

TN No. 92-09

HCFA ID:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATIONS

Agency*	Citation	Groups Covered
B. Optional Groups Other than the Medically Needy (Continued)		
IV-A	1902(a)(ii)(X) and 1902(m)(1) and (2) of the Act	X 16. Individuals -- <ul style="list-style-type: none"> <li data-bbox="922 701 1455 863">a. Who are 65 years of age or older or are disabled, as determined under 1614(a)(3) of the Act. Both aged and disabled individuals are covered under this eligibility group. <li data-bbox="922 905 1479 1066">b. Whose income does not exceed the income level (established at an amount up to 100% of the Federal income poverty level) specified in Supplement 1 to Attachment 2.6-A for a family of the same size; and <li data-bbox="922 1108 1471 1299">c. Whose resources do not exceed the maximum amount allowed under SSI; under the State's more restrictive financial criteria; or under the State's medically needy program as specified in Attachment 2.6-A.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATIONS

Agency*	Citation	Groups Covered
B. Optional Groups Other Than the Medically Needy (Continued)		
IV-A	1902(a)(47) and 1920 of the Act	____ 17. Pregnant women who are determined by a “qualified provider” (as defined in 1920(b)(2) of the Act) based on preliminary information, to meet the highest applicable income criteria specified in this plan under Attachment 2.6-A and are therefore determined to be presumptively eligible during a presumptive eligibility period in accordance with section 1920 of the Act.

*Agency that determines eligibility for coverage.

TN No. 93-04
Supersedes
TN No. _____

Approval Date 01-03-94

Effective Date 06-16-93

HCFA ID:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATIONS

Agency*	Citation	Groups Covered
		B. Optional Groups Other Than the Medically Needy (Continued)
	1906 of the Act	<u>X</u> 18. Individuals required to enroll in cost-effective employer-based group health plans remain eligible for a minimum enrollment period of <u>one</u> month.
	1902(a)(10)(F) and 1902(u)(1) of the Act	___ 19. Individuals entitled to elect COBRA continuation coverage and whose income as determined under 1612 of the Act for purposes of the SSI program, is no more than 100 percent of the Federal poverty level, whose resources are no more than twice the SSI resource limit for an individual, and for whom the State determines that the cost of COBRA premiums is likely to be less than the Medicaid expenditures for an equivalent set of services. See Supplement 11 to Attachment 2.6-A.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATIONS

Agency*	Citation	Groups Covered
B. Optional Coverage Other than the Medically Needy (Continued)		
IV-A	1902(a)(10(A) (ii)(XVIII) of the Act	<p data-bbox="675 558 769 590"><u>X</u> 24. Women who:</p> <ul style="list-style-type: none"> <li data-bbox="829 625 1479 890">a. have been screened for breast or cervical cancer under the Centers for Disease Control and Prevention Breast and Cervical Cancer Early Detection Program established under Title XV of the Public Health Service Act in accordance with section 1504 of the Act and need treatment for breast or cervical cancer, including a pre-cancerous condition of the breast or cervix; <li data-bbox="829 926 1409 1024">b. are not otherwise covered under creditable coverage, as defined in section 2701(c) of the Public Health Services Act; <li data-bbox="829 1060 1468 1129">c. are not eligible for Medicaid under any mandatory categorically needy eligibility group; and <li data-bbox="829 1165 1166 1192">d. have not attained age 65.
	1920B of the Act	<p data-bbox="675 1251 769 1283">___ 25. Women who are determined by a “qualified entity” (as defined in 1920B(b) based on preliminary information, to be a woman described in 1902(aa) of the Act related to certain breast and cervical cancer patients.</p> <p data-bbox="829 1419 1479 1717">The presumptive period begins on the day that the determination is made. The period ends on the date that the state makes a determination with respect to the woman’s eligibility for Medicaid, or if the woman does not apply for Medicaid (or a Medicaid application was not made on her behalf) by the last day of the month following the month in which the determination of presumptive eligibility was made. The presumptive period ends on that last day.</p>

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATIONS

Agency*	Citation	Groups Covered
B. Optional Groups Other than the Medically Needy (continued)		
1902(a)(10)(A) (ii)(XIII) of the Act	—	26. BBA Work Incentives Eligibility Group – Individuals with a disability whose net family income is below 250 percent of the Federal poverty level for a family of the size involved and who, except for earned income, meets all the criteria for receiving benefits under the SSI program. See page 12c of Attachment 2.6-A.
1902(a)(10)(A) (ii)(XV) of the Act	X	27. TWWIIA Basic Coverage Group - Individuals with a disability at least 16 but less than 65 years of age whose income and resources do not exceed a standard established by the State. See page 12d of Attachment 2.6-A.
1902(a)(10)(A) (ii)(XVI) of the Act	—	28. TWWIIA Medical Improvement Group - Employed individuals at least 16 but less than 65 years if age with a medically improved disability whose income and resources do not exceed a standard established by the State. See page 12h of Attachment 2.6-A.
Note: if the State elects to cover this group, it MUST also cover the eligibility group described in No. 28 above.		

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATIONS

Citation	Groups Covered
B. Optional Groups Other than the Medically Needy (continued)	
1902(a)(10)(A)(ii)(XXI) 1902(ii)	<p>29. a. <u>X</u> Individuals who are not pregnant and whose income does not exceed the State established income standard of <u>200%</u> of the Federal poverty level. This amount does not exceed the highest income limit for pregnant women in this State Plan and related waivers, which is <u>200%</u> of the Federal poverty level.</p> <p><u> </u> In determining eligibility for this group, the State considers only the income of the applicant or recipient.</p>

Note: Services are limited to family planning services and family planning-related services as described in section 4.c(i) and (ii) of Attachment 3.1-A.

1902 C	b. Presumptive Eligibility for Family Planning
	<p><u> </u> The State provides a period of presumptive eligibility for family planning services to individuals determined by a qualified entity, based on preliminary information from the individual described in the group the State has elected to make eligible under the above option. The period of presumptive eligibility ends on the earlier of the date a formal determination of Medicaid eligibility is made under 1902(a)(10)(A)(ii)(XXI) or, when no application has been filed, the last day of the month following the month during which the qualified entity determines the individual presumptively eligible.</p>

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATIONS

Agency*	Citation	Groups Covered
IV-A	42 CFR 435.301	C. Optional Coverage of the Medically Needy This plan includes the medically needy. ___ No. <u>X</u> Yes. This plan covers: 1. Pregnant women who, except for income and/or resources, would be eligible as categorically needy under title XIX of the Act.
IV-A	1902(e) of the Act	2. Women who, while pregnant, were eligible for and have applied for Medicaid and receive Medicaid as medically needy under the approved State plan on the date the pregnancy ends. These women continue to be eligible, as though they were pregnant, for all pregnancy-related and postpartum services under the plan for a 60-day period after the pregnancy ends, and any remaining days in the month in which the 60th day falls.
IV-A	1902(a)(10)(C)(ii)	3. Individuals under age 18 who, but for income and/or resources, would be eligible under §1902(a)(10)(A)(i) of the Act.

TN No. 93-04
Supersedes
TN No. _____

Approval Date 01-03-94

Effective Date 06-16-93

HCFA ID:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATIONS

Agency*	Citation	Groups Covered
C. Optional Coverage of the Medically Needy (Continued)		
4. Reserved.		
IV-A	42 CFR 435.308	5. <input type="checkbox"/> a. Financially eligible individuals who are not described in §C.3 above and who are under the age of <input type="checkbox"/> 21 <input type="checkbox"/> 20 <input type="checkbox"/> 19 <input type="checkbox"/> 18 or under age 19 who are full-time students in a secondary school or in the equivalent level of vocational or technical training. <input checked="" type="checkbox"/> b. Reasonable classification of financially eligible individuals under the ages of 21, 20, 19, or 18 as specified below: <input checked="" type="checkbox"/> (1) Individuals for whom public agencies are assuming full or partial financial responsibility and who are: <input checked="" type="checkbox"/> (a) In foster homes (and are under the age of <u>21</u>). <input checked="" type="checkbox"/> (b) In private institutions (and are under the age of <u>21</u>).

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATIONS

Agency*	Citation	Groups Covered
IV-A	C.	Optional Coverage of the Medically Needy (Continued)
		<u>X</u> (c) In addition to the group under b.(1)(a) and (b), individuals placed in foster homes or private institutions by private, nonprofit agencies (and are under the age of <u>21</u>).
		<u>X</u> (2) Individuals in adoptions subsidized in full or part by the public agency (who are under the age of <u>21</u>).
		<u>X</u> (3) Individuals in NFs (who are under the age of <u>21</u>). NF services are provided under this plan.
		<u>X</u> (4) In addition to the group under (b)(3), individuals in ICFs/MR (who are under the age of <u>21</u>).
		___ (5) Individuals receiving active treatment as inpatients in psychiatric facilities or programs (who are under the age of ___). Inpatient psychiatric services for individuals under age 21 are provided under this plan.
		___ (6) Other specified groups (and ages), as specified in Supplement 1 of ATTACHMENT 2.2-A.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATIONS

Agency*	Citation	Groups Covered
IV-A		C. Optional Coverage of the Medically Needy (Continued)
	42 CFR 435.310	<input type="checkbox"/> 6. Caretaker relatives.
	42 CFR 435.320 and 435.330	<input checked="" type="checkbox"/> 7. Aged individuals.
	42 CFR 435.322 and 435.330	<input checked="" type="checkbox"/> 8. Blind individuals.
	42 CFR 435.324 and 435.330	<input checked="" type="checkbox"/> 9. Disabled individuals.
	42 CFR 435.326	<input type="checkbox"/> 10. Individuals who would be ineligible if they were not enrolled in an HMO. Categorically needy individuals are covered under 42 CFR 435.212 and the same rules apply to medically needy individuals.
	42 CFR 435.340	11. Blind and disabled individuals who: a. Meet all current requirements for Medicaid eligibility except the blindness or disability criteria; b. Were eligible as medically needy in December 1973 as blind or disabled; and c. For each consecutive month after December 1973 continue to meet the December 1973 eligibility criteria.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATIONS

Agency*	Citation	Groups Covered
	1906 of the Act	C. Optional Coverage of Medically Needy (Continued) 12. Individuals required to enroll in cost-effective employer-based group health plans remain eligible for a minimum enrollment period of <u>one</u> month.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATIONS

1935(a) and 1902(a)(66)

The agency provides for making Medicare prescription drug Low Income Subsidy determinations under Section 1935(a) of the Social Security Act.

1. The agency makes determinations of eligibility for premium and cost-sharing subsidies under and in accordance with section 1860D-14 of the Social Security Act;
2. The agency provides for informing the Secretary of such determinations in cases in which such eligibility is established or redetermined;
3. The agency provides for screening of individuals for Medicare cost-sharing described in Section 1905(p)(3) of the Act and offering enrollment to eligible individuals under the State plan or under a waiver of the state plan.