State of VIRGINIA

RESOURCE STANDARDS FOR 1902(f) - CATEGORICALLY NEEDY

1) SSI recipients and related groups:

The current SSI resource standards for an individual or couple, as appropriate.

2) AFDC recipients and related groups:

\$600.00 for the entire family (assistance) unit regardless of number of persons in unit.

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MORE LIBERAL INCOME DISREGARDS

A. For children covered under Section 1902(a)(10)(A)(i)(III) and 1905(n) of the Social Security Act, the Commonwealth of Virginia will disregard one dollar plus an amount equal to the difference between 100% of the AFDC payment standard for the same family size and 100% of the Federal Poverty Level for the same family size as updated annually in the Federal Register.

B. For ADC-related cases, both categorically and medically needy, any individual or family applying for or receiving assistance shall be granted an income exemption consistent with the Act (\S 1902(a)(10)(A)(i)(III), (IV), (VI), (VII); \S 1902(a)(10)(A)(i)(VIII), (IX); \S 1902(a)(10)(C)(i)(III)). Any interest earned on one interest-bearing savings or investment account per assistance unit not to exceed \$5,000, if the applicant, applicants, recipient or recipients designate that the account is reserved for purposes related to self-sufficiency, shall be exempt when determining eligibility for medical assistance for so long as the funds and interest remain on deposit in the account. For purposes of this section, "purposes related to self-sufficiency" shall include, but are not limited to, (i) paying for tuition, books, and incidental expenses at any elementary, secondary, or vocational school, or any college or university; (ii) for making down payment on a primary residence; or (iii) for establishment of a commercial operation which is owned by a member of the Medicaid assistance unit.

C. For the group described in 1902(a)(10)(A)(i)(VII) and 1902(l)(1)(D), income in the amount of the difference between 100% and 133% of the Federal Poverty Level (as revised annually in the Federal Register) is disregarded.

D. For Aged, Blind and Disabled individuals, both Categorically Needy and Medically Needy, with the exception of the special income level group of institutionalized individuals (§§ 1902(a)(10)(A)(ii)(V) and (VI)) and the individuals eligible under the hospice group (§ 1902(a)(10)(A)(ii)(VII)), the Commonwealth of Virginia shall disregard the value of in-kind support and maintenance when determining eligibility. In-kind support and maintenance means food, clothing, or shelter or any combination of these provided to an individual.

E. For all Categorically Needy and Medically Needy children covered under the Family and Children covered groups, [§§ 1902(a)(10)(A)(i)(III), 1902(a)(10)(A)(i)(IV), 1902(a)(10)(A)(i)(VI), 1902(a)(10)(A)(i)(VII), 1902(a)(10)(C)(i)(III), of the *Act*], the Commonwealth will disregard all earned income of dependent children who are full time students or who are part-time students and not a full-time employee.

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MORE LIBERAL INCOME DISREGARDS

F. For all Categorically Needy and Medically Needy individuals covered under the Family and Children covered groups [\$\$1902(a)(10)(A)(i)(III), 1902(a)(10)(A)(i)(IV), 1902(a)(10)(A)(i)(VI), 1902(a)(10)(A)(i)(VII), 1902(a)(10)(A)(i)(VII), and 1902(a)(10)(C)(i)(III) of the*Act*], the Commonwealth will disregard the fair market value of all in-kind support and maintenance as income in determining financial eligibility. In-kind support and maintenance means food, clothing or shelter or any combination of these provided to an individual.

G. Working individuals with disabilities eligible for assistance under 1902(a)(10)(A)(ii)(XV) of the Act who wish to increase their earnings while maintaining eligibility for Medicaid must establish Work Incentive (WIN) Accounts (see Supplement 8b to Attachment 2.6-A) (12 VAC 30-40-290).

- 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 payemtn from work and/or COLA is deposited into the individual's designated WIN account.
- 2. 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 month safety net, or "grace" period.
- 3. The Commonwealth shall disregard earned income up to \$75,000 for workers with disabilities eligible for assistance § 1902(a)(10)(A)(ii)(XV) of the Act. To be eligible for this earned income disregard, the income is subject to the following provisions:
- a. Only earnings that are deposited into a Work Incentive Account can be disregarded for eligibility purposes.
- b. All funds deposited and their source will be identified and registered with the Department, for which prior approval has been obtained from the Department, and for which the owner authorizes regular monitoring or reporting of these earnings and other information seemed necessary by the Department for the propoer administration of this provision.
- c. Income from the individual's spouse or, if under 21, the individual's parents with whom he lives, will not be deemed to an applicant for MEDICAID WORKS or to an existing enrollee in MEDICAID WORKS when determining whether or not the individual meets the financial eligibility requirements for eligibility under this section.

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MORE LIBERAL INCOME DISREGARDS

H. For aged, blind, disabled medically needy individual, with the exception of the special income level categorically needy individual, (§§ 1902(a)(10)(A)(i)(V) and (VI), and individuals eligible under the hospice group (§ 1902(a)(10)(A)(ii)(VII)), the Commonwealth of Virginia shall disregard the value of income derived from temporary employment with the United State Census Bureau for a Decennial Census.

I. For all categorically needy and medically needy individuals covered under the family and children covered groups ((\$\$ 1902(a)(10)(A)(i)(III), 1902(a)(10)(A)(i)(IV), 1902(a)(10)(A)(i)(VI), 1902(a)(10)(A)(i)(VII), 1902(a)(10)(C)(i)(III) of the*Act*), the Commonwealth will disregard income derived from the temporary employment with the United State Census Bureau for a Decennial Census.

(BPD)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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

X §1902(f) State

Non-§1902(f) State

- §1.0 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.
- §1.5. Cemetery plots. Cemetery plots are not counted as resources regardless of the number owned.
- §2.0 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. See 12VAC 30-40-300.
- §3.0 Reasonable Effort to Sell
 - 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.
 - B. A reasonable effort to sell is considered to have been made:
 - 1. As of the date the property becomes subject to a realtor's listing agreement if
 - 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

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- 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.
- C. Notwithstanding the fact that the recipient made a reasonable effort to sell the property and failed to sell it, and although the 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.

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- 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 recipient must continue his reasonable efforts to sell the property as required in Section C above.
- §4.0 Automobiles Ownership of one motor vehicle does not affect eligibility. If more than one vehicle is owned, the individual's equity in the least valuable vehicle or vehicles must be counted. The value of the vehicles is the wholesale value listed in the National Automobile Dealers Official Used Car Guide (NADA) Book, Eastern Edition. In the event the vehicle is not listed, the value assessed by the locality for tax purposes may be used. The value of the additional motor vehicles is to be counted in relation to the amount of assets that could be liquidated that may be retained.
- \$5.0 Life, retirement, and other related types of insurance policies with face values totaling \$1,500, or less on any one person 21 years old and over are not considered resources. When the face values of such policies of any one person exceeds \$1,500, the cash surrender value of the policies is counted as a resource.

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F. Long-term care partnership insurance policy. Resources equal to the amount of benefits paid on the insured's behalf by the long-term care insurer through a long-term care partnership insurance policy shall be disregarded. Where appropriate, the Agency relies on attestations by the State Insurance Commissioner (Commissioner) or other State official charged with regulation and oversight of insurance policies sold in the state, regarding information within the expertise of the State's Insurance Department.

A long-term care partnership insurance policy shall meet the following requirements:

- 1. The policy is a qualified long-term care partnership insurance policy as defined in § 7702B(b) of the Internal Revenue Code of 1986.
- 2. The policy meets the requirements of the long-term care partnership insurance model regulation and long-term care insurance model Act promulgated by the National Association of Insurance Commissioners (as adopted as of October 2000) as those requirements are set forth in § 1917(b)(5)(A) of the *Social Security Act*.
- 3. The policy was issued no earlier than May 1, 2007, the effective date of this State plan amendment.
- 4. The insured individual was a resident of a Partnership State when coverage first became effective under the policy. If the policy is later exchanged for a different long-term care policy, the individual was a resident of a Partnership State when coverage under the earliest policy became effective.
- 5. The policy meets the inflation protection requirements set forth in § 1917(b)(1)(C)(iii)(IV) of the *Social Security Act*.
- 6. The Insurance Commissioner requires the issuer of the policy to make regular reports to the federal Secretary of Health and Human Services that include notification regarding when benefits provided under the policy have been paid and the amount of such benefits paid, notification regarding when the policy otherwise terminates, and such other information as the Secretary determines may be appropriate to the administration of such partnerships.
- 7. The State does not impose any requirement affecting the terms or benefits of a partnership policy that the state does not also impose on non-partnership policies.
- 8. The policy meets all the requirements of the Bureau of Insurance of the State Corporation Commission, described in 14 VAC 5-200 *et. seq.*, as amended.
- 9. The State Insurance Department assures that any individual who sells a partnership policy receives training, and demonstrates evidence of an understanding of such policies and how they relate to other public and private coverage of long-term care.
- 10. The Agency provides information and technical assistance to the Insurance Department regarding the training described above.

G. Resource Exemption for Aid to Dependent Children-related categorically and medically Needy (described in \$\$1902(a)(10)(A)(i)(III), (IV), (VI), (VII); \$\$1902(a)(10)(A)(i)(VIII), (IX); \$1902(a)(10)(C)(i)(III) of the *Social Security Act*): Any individual or family applying for or receiving assistance may have or establish one interest-bearing savings account per assistance unit not to exceed \$5,000 at a financial institution if the applicant, applicants, recipient or recipients designate that the account is reserved for one

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of the following purposes: (i) paying for tuition, books, and incidental expenses at any elementary, secondary or vocational school or any college or university; (ii) making down payment on a primary residence; or (iii) business incubation. Any funds deposited in the account shall be exempt when determining eligibility for medical assistance for so long as the funds and interest remain on deposit in the account. Any amounts withdrawn and used for any of the purposes stated in this section shall be exempt. For purposes of this section, "business incubation" shall mean the initial establishment of a commercial operation which is owned by a member of the Medicaid assistance unit. The net worth of any business owned by a member of the assistance unit shall be exempt from consideration so long as the net worth of the business is less than \$5,000.

H. The Commonwealth of Virginia will disregard all resources for qualified children covered under \$\$ 1902(a)(10)A)(i)(III) and 1905(n) of the *Social Security Act*.

I. Household goods and personal effects. The Commonwealth of Virginia will disregard the value of household goods and personal effects. Household goods are items of personal property customarily found in the home and used in connection with the maintenance, use, and occupancy of the premises as a home. Examples of household goods are furniture, appliances, televisions, carpets, cooking and eating utensils, and dishes. Personal effects are items of personal property that are worn or carried by an individual or that have an intimate relation to the individual. Examples of personal property include clothing, jewelry, personal care items, prosthetic devices, and educational or recreational items such as books, musical instruments, or hobby materials.

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J. Working individuals with disabilities eligible for assistance under §1902(a)(10)(A)(ii)(XV) of the Act who wish to increase their personal resources while maintaining eligibility for Medicaid shall establish Work Incentive (WIN) Accounts. The Commonwealth will disregard up to the current annual SSI [§1619(b)] threshold amount (as established for Virginia by the Social Security Administration) held in WIN Accounts for workers with disabilities eligible for assistance under §1902(a)(10)(A)(ii)(XV) of the Act. To be eligible for this resource disregard, WIN Accounts are subject to the following provisions:

a. Deposits to this account shall derive solely from the individual's income earned after electing to enroll in the Medicaid Buy-In (MBI) program.

b. The balance of this account shall not exceed the current annual SSI [§1619(b)] threshold amount (as established for Virginia by the Social Security Administration).

c. This account will be held separate from non-exempt resources in accounts for which prior approval has been obtained from the Department, and for which the owner authorizes regular monitoring and/or reporting including deposits, withdrawals, and other information deemed necessary by the Department for the proper administration of this provision.

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

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

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

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

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L. For all aged, blind or disabled individuals, both categorically needy and medically needy, the Commonwealth shall disregard as resources amounts received as payment for involuntary sterilization under the Virginia Eugenical Sterilization Act, beyond the allowable 9-month exclusion by the SSI program's resource methodologies.