

Virginia Department of Social Services
Medicaid Fact Sheet #15
AGED, BLIND, OR DISABLED (ABD) INDIVIDUALS WITH INCOME
LESS THAN OR EQUAL TO 80% OF THE FEDERAL POVERTY LEVEL

The following information is given as a guideline only. For Medicaid eligibility to be determined, an application must be filed with the local department of social services in your locality.

You may qualify for full Medicaid benefits if you are at least 65 years old, blind, or disabled per Social Security requirements and your income is less than or equal to (< 80% FPL).

Generally, to qualify for the ABD with Income < 80% FPL program, you must:

- Be at least 65 years old, blind, or disabled as determined by the Social Security Administration or the Medicaid Disability Determination Unit.
- Be a resident of Virginia. A statement of Virginia residence will be accepted unless there is reason to question the residence.
- Be a United States citizen or meet the citizenship requirements for Medicaid. Citizenship and identity must be verified unless you have Medicare or receive Social Security Disability benefits. Immigration status must be verified.
- Have a Social Security number or show proof of application for a Social Security Number.
- Assign all rights to medical support.
- Have countable income at or below 80% of the federal poverty guidelines. Income includes Social Security benefits, pensions, wages, interest, dividends, etc. Your countable income must be no more than \$906 per month. If you are married and your spouse's income is counted, the limit is \$1,221 per month. If your income is higher, you may be eligible for limited coverage under Medicaid.
- Have countable resources of not more than \$2,000 for one person or \$3,000 for a couple. Resources are things such as bank accounts (checking, savings, certificates of deposit, Christmas club, etc.), stocks, bonds, the cash value of some life insurance policies, property that does not adjoin your home, etc. Your home and adjoining property, one automobile, burial plots, home furnishings, property in which you have only a life interest, and personal jewelry are not counted.

If all eligibility factors are met in the month you apply for ABD with Income < 80% FPL, eligibility for this program will begin the first day of the application month and you may be entitled to a three-month

retroactive determination. In addition to full coverage, this program will also pay your monthly Medicare Medical Insurance (Part B) premium. The standard monthly premium for 2023 is \$164.90. To qualify, all resources and income must be verified as well as certain non-financial criteria.

There are several ways to file an application:

- Apply for Medicaid online at www.commonhelp.virginia.gov.
- You can also apply by calling the Cover Virginia Call Center Monday through Friday, 8 a.m. to 7 p.m. and Saturday 9 a.m. to 12 p.m. at 833-5CALLVA (TDD: 1-888-221-1590).
- Applications are also available online at http://www.dss.virginia.gov/benefit/medical_assistance/forms.cgi, and can be completed and mailed/faxed/ or dropped off to the local department of social services. You can also request a Medicaid application be mailed to you.
- Applications are also available online at http://www.dss.virginia.gov/benefit/medical_assistance/forms.cgi, and can be completed and mailed/faxed/ or dropped off to the local department of social services. You can also request a Medicaid application be mailed to you.

You can find the address and phone number for your local DSS at <http://www.dss.virginia.gov/localagency/>. You do not need to visit the office to file an application.

An annual review is completed every 12 months and a renewal form will be sent to you or you can complete your renewal online at www.commonhelp.virginia.gov. If you do not return your renewal by the due date, your case may be closed, and you may experience a break in the state paying your Medicare premium. If three months have passed from the date your case was closed for not completing a renewal, you will be required to reapply.

If you have questions or need assistance in completing your Medicaid application, contact your local department of social services.

MEDICAID FACT SHEET #15 AGED, BLIND, OR DISABLED INDIVIDUALS WITH INCOME LESS THAN OR EQUAL TO 80 % OF THE FEDERAL POVERTY LEVEL

FORM NUMBER - D032-03-0631-18-eng (12/22)

PURPOSE OF FORM - The local agency workers may distribute this form to provide customers with basic policy information regarding coverage for an aged, blind or disabled individual with income less than or equal to 80% FPL.

NUMBER OF COPIES - One

DISPOSITION OF FORM - One per inquirer.

INSTRUCTIONS FOR PREPARATION OF FORM - The form does not require the addition of any information by the eligibility worker.