

July 1, 2011

MEDICAID MANUAL – VOLUME XIII

POLICY UPDATE #5

The following acronyms are used in this update:

- ABD – Aged, Blind or Disabled
- F&C – Families and Children
- LIFC – Low Income Families with Children
- LTC – Long-term Care
- MN – Medically Needy
- SPARK – Services Programs Answers Resources Knowledge
- UP - Update
- VDSS – Virginia Department of Social Services

Medicaid Policy Update #5 contains the new LIFC, F&C and MN income limits and LTC spousal standards. The new income limits contained in UP #5 are effective for all eligibility determinations completed on or after July 1, 2011. The updated LTC spousal standards are effective beginning with July 2011 patient pays.

UP #5 also contains a revised reference in subchapter M0530 to the ABD resource limits.

Medicaid Policy Update #5 is available electronically on SPARK and the VDSS public web site. The electronic version is the transmittal of record. Changes to the manual are as follows:

Pages Changed	Significant Changes
M0530 page 14	On page 14, removed the ABD resource limits and added a reference to the ABD resource limits contained in M1110.
M0710 Appendix 1, page 1 Appendix 3, page 1 Appendix 5, page 1	In Appendix 1, added the new LIFC 185% Standards of Need. In Appendix 3, added the new F&C income limits. In appendix 1, added the new F&C MN income limits.
M0810 page 2	On page 2, added the new ABD MN income limits.
M1480 page 66	On page 66, added the new dollar amounts for the spousal Monthly Maintenance Needs Allowance and Excess Shelter Standard.

Questions about information contained in Medicaid Policy Update #5 should be directed to Stephanie Sivert, Manager, Medical Assistance Programs, at 804-726-7660 or stephanie.sivert@dss.virginia.gov.

Virginia DSS, Volume XIII

M0530 Changes

Changed With	Effective Date	Pages Changed
Update (UP) #5	7/1/11	page 14
TN #95	3/1/11	page 1 Appendix 1, page 1
TN #93	1/1/10	pages 11, 19 Appendix 1, page 1

individual applies for Medicaid, their financial eligibility is determined as an ABD couple--an assistance unit of two persons (see M0530.201 below). If one spouse receives SSI, this spouse must be included in the unit with the spouse who does not receive SSI. The resources and income (other than the SSI payment) of the SSI recipient spouse must be considered available along with those of the spouse who does not receive SSI.

EXCEPTION: When

- a member of the ABD couple is a Medicaid minor spouse (under age 21),
- the ABD couple lives with the minor spouse's parent(s), and
- the parent's(s') deemed resources or income makes the ABD couple ineligible,

recalculate each spouse's resource and income eligibility as a separate assistance unit (1 person in each). Deem the parent's(s') resources and income to the Medicaid minor spouse. Do NOT deem the spouses' resources and income to each other.

B. Resource Determination

Determine the couple's countable resources according to chapter S11. NOTE: Some resources' values are calculated differently for the ABD medically indigent groups. If a spouse also has Medicare Part A, determine a resource's value using both the MN and MI methods.

1. Compare To Couple's Resource Limit

Total the couple's countable resources and compare to the resource limit appropriate to each individual's covered group. *The ABD resource limits are contained in M1110.003.*

2. Resources Meet Limit

If the couple's resources are less than or equal to the resource limit, the couple meets the resource requirements for the covered group whose resource limit was met.

3. Resources Exceed Limit

If the couple's resources exceed the resource limit, the couple is not eligible for Medicaid in that covered group. If the couple's resources exceed both resource limits, the couple is not eligible for Medicaid in any ABD covered group. Deny Medicaid because of excess resources. If the wife is pregnant, determine her eligibility as a pregnant woman.

EXCEPTION: When

- a member of the ABD couple is a Medicaid minor spouse (under age 21),
- the ABD couple lives with the minor spouse's parent(s), and

Virginia DSS, Volume XIII

M0710 Changes

Changed With	Effective Date	Pages Changed
UP #5	7/1/11	Appendix 1, page 1 Appendix 3, page 1 Appendix 5, page 1
TN #95	3/1/11	Appendix 6, pages 1, 2 Appendix 7
Update (UP) #1	7/1/09	Appendix 1, page 1 Appendix 3, page 1 Appendix 5, page 1

**LIFC 185% OF STANDARDS OF NEED (MAXIMUM MONTHLY
INCOME)
EFFECTIVE 7/01/11**

Family/Budget Unit Size	GROUP I	GROUP II	GROUP III
1	<i>\$355.57</i>	<i>\$423.79</i>	<i>\$591.83</i>
2	<i>557.71</i>	<i>625.94</i>	<i>796.42</i>
3	<i>718.48</i>	<i>784.15</i>	<i>957.22</i>
4	<i>871.97</i>	<i>940.17</i>	<i>1113.12</i>
5	<i>1027.91</i>	<i>1113.12</i>	<i>1320.17</i>
6	<i>1152.08</i>	<i>1239.75</i>	<i>1444.40</i>
7	<i>1303.14</i>	<i>1388.38</i>	<i>1595.44</i>
8	<i>1466.32</i>	<i>1549.15</i>	<i>1753.83</i>
Each additional person add	<i>148.51</i>	<i>148.51</i>	<i>148.51</i>

F&C Monthly Income Limits Effective 7/01/11

Group I

Family/Budget Unit Size	100%	90%
1	\$192.20	\$172.44
2	301.47	272.50
3	388.37	348.87
4	471.34	423.93
5	555.63	500.30
6	622.75	562.19
7	704.40	634.61
8	792.61	712.28
Each additional person add	80.28	73.69

Group II

Family/Budget Unit Size	100%	90%
1	\$229.08	\$206.68
2	338.35	304.11
3	423.87	383.12
4	508.20	456.85
5	601.69	538.54
6	670.14	603.00
7	750.48	674.10
8	837.38	753.12
Each additional person add	80.28	73.69

Group III

Family/Budget Unit Size	100%	90%
1	\$319.91	\$289.64
2	430.50	387.07
3	517.42	466.07
4	601.69	539.82
5	713.61	642.50
6	780.76	703.07
7	862.40	776.81
8	948.02	855.82
Each additional person add	80.28	73.69

MEDICALLY NEEDY INCOME LIMITS EFFECTIVE 7/01/11

# of Persons in Family/Budget Unit	GROUP I		GROUP II		GROUP III	
	Semi-Annual	Monthly	Semi-Annual	Monthly	Semi-Annual	Monthly
1	\$1711.70	\$285.28	\$1975.04	\$329.17	\$2567.56	\$427.92
2	2179.46	363.24	2432.27	405.37	3095.78	515.96
3	2567.56	427.92	2830.91	471.81	3489.26	581.54
4	2896.74	482.79	3160.08	526.68	3818.43	636.40
5	3225.92	537.65	3489.26	581.54	4147.62	691.27
6	3555.09	592.51	3818.43	636.40	4476.79	746.13
7	3884.27	647.37	4147.62	691.27	4805.97	800.99
8	4279.28	713.21	4542.62	757.10	5135.15	855.85
Each addt'l person add	442.39	73.73	442.39	73.73	442.39	73.73

M0810 Changes

Changed With	Effective Date	Pages Changed
UP #5	7/1/11	page 2
TN #95	3/1/11	pages 1, 2
TN #93	1/1/10	pages 1, 2
Update (UP) #1	7/1/09	page 2

**3. Categorically
Needy-Non
Money Payment
(CNNMP) –
300% of SSI**

For the covered groups that use the 300% of SSI income limit, all income is counted (even excluded income) when screening at 300% of SSI. Do not count any monies which are defined as “what is not income” in S0815.000.

Categorically Needy-Non Money Payment 300% of SSI		
Family Size Unit	2011 Monthly Amount	2010 Monthly Amount
1	\$2,022 (no change in 2011)	\$2,022

**4. Medically
Needy (Effective
July 1, 2011)**

a. Group I		
Family Unit Size	Semi-annual	Monthly
1	\$1,711.70	\$285.28
2	2,179.46	363.24
b. Group II		
Family Unit Size	Semi-annual	Monthly
1	\$1,975.04	\$329.17
2	2,432.27	405.37
c. Group III		
Family Unit Size	Semi-annual	Monthly
1	\$2,567.56	\$427.92
2	3,095.78	515.96

**5. ABD Medically
Indigent**

**For:
ABD 80% FPL,
QMB, SLMB, &
QI with or
without Social
Security income,
QDWI and
MEDICAID
WORKS,
effective 1/20/11**

ABD 80% FPL	Annual	Monthly
1	\$8,712	\$726
2	11,768	981
QMB 100% FPL	Annual	Monthly
1	\$10,890	\$908
2	14,710	1,226
SLMB 120% of FPL	Annual	Monthly
1	\$13,068	\$1,089
2	17,652	1,471
QI 135% FPL	Annual	Monthly
1	\$14,702	\$1,226
2	19,859	1,655
QDWI and MEDICAID WORKS 200% of FPL	Annual	Monthly
1	\$21,780	\$1,815
2	29,420	2,452

M1480 Changes

Changed With	Effective Date	Pages Changed
UP #5	7/1/11	page 66
TN #95	3/1/11	pages 7-9, 13, 18a, 18c, 66, pages 69, 70
TN #94	9/1/10	pages 64, 66, 69, 70
TN #93	1/1/10	Table of Contents, page ii pages 3, 8b, 18, 18c, 20a pages 21, 31, 50, 51, 66, pages 69, 70, 93 Appendix 4 was removed.
Update (UP) #1	7/1/09	page 66
TN # 91	5/15/09	pages 67, 68 pages 76-93

After eligibility is established, the usual reporting and notification processes apply. Send the “Notice of Action on Medicaid” for the month(s) during which the individual establishes Medicaid eligibility. MMIS will generate the “Notice of Obligation for LTC Costs” and it will be sent to the individual or his authorized representative.

M1480.400 PATIENT PAY

- A. Introduction** This section contains the policy and procedures for determining an institutionalized spouse’s (as defined in section M1480.010 above) patient pay in all covered groups.
- B. Married With Institutionalized Spouse in a Facility** For a married LTC patient with an institutionalized spouse in a facility, **NO** amount of the patient’s income is deducted for the spouse’s needs in the patient pay calculation.

M1480.410 MAINTENANCE STANDARDS & ALLOWANCES

- A. Introduction** This subsection contains the standards and their effective dates that are used to determine the community spouse’s and other family members’ income allowances. The income allowances are deducted from the institutionalized spouse’s gross monthly income when determining the monthly patient pay amount. Definitions of these terms are in section M1480.010 above.
- B. Monthly Maintenance Needs Standard**

\$1,838.75	7-1-11
\$1,821.25	7-1-10
- C. Maximum Monthly Maintenance Needs Allowance**

\$2,739.00	1-1-11 (no change for 2011)
\$2,739.00	1-1-10
- D. Excess Shelter Standard**

\$551.63	7-1-11
\$546.38	7-1-10
- E. Utility Standard Deduction (SNAP)**

\$303	1 - 3 household members	10-1-10
\$382	4 or more household members	10-1-10
\$302	1 - 3 household members	10-1-09
\$381	4 or more household members	10-1-09

M1480.420 PATIENT PAY FOR ABD 80% FPL AND 300% SSI INSTITUTIONALIZED SPOUSE

- A. Policy** After a 300% SSI or ABD 80% FPL institutionalized spouse has been found eligible for Medicaid, determine his patient pay (post-eligibility treatment of income).