STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: West Virginia

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s) | Condition or Requirement
---|---
A. General Conditions of Eligibility
42 CFR Part 435, Subpart G | 1. Is financially eligible (using the methods and standards described in Parts B and C of this Attachment) to receive services.
 | a. For the categorically needy:
 | (i) Removed and replaced by S14
 | (ii) For SSI-related individuals, meets the non-financial criteria of the SSI program or more restrictive SSI-related categorically needy criteria.
 | (iii) Removed and replaced by S28 and S30
 | (iv) For financially eligible aged and disabled individuals covered under section 1902(a)(10)(A)(ii)(X) of the Act, meets the non-financial criteria of section 1902(m) of the Act.
<table>
<thead>
<tr>
<th>Citation</th>
<th>Condition or Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>b.</td>
<td>For the medically needy, meets the non-financial eligibility Conditions of 42 CFR Part 435.</td>
</tr>
<tr>
<td>1905(p) of the Act</td>
<td>For financially eligible qualified Medicare beneficiaries Covered under section 1902(a)(10)(E)(I) of the Act, meets the non-financial criteria of section 1905(s).</td>
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</tbody>
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Replaced by S89
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Replaced by S 89 and S88
<table>
<thead>
<tr>
<th>Citation</th>
<th>Condition or Requirement</th>
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</thead>
<tbody>
<tr>
<td>42 CFR 435.1008</td>
<td>5. a. Is not an inmate of a public institution. Public institutions do not include medical institutions, intermediate care facilities, or publicly operated community residences that serve no more than 16 residents, or certain child care institutions.</td>
</tr>
<tr>
<td></td>
<td>42 CFR 435.1008</td>
</tr>
<tr>
<td></td>
<td>b. Is not a patient under age 65 in an institution for mental diseases except as an inpatient under age 22 receiving active treatment in an accredited psychiatric facility or program.</td>
</tr>
<tr>
<td></td>
<td>Not applicable with respect to individuals under age 22 in psychiatric facilities or programs. Such services are not provided under the plan.</td>
</tr>
<tr>
<td>42 CFR 433.145</td>
<td>6. Is required, as a condition of eligibility, to assign his or her own rights, or the rights of any other person who is eligible for Medicaid and on whose behalf the individual has legal authority to execute an assignment, to medical support and payments for medical care from any third party. (Medical support is defined as support specified as being for medical care by a court or administrative order.)</td>
</tr>
</tbody>
</table>

**TN No. 93-12**  
**Supersedes**  
**Approval Date**  
**Effective Date**  
**HCFA ID:** 7985E
An applicant or recipient must also cooperate in establishing the paternity of any eligible child and in obtaining medical support and payments for himself or herself and any other person who is eligible for Medicaid and on whose behalf the individual can make an assignment; except that individuals described in §1902(l)(l)(A) of the Social Security Act (pregnant women and women in the post-partum period) are exempt from these requirements involving paternity and obtaining support. Any individual may be exempt from the cooperation requirements by demonstrating good cause for refusing to cooperate.

An applicant or recipient must also cooperate in identifying any third party who may be liable to pay for care that is covered under the State plan and providing information to assist in pursuing these third parties. Any individual may be exempt from the cooperation requirements by demonstrating good cause for refusing to cooperate.

42 CFR 435.910 7. Is required, as a condition of eligibility, to furnish his/her social security account number (or numbers, if he/she has more than one number).
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Replaced by S14, S28 and S30
<table>
<thead>
<tr>
<th>Citation</th>
<th>Condition or Requirement</th>
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</thead>
<tbody>
<tr>
<td>1906 of the Act</td>
<td>10. Is required to apply for enrollment in an employer-based cost-effective group health plan, if such plan is available to the individual. Enrollment is a condition of eligibility except for the individual who is unable to enroll on his/her own behalf (failure of a parent to enroll a child does not affect a child's eligibility).</td>
</tr>
<tr>
<td>New York State Dept. of Social Services v. Dublino, 413 U.S. 405, 93 S.Ct. 2507 (1973)</td>
<td>11. Is required to apply for coverage under Medicare Parts A, B and/or D if it is likely that the individual would meet the eligibility criteria for any or all of those programs. The state agrees to pay any applicable premiums and cost-sharing (except those applicable under Part D) for individuals required to apply for Medicare. Application for Medicare is a condition of eligibility unless the state does not pay the Medicare premiums, deductibles or co-insurance (except those applicable under Part D) for persons covered by the Medicaid eligibility group under which the individual is applying.</td>
</tr>
<tr>
<td>Citation</td>
<td>Condition or Requirement</td>
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<tr>
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<td>--------------------------</td>
</tr>
<tr>
<td>435.725</td>
<td><strong>B. Post-eligibility Treatment of Institutionalized Individuals</strong></td>
</tr>
<tr>
<td>435.733</td>
<td>The following amounts are deducted from gross income when computing the application of an individual’s or couple’s income to the cost of institutional care:</td>
</tr>
<tr>
<td></td>
<td>a. Aged, blind, disabled—</td>
</tr>
<tr>
<td></td>
<td>Individuals $ 30.00/month</td>
</tr>
<tr>
<td></td>
<td>Couples $ 60.00/month</td>
</tr>
<tr>
<td></td>
<td>For the following individuals with greater need—</td>
</tr>
<tr>
<td></td>
<td>Individuals who reside in Intermediate Care Facilities for Mentally Retarded, ICF/MR, and who receive wages from earned income shall have a personal needs allowance of at least $30.00 up to $95.00. The method for determining the amount of the personal needs allowance shall be to add the gross earnings up to $65.00 to the $30.00 base.</td>
</tr>
<tr>
<td></td>
<td>b. AFDC related—</td>
</tr>
<tr>
<td></td>
<td>Children $ 30.00/month</td>
</tr>
<tr>
<td></td>
<td>Adults $ 30.00/month</td>
</tr>
<tr>
<td></td>
<td>c. Individuals under age 21 covered in this plan as specified in Item 8.7. of ATTACHMENT 2.2-A. $ 30.00/mo</td>
</tr>
<tr>
<td>435.725</td>
<td>2. For maintenance of the non-institutionalized spouse only. The monthly income allowance for the community spouse (using the formula in §1924(d)(2) is the amount by which a maintenance needs standard exceeds the community spouse’s income. The maintenance needs standard cannot exceed the maximum prescribed in §1924(d)(3)(C).</td>
</tr>
<tr>
<td>435.733</td>
<td>The monthly income allowance for other dependent family members living with the community spouse is one-third of the amount by which the poverty level component (§1924(d)(3)(A)) exceeds the dependent family member’s income.</td>
</tr>
<tr>
<td>435.832</td>
<td></td>
</tr>
</tbody>
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TN No. 94-15
Supersedes TN No. 94-11
Approval Date JUN 3 0 1995
Effective Date Jul 1, 1995
HCFA ID: 7985E
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<tr>
<th>Citation</th>
<th>Condition or Requirement</th>
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<tr>
<td>3.</td>
<td>An amount for the maintenance of each family member with no community spouse living in the home. The amount is based on a reasonable assessment of need but must not exceed the highest of the medically needy payment level based on family size. For children, each family member.</td>
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<tr>
<td></td>
<td>AFDC level</td>
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<td></td>
<td>Medically needy level</td>
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<td></td>
<td>Others as follows</td>
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<td></td>
<td>$Payment level</td>
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<td></td>
<td>$Payment level</td>
</tr>
<tr>
<td></td>
<td>$Based on Family Size</td>
</tr>
<tr>
<td>4.</td>
<td>Amounts for incurred medical expenses not subject to payment by a third party.</td>
</tr>
<tr>
<td></td>
<td>a. Health insurance premiums, deductibles and co-insurance charges</td>
</tr>
<tr>
<td></td>
<td>b. Necessary medical or remedial care not covered under the Medicaid plan (Reasonable limits on amounts are described in Supplement 3 to ATTACHMENT 2.6-A.)</td>
</tr>
<tr>
<td>5.</td>
<td>An amount for maintenance of a single individual's home for not longer than 6 months, if a physician has certified he or she is likely to return home within that period.</td>
</tr>
<tr>
<td></td>
<td>X Yes. Amount for maintenance of home $175.00/month</td>
</tr>
<tr>
<td>1902(1) of the Act</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>SSI benefits paid under section 1611(e)(1)(E) and (G) of the Act to individuals who receive care in a hospital or NF.</td>
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</table>

1902(1) of the Act

<table>
<thead>
<tr>
<th>TN No.</th>
<th>Supersedes</th>
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<th>Effective Date</th>
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<tr>
<td>94-15</td>
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<td>JUN 3 0 1985</td>
<td>JUL 09 1985</td>
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<td>90-DR</td>
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</table>

HCFA ID: 7985E
7. Maintenance standards for community spouses and other dependent family members used to calculate monthly income allowances under Section 1924 of the Act

   a. Community spouses

      1. A standard based on the formula contained in Section 1924(d) is used.

      2. The maximum standard contained in Section 1924(d)(3)(C).

      3. A fixed standard which is greater than the minimum standard described in Section 1924(d) plus actual shelter costs not to exceed the maximum standard contained in Section 1924(d)(3)(C). The standard used is $_____.

   b. Other family members who are dependent

      1. A standard based on the formula contained in Section 1924(d)(1)(C) is used.

      2. A fixed standard greater than the amount which would be used if the formula described in Section 1924(d)(1)(C) were used. The standard used is $_____.

   c. The standards described above are used for individuals receiving home and community-based waiver services in lieu of services provided in a medical or remedial care institution.

   d. Definition of dependency

The definition of dependency below is used to define dependent children, parents and siblings for purposes of deducting allowances under Section 1924.

"Family members" only includes minor or dependent children, dependent parents of either the institutionalized individual or the community spouse or dependent siblings of either the institutionalized individual or the community spouse who are residing with the community spouse who may be claimed by either spouse for tax purposes under the Internal Revenue Code.
C. Financial Eligibility

For individuals who are SSI recipients, the income and resource levels and methods for determining countable income and resources of the SSI program apply, unless the plan provides for more restrictive levels and methods than SSI for SSI recipients under section 1902(f) of the Act, or more liberal methods under section 1902(r)(2) of the Act, as specified below.

For individuals who are not SSI recipients in a non-section 1902.(f) State and those who are deemed to be cash assistance recipients, the financial eligibility requirements specified in this section C apply.
Supplement 2 to ATTACHMENT 2.6-A specifies the resource levels for mandatory and optional categorically needy poverty level related groups, and for medically needy groups.

Supplement 7 to ATTACHMENT 2.6-A specifies the income levels for categorically needy aged, blind and disabled persons who are covered under requirements more restrictive than SSI.

Supplement 4 to ATTACHMENT 2.6-A specifies the methods for determining income eligibility used by States that have more restrictive methods than SSI, permitted under section 1902(f) of the Act.

Supplement 5 to ATTACHMENT 2.6-A specifies the methods for determining resource eligibility used by States that have more restrictive methods than SSI, permitted under section 1902(f) of the Act.

Supplement 6a to ATTACHMENT 2.6-A specifies the methods for determining income eligibility used by States that are more liberal than the methods of the cash assistance programs, permitted under section 1902(r)(2) of the Act.

Supplement 8b to ATTACHMENT 2.6-A specifies the methods for determining resource eligibility used by States that are more liberal than the methods of the cash assistance programs, permitted under section 1902(r)(2) of the Act.
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: west Virginia

ELIGIBILITY CONDITIONS AND REQUIREMENTS

<table>
<thead>
<tr>
<th>Citation(s)</th>
<th>Condition or Requirement</th>
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</thead>
<tbody>
<tr>
<td>1902(r)(2)</td>
<td>1. Methods of Determining Income</td>
</tr>
<tr>
<td>of the Act</td>
<td>a (1) Removed and replaced by S14, S2B and S30</td>
</tr>
<tr>
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<td>(2) Removed and replaced by S14, S2B and S30</td>
</tr>
<tr>
<td>1902(e)(6)</td>
<td>(3) Agency continues to treat women eligible under the provisions of sections 1902(a)(10) of the Act as eligible, without regard to any changes in income of the family of which she is a member, for the 60-day period after her pregnancy ends and any remaining days in the month in which the 60th day falls.</td>
</tr>
</tbody>
</table>
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: West Virginia

ELIGIBILITY CONDITIONS AND REQUIREMENTS

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</thead>
<tbody>
<tr>
<td>42 CFR 435.721, 435.831, and 1902(m)(1)(B)(m)(4) and 1902(r)(2) of the Act</td>
<td>b. Aged individuals. In determining countable income for aged individuals, including aged individuals with incomes up to the federal poverty level described in section 1902(m)(1) of the Act, the following methods are used:</td>
</tr>
</tbody>
</table>

- The methods of the SSI program only.
- The methods of the SSI program and/or any more liberal methods described in Supplement 8a to ATTACHMENT 2.6-A.
For individuals other than optional State supplement recipients, more restrictive methods than SSI, applied under the provisions of section 1902(f) of the Act, as specified in Supplement 4 to ATTACHMENT 2.6-A; and any more liberal methods described in Supplement 8a to ATTACHMENT 2.6-A.

For institutional couples, the methods specified under section 1611(e)(5) of the Act.

For optional State supplement recipients under §435.230, income methods more liberal than SSI, as specified in Supplement 4 to ATTACHMENT 2.6-A.

For optional State supplement recipients in section 1902(f) States and SSI criteria States without section 1616 or 1634 agreements—

SSI methods only.

SSI methods and/or any more liberal methods than SSI described in Supplement 8a to ATTACHMENT 2.6-A.

Methods more restrictive and/or more liberal than SSI. More restrictive methods are described in Supplement 4 to ATTACHMENT 2.6-A and more liberal methods are described in Supplement 8a to ATTACHMENT 2.6-A.

In determining relative financial responsibility, the agency considers only the income of spouses living in the same household as available to spouses.
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>42 CFR 435.721 and 435.831 1902(m)(1)(B), (m)(4), and 1902(r)(2) of the Act</td>
<td>c. Blind individuals. In determining countable income for blind individuals, the following methods are used:</td>
</tr>
<tr>
<td>X</td>
<td>The methods of the SSI program only.</td>
</tr>
<tr>
<td></td>
<td>SSI methods and/or any more liberal methods described in Supplement 8a to ATTACHMENT 2.6-A.</td>
</tr>
<tr>
<td></td>
<td>For individuals other than optional State supplement recipients, more restrictive methods than SSI, applied under the provisions of section 1902(f) of the Act, as specified in Supplement 4 to ATTACHMENT 2.6-A, and any more liberal methods described in Supplement 8a to ATTACHMENT 2.6-A.</td>
</tr>
<tr>
<td></td>
<td>For institutional couples, the methods specified under section 1611(e)(5) of the Act.</td>
</tr>
<tr>
<td></td>
<td>For optional State supplement recipients under §435.230, income methods more liberal than SSI, as specified in Supplement 4 to ATTACHMENT 2.6-A.</td>
</tr>
<tr>
<td></td>
<td>For optional State supplement recipients in section 1902(f) States and SSI criteria States without section 1616 or 1634 agreements--</td>
</tr>
<tr>
<td></td>
<td>SSI methods only.</td>
</tr>
<tr>
<td></td>
<td>SSI methods and/or any more liberal methods than SSI described in Supplement 8a to ATTACHMENT 2.6-A.</td>
</tr>
<tr>
<td></td>
<td>Methods more restrictive and/or more liberal than SSI. More restrictive methods are described in Supplement 4 to ATTACHMENT 2.6-A and more liberal methods are described in Supplement 8a to ATTACHMENT 2.6-A.</td>
</tr>
</tbody>
</table>
In determining relative responsibility, the agency considers only the income of spouses living in the same household as available to spouses and the income of parents as available to children living with parents until the children become 21.

**Citation**

42 CFR 435.721, and 435.831;
1902(m)(1)(B),
(m)(4), and
1902(r)(2) of the Act

**Condition or Requirement**

<table>
<thead>
<tr>
<th>d. Disabled individuals. In determining countable income of disabled individuals, including individuals with incomes up to the Federal poverty level described in section 1902(m) of the Act the following methods are used:</th>
</tr>
</thead>
<tbody>
<tr>
<td>X. The methods of the SSI program.</td>
</tr>
<tr>
<td>— SSI methods and/or any more liberal methods described in Supplement 8a to ATTACHMENT 2.6-A.</td>
</tr>
<tr>
<td>— For institutional couples: the methods specified under section 1611(e)(5) of the Act.</td>
</tr>
<tr>
<td>— For optional State supplement recipients under §435.230: income methods more liberal than SSI, as specified in Supplement 4 to ATTACHMENT 2.6-A.</td>
</tr>
<tr>
<td>— For individuals other than optional State supplement recipients (except aged and disabled individuals described in section 1903(m)(1) of the Act): more restrictive methods than SSI, applied under the provisions of section 1902(f) of the Act, as specified in Supplement 4 to ATTACHMENT 2.6-A; and any more liberal methods described in Supplement 8a to ATTACHMENT 2.6-A.</td>
</tr>
<tr>
<td>Citation</td>
</tr>
<tr>
<td>----------</td>
</tr>
<tr>
<td>For optional State supplement recipients in section 1902(f) States and SSI criteria States without section 1916 or 1934 agreements--</td>
</tr>
<tr>
<td>SSI methods only.</td>
</tr>
<tr>
<td>SSI methods and/or any more liberal methods than SSI described in Supplement 8a to ATTACHMENT 2.6-A.</td>
</tr>
<tr>
<td>Methods more restrictive and/or more liberal than SSI, except for aged and disabled individuals described in section 1902(m)(1) of the Act. More restrictive methods are described in Supplement 4 to ATTACHMENT 2.6-A and more liberal methods are specified in Supplement 8a to ATTACHMENT 2.6-A.</td>
</tr>
</tbody>
</table>

In determining relative financial responsibility, the agency considers only the income of spouses living in the same household as available to spouses and the income of parents as available to children living with parents until the children become 21.
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Replaced by S14, S28 and S30
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: West Virginia

ELIGIBILITY CONDITIONS AND REQUIREMENTS

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<tbody>
<tr>
<td>1902(a)(10) of the Act</td>
<td>f. Qualified Medicare beneficiaries. In determining countable income for qualified Medicare beneficiaries covered under section 1902(a)(10)(E)(1) of the Act, the following methods are used:</td>
</tr>
<tr>
<td>1902(m)(4), and 1902(r)(2) of the Act</td>
<td>X The methods of the SSI program only. SSI methods and/or any more liberal methods than SSI described in Supplement 8a to ATTACHMENT 2.6-A. For institutional couples, the methods specified under section 1611(e)(5) of the Act.</td>
</tr>
</tbody>
</table>
If an individual receives a title II benefit, any amounts attributable to the most recent increase in the monthly insurance benefit as a result of a title II COLA is not counted as income during a "transition period" beginning with January, when the title II benefit for December is received, and ending with the last day of the month following the month of publication of the revised annual Federal poverty level.

For individuals with title II income, the revised poverty levels are not effective until the first day of the month following the end of the transition period.

For individuals not receiving title II income, the revised poverty levels are effective no later than the date of publication.

1905(s) of the Act

(1) Qualified disabled and working individual.

In determining countable income for qualified disabled and working individuals covered under 1902(a)(10)(E)(ii) of the Act, the methods of the SSI program are used.

1905(p) of the Act

(2) Specified low-income Medicare beneficiaries.

In determining countable income for specified low-income Medicare beneficiaries covered under 1902(a)(10)(E)(iii) of the Act, the same method as in f. is used.

TN No. 93-06
Supersedes
Approval Date AUG 24 1993
Effective Date APR 1 1993
Citation  | Condition or Requirement  
---|---  
1902(u) of the Act | (h) **COBRA Continuation Beneficiaries**  
In determining countable income for COBRA continuation beneficiaries, the following disregards are applied:  
X The disregards of the SSI program;  
---  
The agency uses methodologies for treatment of income more restrictive than the SSI program. These more restrictive methodologies are described in Supplement 4 to Attachment 2.6-A.  
**NOTE:** For COBRA continuation beneficiaries specified at 1902(u)(4), costs incurred from medical care or for any other type of remedial care shall not be taken into account in determining income, except as provided in section 1512(b)(4)(B)(i).
State: **West Virginia**

<table>
<thead>
<tr>
<th>Citation</th>
<th>Condition or Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>1902(a)(10)(A) (ii)(XIII) of the Act (i)</td>
<td><strong>Working Individuals with Disabilities - BBA</strong></td>
</tr>
</tbody>
</table>

- In determining countable income and resources for working individuals with disabilities under the BBA, the following methodologies are applied:
  - The methodologies of the SSI program.
  - The agency uses methodologies for treatment of income and resources more restrictive than the SSI program. These more restrictive methodologies are described in Supplement 4 (income) and/or Supplement 5 (resources) to Attachment 2.6-A.
  - The agency uses more liberal income and/or resource methodologies than the SSI program. More liberal methodologies are described in Supplement 8a to Attachment 2.6-A. More liberal resource methodologies are described in Supplement 8b to Attachment 2.6-A.

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**TN No. 03-12**

Supersedes

**TN No. New**

**Effective Date** [JUL 01 2003]

**Approved** [DEC 22 2003]
<table>
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<th>Citation</th>
<th>Condition or Requirement</th>
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<tbody>
<tr>
<td>1902(a)(10)(A) (ii)(XV) of the Act</td>
<td>Working Individuals with Disabilities - Basic Coverage Group - TWVIIA</td>
</tr>
</tbody>
</table>

In determining financial eligibility for working individuals with disabilities under this provision, the following standards and methodologies are applied:

- The agency does not apply any income or resource standard.

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<tbody>
<tr>
<td><strong>NOTE</strong>: If the above option is chosen, no further eligibility-related options should be elected.</td>
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</tbody>
</table>

- The agency applies the following income and/or resource standard(s):

  - **Countable income not to exceed 250% of the Federal poverty level.**
  - The individual’s countable unearned income, using social security income program methodology, may not exceed the Federal Supplemental Security Income benefit rate for one person plus the general income exclusion.
  - **Countable resources not to exceed $2000 for a single individual or $3000 for an individual who lives with a legal spouse.**
  - **Countable resources do not include liquid assets of up to $5000 for an individual and $10,000 for a family.**

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<tr>
<td><strong>NOTE</strong>: “Liquid assets” are cash or assets payable in cash on demand, including financial instruments that can be converted to cash within twenty working days. For purposes of this article, national, state and local holidays are not working days.</td>
<td></td>
</tr>
</tbody>
</table>
Citation | Condition or Requirement
--- | ---
1902(a)(10)(A) (ii)(XV) of the Act (cont.) | **Income Methodologies**

In determining whether an individual meets the income standard described above, the agency uses the following methodologies.

- The income methodologies of the SSI program.
- The agency uses methodologies for treatment of income that are more restrictive than the SSI program. These more restrictive methodologies are described in Supplement 4 to Attachment 2.6-A.
- The agency uses more liberal income methodologies than the SSI program. More liberal income methodologies are described in Supplement 8a to Attachment 2.6-A.
1902(a)(10)(A)
(ii)(XV) of the Act (Cont.)

Resource Methodology

In determining whether the individual meets the resource standard described above, the agency uses the following methodologies.

Unless one of the following items is checked the agency, under the authority of section 1902 (r)(2) of the Act, disregards all funds held in retirement funds and accounts, including private retirement accounts such as IRAs and other individual accounts, and employer-sponsored retirement plans such as 401(k) plans, Keogh plans, and employer pension plans. Any disregard involving retirement accounts is separately described in Supplement 8b to Attachment 2.6-A.

- The agency disregards funds held in employer-sponsored retirement plans, but not private retirement plans.
- The agency disregards funds in retirement accounts in a manner other than those described above. The agency’s disregards are specified in Supplement 8b to Attachment 2.6-A.
<table>
<thead>
<tr>
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<th>Condition or Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>1902(a)(10)(A) (i)(XV) of the Act (cont.)</td>
<td>The agency does not disregard funds in retirement accounts.</td>
</tr>
<tr>
<td>X</td>
<td>The agency uses resource methodologies in addition to any indicated above that are more liberal than those used by the SSI program. More liberal resource methodologies are described in Supplement 8b toAttachment 2.6-A.</td>
</tr>
<tr>
<td></td>
<td>The agency uses the resource methodologies of the SSI program.</td>
</tr>
<tr>
<td></td>
<td>The agency uses methodologies for treatment of resources that are more restrictive than the SSI program. These more restrictive methodologies are described in Supplement 5 to Attachment 2.6-A.</td>
</tr>
</tbody>
</table>

TN No. 03-12

Effective Date JUL 01 2003

Supersedes

TN No. New

Approved DEC 2 2 2003
1902(a)(10)(A) (ii)(XVI) of the Act

(ii) Working Individuals with Disabilities - Employed Medically Improved Individuals - TWWIIA

In determining financial eligibility for employed medically improved individuals under this provision, the following standards and methodologies are applied:

The agency does not apply any income or resource standard.

NOTE: If the above option is chosen, no further eligibility-related options should be elected.

X The agency applies the following income and/or resource standard(s):

Countable income not to exceed 250% of the Federal poverty level.

The individual's countable unearned income, using social security income program methodology, may not exceed the Federal Supplemental Security Income benefit rate for one person plus the general income exclusion.

Countable resources not to exceed $2000 for a single individual or $3000 for an individual who lives with a legal spouse.

Countable resources do not include liquid assets of up to $5000 for an individual and $10,000 for a family.

NOTE: "Liquid assets" are cash or assets payable in cash on demand, including financial instruments that can be converted to cash within twenty working days. For purposes of this article, national, state and local holidays are not working days.
<table>
<thead>
<tr>
<th>Citation</th>
<th>Condition or Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>1902(a)(10)(A) (ii)(XVI) of the Act (cont.)</td>
<td><strong>Income Methodologies</strong></td>
</tr>
<tr>
<td></td>
<td>In determining whether an individual meets the income standard described above, the agency uses the following methodologies.</td>
</tr>
<tr>
<td></td>
<td>The income methodologies of the SSI program.</td>
</tr>
<tr>
<td></td>
<td>The agency uses methodologies for treatment of income that are more restrictive than the SSI program. These more restrictive methodologies are described in Supplement 4 to Attachment 2.6-A.</td>
</tr>
<tr>
<td></td>
<td>The agency uses more liberal income methodologies than the SSI program. More liberal methodologies are described in Supplement 8a to Attachment 2.6-A.</td>
</tr>
</tbody>
</table>

**Effective Date:** JUL 01 2003
<table>
<thead>
<tr>
<th>Citation</th>
<th>Condition or Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>1902(a)(10)(A) (ii)(XVI) of the Act</td>
<td>Resource Methodologies</td>
</tr>
</tbody>
</table>

In determining whether the individual meets the resource standard described above, the agency uses the following methodologies.

Unless one of the following items is checked the agency, under the authority of section 1902 (r)(2) of the Act, disregards all funds held in retirement funds and accounts, including private retirement accounts such as IRAs and other individual accounts, and employer-sponsored retirement plans such as 401(k) plans, Keogh plans, and employer pension plans. Any disregard involving retirement accounts is separately described in Supplement 8b to Attachment 2.6-A.

- The agency disregards funds held in employer-sponsored retirement plans, but not private retirement plans.

- The agency disregards funds in retirement accounts in a manner other than those described above. The agency’s disregards are specified in Supplement 8b to Attachment 2.6-A.
<table>
<thead>
<tr>
<th>Citation</th>
<th>Condition or Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>1902(a)(10)(A) (ii)(XVI) of the Act (cont.)</td>
<td>The agency does not disregard funds in retirement accounts.</td>
</tr>
<tr>
<td>X</td>
<td>The agency uses resource methodologies in addition to any indicated above that are more liberal than those used by the SSI program. More liberal resource methodologies are described in Supplement 8b to Attachment 2.6-A.</td>
</tr>
<tr>
<td></td>
<td>The agency uses the resource methodologies of the SSI program.</td>
</tr>
<tr>
<td></td>
<td>The agency uses methodologies for treatment of resources that are more restrictive than the SSI program. These more restrictive methodologies are described in Supplement 5 to Attachment 2.6-A.</td>
</tr>
</tbody>
</table>

TN No. 03-12
Supersedes
TN No. New

Approved DEC 2, 2003
Effective Date JUL 01, 2003
<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>1902(a)(10)(A) (ii)(XVI) and 1905(v)(2) of the Act</td>
<td><strong>Definition of Employed - Employed Medically Improved Individuals - TWWIIA</strong></td>
</tr>
<tr>
<td></td>
<td>The agency uses the statutory definition of &quot;employed&quot;, i.e., earning at least the minimum wage, and working at least 40 hours per month.</td>
</tr>
<tr>
<td></td>
<td>The agency uses an alternative definition of &quot;employed&quot; that provides for substantial and reasonable threshold criteria for hours of work, wages, or other measures. The agency's threshold criteria are described below:</td>
</tr>
<tr>
<td></td>
<td>The agency definition of &quot;employed&quot; is earning a monthly wage that is not less than the Federal minimum hourly wage times forty.</td>
</tr>
</tbody>
</table>

**Revision:**

**State:** West Virginia

**Citation**

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>1902(a)(10)(A) (ii)(XVI) and 1905(v)(2) of the Act</td>
<td><strong>Definition of Employed - Employed Medically Improved Individuals - TWWIIA</strong></td>
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<tr>
<td></td>
<td>The agency uses the statutory definition of &quot;employed&quot;, i.e., earning at least the minimum wage, and working at least 40 hours per month.</td>
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<td></td>
<td>The agency uses an alternative definition of &quot;employed&quot; that provides for substantial and reasonable threshold criteria for hours of work, wages, or other measures. The agency's threshold criteria are described below:</td>
</tr>
<tr>
<td></td>
<td>The agency definition of &quot;employed&quot; is earning a monthly wage that is not less than the Federal minimum hourly wage times forty.</td>
</tr>
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</table>

**TN No.** 03-12

**Supersedes**

**TN No.** New

**Approval Date** DEC 22 2003

**Effective Date** JUL 01 2003
<table>
<thead>
<tr>
<th>Citation</th>
<th>Condition or Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>1902(a)(10)(A)(ii)(XIII), (XV), (XVI), and 1916(g) of the Act</td>
<td><strong>Payment of Premiums or Other Cost Sharing Charges</strong></td>
</tr>
<tr>
<td>For individuals eligible under the BBA eligibility group described in No. 23 on page 23d of Attachment 2.2-A:</td>
<td>The agency requires payment of premiums or other cost-sharing charges on a sliding scale based on income. The premiums or other cost-sharing charges, and how they are applied, are described below:</td>
</tr>
<tr>
<td>Citation</td>
<td>Condition or Requirement</td>
</tr>
<tr>
<td>----------</td>
<td>--------------------------</td>
</tr>
</tbody>
</table>
| 1902(a)(10)(A)(ii)(XIII), (XV), (XVI), and 1916(g) of the Act (cont.) | For individuals eligible under the Basic Coverage Group described in No. 24 on page 23d of Attachment 2.2-A, and the Medical Improvement Group described in No. 25 on page 23d of Attachment 2.2-A: 

NOTE: Regardless of the option selected below, the agency MUST require that individuals whose annual adjusted gross income, as defined under IRS statute, exceeds $75,000 pay 100 percent of premiums.

| X | The agency requires individuals to pay premiums or other cost-sharing charges on a sliding scale based on income. For individuals with net annual income below 450 percent of the Federal poverty level for a family of the size involved, the amount of premiums cannot exceed 7.5 percent of the individual's income.

The premiums or other cost-sharing charges, and how they are applied, are described on page 120. |
<table>
<thead>
<tr>
<th>Citation</th>
<th>Condition or Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sections 1902(a)(10)(A) (ii)(XV), (XVI), and 1916(g) of the Act (cont.)</td>
<td>Premiums and Other Cost-Sharing Charges</td>
</tr>
<tr>
<td></td>
<td>For the Basic Coverage Group and the Medical Improvement Group, the agency's premium or other cost-sharing charges, and how they are applied, are described below.</td>
</tr>
<tr>
<td></td>
<td>Individuals pay a $50 enrollment fee which includes the first month's premium.</td>
</tr>
<tr>
<td></td>
<td>The minimum monthly premium is $15 a month. The maximum monthly premium is set by the department on a sliding scale and shall not exceed three and one-half percent of the individual's gross monthly income.</td>
</tr>
<tr>
<td>Citation</td>
<td>Condition or Requirement</td>
</tr>
<tr>
<td>----------</td>
<td>--------------------------</td>
</tr>
<tr>
<td>1902(k) of the Act</td>
<td>2. Medicaid Qualifying Trusts</td>
</tr>
<tr>
<td></td>
<td>In the case of a Medicaid qualifying trust described in section 1902(k)(2) of the Act, the amount from the trust that is deemed available to the individual who established the trust (or whose spouse established the trust) is the maximum amount that the trustee(s) is permitted under the trust to distribute to the individual. This amount is deemed available to the individual, whether or not the distribution is actually made. This provision does not apply to any trust or initial trust decree established before April 7, 1986, solely for the benefit of a mentally retarded individual who resides in an intermediate care facility for the mentally retarded.</td>
</tr>
<tr>
<td>1917(c) and (d) of the Act</td>
<td>The agency does not count the funds in a trust as described above in any instance where the State determines that it would work an undue hardship. Supplement 10 of ATTACHMENT 2.6-A specifies what constitutes an undue hardship.</td>
</tr>
<tr>
<td>1902(a)(10) of the Act</td>
<td>3. Medically needy income levels (MNILs) are based on family size.</td>
</tr>
<tr>
<td></td>
<td>Supplement 1 to ATTACHMENT 2.6-A specifies the MNILs for all covered medically needy groups. If the agency chooses more restrictive levels under section 1902(f) of the Act, Supplement 1 so indicates.</td>
</tr>
</tbody>
</table>
4. Handling of Excess Income - Spend-down for the Medically Needy in All States and the Categorically Needy in 1902(f) States Only

a. Medically Needy

(1) Income in excess of the MNIL is considered as available for payment of medical care and services. The Medicaid agency measures available income for periods of either _8_ or _6_ month(s) (not to exceed 6 months) to determine the amount of excess countable income applicable to the cost of medical care and services.

(2) If countable income exceeds the MNIL standard, the agency deducts the following incurred expenses in the following order:

(a) Health insurance premiums, deductibles and coinsurance charges.

(b) Expenses for necessary medical and remedial care not included in the plan.

(c) Expenses for necessary medical and remedial care included in the plan.

Reasonable limits on amounts of expenses deducted from income under a.(2)(a) and (b) above are listed below.

1902(a)(17) of the Act

Incurred expenses that are subject to payment by a third party are not deducted unless the expenses are subject to payment by a third party that is a publicly funded program (other than Medicaid) of a State or local government.
### Medically Needy (Continued)

(3) If countable income exceeds the MNIL standard, the agency deducts spenddown payments made to the State by the individual.

---

**Revision:** HCFA-PM-91-8 (MB)  
**State/Territory:** West Virginia  
**Citation:** 1903(f)(2) of the Act
<table>
<thead>
<tr>
<th>Citation</th>
<th>Condition or Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>42 CFR 435.732</td>
<td>The agency applies the following policy under the provisions of section 1902(f) of the Act. The following amounts are deducted from income to determine the individual's countable income:</td>
</tr>
<tr>
<td>(1)</td>
<td>Any SSI benefit received.</td>
</tr>
<tr>
<td>(2)</td>
<td>Any State supplement received that is within the scope of an agreement described in sections 1516 or 1634 of the Act, or a State supplement within the scope of section 1902(a)(10)(A)(ii)(XI) of the Act.</td>
</tr>
<tr>
<td>(3)</td>
<td>Increases in OASDI that are deducted under §§433.134 and 435.135 for individuals specified in that section, in the manner elected by the State under that section.</td>
</tr>
<tr>
<td>(4)</td>
<td>Other deductions from income described in this plan at Attachment 2.6-A, Supplement 1.</td>
</tr>
<tr>
<td>(5)</td>
<td>Incurred expenses for necessary medical and remedial services recognized under State law.</td>
</tr>
</tbody>
</table>

In 1902(a)(17) of the Act, P.L. 100-203, Incurred expenses that are subject to payment by a third party are not deducted unless the expenses are subject to payment by a third party that is a publicly funded program (other than Medicaid) of a State or local government.
<table>
<thead>
<tr>
<th>Citation</th>
<th>Condition or Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.b. Categorically Needy - Section 1902(f) States Continued</td>
<td>(6) Spenddown payments made to the state by the individual.</td>
</tr>
</tbody>
</table>

NOTE: FFP will be reduced to the extent a State is paid a spenddown payment by the individual.
5. Methods for Determining Resources

a. AFDC-related individuals (except for poverty level related pregnant women, infants, and children).

(1) In determining countable resources for AFDC-related individuals, the following method are used:

(a) The methods under the State's approved AFDC plan; and

(b) The methods under the State's approved AFDC plan and/or any more liberal methods described in Supplement 6b to ATTACHMENT 2.6-A.

(2) In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.
5. Methods for Determining Resources

b. Aged Individuals. For aged individuals covered under section 1902(a)(10)(A)(ii)(X) of the Act, the agency used the following methods for treatment of resources:

- The methods of the SSI program.
- SSI methods and/or any more liberal methods described in Supplement 8b to Attachment 2.6-A.
- Methods that are more restrictive (except for individuals described in section 1902(m)(1) of the Act) and/or more liberal than those of the SSI program. Supplement 5 to Attachment 2.6-A describes the more restrictive methods and Supplement 8b to Attachment 2.6-A specifies the more liberal methods.
In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses.

1902(a)(10)(A), 1902(a)(10)(C), 1902(m)(1)(B), and 1902(r) of the Act

c. Blind individuals. For blind individuals the agency uses the following methods for treatment of resources:

- The methods of the SSI program.
- SSI methods and/or any more liberal methods described in Supplement 8b to ATTACHMENT 2.6-A.
- Methods that are more restrictive and/or more liberal than those of the SSI program. Supplement 5 to ATTACHMENT 2.6-A describe the more restrictive methods and Supplement 8b to ATTACHMENT 2.6-A specify the more liberal methods.

In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.
### Citation

<table>
<thead>
<tr>
<th>Citation</th>
<th>Condition or Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>1902(a)(10)(A),  1902(a)(10)(C),  1902(m)(1)(B), and (C), and  1902(r)(2) of the Act</td>
<td>d. Disabled individuals, including individuals covered under section 1902(a)(10)(A)(11)(K) of the Act. The agency uses the following methods for the treatment of resources:</td>
</tr>
<tr>
<td></td>
<td>X The methods of the SSI program. <em>SSI methods and/or any more liberal methods described in Supplement 8a to ATTACHMENT 2.6-A.</em></td>
</tr>
<tr>
<td></td>
<td>Methods that are more restrictive (except for individuals described in section 1902(m)(1) of the Act) and/or more liberal that those under the SSI program. More restrictive methods are described in Supplement 5 to ATTACHMENT 2.6-A and more liberal methods are specified in Supplement 8b to ATTACHMENT 2.6-A.</td>
</tr>
<tr>
<td></td>
<td>In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.</td>
</tr>
<tr>
<td></td>
<td>e. Removed and replaced by S14, S28 and S30</td>
</tr>
</tbody>
</table>

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**TN No. 94-15**

**Supersedes TN No. 87-02**

**JUN 30 1995**

**Approval Date**

**Effective Date JUL 01 1994**

**HCFA ID: 79SSE**
State: West Virginia

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Replaced by S30 and S33
<table>
<thead>
<tr>
<th>Citation</th>
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</tr>
</thead>
<tbody>
<tr>
<td>1905(p)(1) (C) and (D) and 1902(r)(2) of the Act</td>
<td>5. h. For Qualified Medicare beneficiaries covered under section 1902(a)(10)(E)(i) of the Act the agency uses the following methods for treatment of resources:</td>
</tr>
<tr>
<td></td>
<td>X The methods of the SSI program only.</td>
</tr>
<tr>
<td>1905(s) of the Act</td>
<td>i. For qualified disabled and working individuals covered under section 1902(a)(10)(E)(ii) of the Act, the agency uses SSI program methods for the treatment of resources.</td>
</tr>
<tr>
<td>1902(u) of the Act</td>
<td>j. For COBRA continuation beneficiaries, the agency uses the following methods for treatment of resources:</td>
</tr>
<tr>
<td></td>
<td>X The methods of the SSI program only.</td>
</tr>
<tr>
<td></td>
<td>More restrictive methods applied under section 1902(f) of the Act as described in Supplement 5 to Attachment 2.6-A.</td>
</tr>
<tr>
<td>Citation</td>
<td>Condition or Requirement</td>
</tr>
<tr>
<td>----------</td>
<td>--------------------------</td>
</tr>
<tr>
<td>1902(a)(10)(E)(iii) of the Act</td>
<td>Specified low-income Medicare beneficiaries covered under section 1902(a)(10)(E)(iii) of the Act—&lt;br&gt;The agency uses the same method as in 5.h. of Attachment 2.6-A.</td>
</tr>
<tr>
<td>6. Resource Standard - Categorically Needy</td>
<td></td>
</tr>
<tr>
<td>a. 1902(f) States (except as specified under items 6.c. and d. below) for aged, blind and disabled individuals:</td>
<td>Same as SSI resource standards.&lt;br&gt;More restrictive.</td>
</tr>
<tr>
<td>b. Non-1902(f) States (except as specified under items 6.c. and d. below)</td>
<td>The resource standards are the same as those in the related cash assistance program.</td>
</tr>
</tbody>
</table>

Supplement 8 to ATTACHMENT 2.6-A specifies for 1902(f) States the categorically needy resource levels for all covered categorically needy groups.
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<table>
<thead>
<tr>
<th>Citation</th>
<th>Condition or Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>1902(m)(1)(C) and (m)(2)(B) of the Act</td>
<td>e. For aged and disabled individuals described in section 1902(m)(1) of the Act who are covered under section 1902(a)(10)(A)(ii)(X) of the Act, the resource standard is:</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>X</td>
<td>Same as SSI resource standards.</td>
</tr>
<tr>
<td></td>
<td>Same as the medically needy resource standards, which are higher than the SSI resource standards (if the State covers the medically needy).</td>
</tr>
<tr>
<td></td>
<td>Supplement 2 to ATTACHMENT 2.6-A specifies the resource levels for these individuals.</td>
</tr>
</tbody>
</table>

Supersedes TN No. 94-15

Approval Date JUN 3 0 1995

Effective Date JUL 1 1 1994

HCFA ID: 7985E
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

CITATION(S)

1902(a)(10)(C)(i) of the Act

1902(a)(10)(E).
1905(p)(1)(D), 1905(p)(2)(B)
1980D-14(a)(3)(D) of the Act

CONDITION or REQUIREMENT

7. Resource Standard – Medically Needy
   a. Resource standards are based on family size.
   b. A single standard is employed in determining resource eligibility for all groups.
   c. In 1902(i) states, the resource standards are more restrictive than in 7.b. above
      for:
      — Aged
      — Blind
      — Disabled

      Supplement 2 to Attachment 2.6-A specifies the resource standards for all covered
      medically needy groups. If the agency chooses more restrictive levels under 7.c.,
      Supplement 2 to Attachment 2.6-A so indicates.

8. Resource Standard – Qualified Medicare Beneficiaries, Specified Low-Income Medicare
   Beneficiaries and Qualifying Individuals.

   For Qualified Medicare Beneficiaries covered under section 1902(a)(10)(E)(i) of the Act,
   Specified Low-Income Medicare Beneficiaries covered under section 1902(a)(10)(E)(iii) of
   the Act, and Qualifying Individuals covered under 1902(a)(10)(E)(iv) of the Act, the
   resource standard is three times the SSI resource limit, adjusted annually since 1996 by the
   increase in the consumer price index.


                     TN No: 10-03
                     Supersedes: 94-15
                     Approval Date: Nov 16, 2010
                     Effective Date: July 1, 2010
**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

State: *West Virginia*

### CONDITION or REQUIREMENT

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>9.</td>
<td>Resource Standard – Qualified Disabled and Working Individuals. For qualified disabled and working individuals covered under section 1902(a)(10)(E)(ii) of the Act, the resource standard for an individual or a couple (in the case of an individual with a spouse) is two times the SSI resource limit.</td>
</tr>
</tbody>
</table>
| 10. | For COBRA continuation beneficiaries, the resource standard is:  
   |   |
   | - **X** | Twice the SSI resource standard for an individual. |
   | - | More restrictive standard as applied under section 1902(f) of the Act as described in Supplement 8 to Attachment 2.6-A. |

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**TN No:** 10-03  
**Supersedes:** 93-12  
**Approval Date:**  
**Effective Date:** July 1, 2010
<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>1902(u) of the Act</td>
<td>10. Excess Resources</td>
</tr>
<tr>
<td></td>
<td>a. Categorically Needy, Qualified Medicare Beneficiaries, Qualified Disabled and Working Individuals, and Specified Low-Income Medicare Beneficiaries</td>
</tr>
<tr>
<td></td>
<td>Any excess resources make the individual ineligible.</td>
</tr>
<tr>
<td></td>
<td>b. Categorically Needy Only</td>
</tr>
<tr>
<td></td>
<td>X This State has a section 1634 agreement with SSI. Receipt of SSI is provided for individuals while disposing of excess resources.</td>
</tr>
<tr>
<td></td>
<td>c. Medically Needy</td>
</tr>
<tr>
<td></td>
<td>Any excess resources make the individual ineligible.</td>
</tr>
<tr>
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<td>Condition or Requirement</td>
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<td>-----------</td>
<td>--------------------------</td>
</tr>
<tr>
<td>42 CFR 435.914</td>
<td>11. Effective Date of Eligibility</td>
</tr>
<tr>
<td></td>
<td>a. Groups Other Than Qualified Medicare Beneficiaries</td>
</tr>
<tr>
<td></td>
<td>(1) For the prospective period.</td>
</tr>
<tr>
<td></td>
<td>Coverage is available for the full month if the following individuals are eligible at any time during the month.</td>
</tr>
<tr>
<td></td>
<td>X Aged, blind, disabled.</td>
</tr>
<tr>
<td></td>
<td>X AFDC-related.</td>
</tr>
<tr>
<td></td>
<td>Coverage is available only for the period during the month for which the following individuals meet the eligibility requirements.</td>
</tr>
<tr>
<td></td>
<td>___ Aged, blind, disabled.</td>
</tr>
<tr>
<td></td>
<td>___ AFDC-related.</td>
</tr>
<tr>
<td></td>
<td>(2) For the retroactive period.</td>
</tr>
<tr>
<td></td>
<td>Coverage is available for three months before the date of application if the following individuals would have been eligible had they applied:</td>
</tr>
<tr>
<td></td>
<td>___ Aged, blind, disabled.</td>
</tr>
<tr>
<td></td>
<td>___ AFDC-related.</td>
</tr>
<tr>
<td></td>
<td>Coverage is available beginning the first day of the third month before the date of application if the following individuals would have been eligible at any time during that month, had they applied.</td>
</tr>
<tr>
<td></td>
<td>X Aged, blind, disabled.</td>
</tr>
<tr>
<td></td>
<td>X AFDC-related.</td>
</tr>
</tbody>
</table>
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: West Virginia

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s) | Condition or Requirement
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(3) | Removed and replaced by S21

b. For qualified Medicare beneficiaries defined in section 1905(p)(l) of the Act coverage is available beginning with the first day of the month after the month in which the individual is first determined to be a qualified Medicare beneficiary under section 1905(p)(l). The eligibility determination is valid for:

\[ x \times 12 \text{ months} \]

6 months

months (no less than 6 months and no more than 12 months)
<table>
<thead>
<tr>
<th>Citation</th>
<th>Condition or Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>1902(a)(18) and 1902(f) of the Act</td>
<td>12. Pre-OBRA 93 Transfer of Resources - Categorically and Medically Needy, Qualified Medicare Beneficiaries, and Qualified Disabled and Working Individuals. The agency complies with the provisions of section 1917 of the Act with respect to the transfer of resources. Disposal of resources at less than fair market value affects eligibility for certain services as detailed in Supplement 9 to Attachment 2.6-A.</td>
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<td>1917(c)</td>
<td>13. Transfer of Assets - All eligibility groups. The agency complies with the provisions of section 1917(c) of the Act, as enacted by OBRA 93, with regard to the transfer of assets. Disposal of assets at less than fair market value affects eligibility for certain services as detailed in Supplement 9(a) to ATTACHMENT 2.6-A, except in instances where the agency determines that the transfer rules would work an undue hardship.</td>
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<td>1917(d)</td>
<td>14. Treatment of Trusts - All eligibility groups. The agency complies with the provisions of section 1917(d) of the Act, as amended by OBRA 93, with regard to trusts. The agency uses more restrictive methodologies under section 1902(f) of the Act, and applies these methodologies in dealing with trusts; The agency meets the requirements in section 1917(d)(f)(3) of the Act for use of Miller trusts. The agency does not count the funds in a trust in any instance where the agency determines that the transfer would work an undue hardship, as described in Supplement 10 to ATTACHMENT 2.6-A.</td>
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