Revision: HCFA-PM-91-4 (BPD) **AUGUST 1991** 

SUPPLEMENT 1 TO ATTACHMENT 2.6-A

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OMB No.: 0938-

STATE .PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: West Virginia

INCOME ELIGIBILITY LEVELS

Page Intentionally Left Blank Section was replaced by S14, S25, S28, S30, S51, S52, and S53

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL

SECURITY ACT State: West Virginia

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: West Virginia

INCOME ELIGIBILITY LEVELS (Continued)

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State:		irginia ITY LEVELS (Con	tinuad)
3. Aged and Di			ornaed)
The levels for disabled indivinct act are as foll	radars dider t	ncome eligibilit he provisions of	y for groups of aged and section 1902(m)(4) of the
Based on	_ percent of t	he official Fede	eral income poverty line.
Family Si	ze		Income Level
1		38	\$
2			\$
3	8.		\$
4			\$
5		*	

If an individual receives a title II benefit, any amount attributable to the most recent increase in the monthly insurance benefit as a resultofa 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 beginning of the month following the date of publication.

TN No. 94-15
Supersedes
TN No. 88-04

Approval Date JUN 3 0 1995 Effective Date JUL 0 9

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		STATE	PLAN UND	ER TITLE XIX	K OF THE SOCIAL SECURITY ACT
		State:		West Virg	ginia
			INCOME	ELIGIBILITY	LEVELS (Continued)
c.	QUALIE LEVEL	FIED MEDI	CARE BENE	FICIARIES W	ITH INCOMES RELATED TO FEDERAL POVERTY
		TE DEILET	determiniciaries follows:	under the bi	eligibility for groups of qualified rovisions of section 1905(p)(2)(A) of
1.	NON-SE	CTION 19	02(f) STA	TES	*
a.	Based level:	on the f	ollowing	percent of t	the official Federal income poverty
	Eff. J	Tan. 1, 1	989: <u>/x</u> /	85 percent	percent (no more than 100)
	Eff. J	Man. 1, 1	990: <u>/x</u> /	90 percent	
			991: 100	Y .	(11 100)
	Eff. J	Tan. 1, 1	992: 100	percent	M
b.	Levels	::			
		Fa	mily Size	65	Income Levels
	2)			4 9	\$ \$
	80.	SI .		. *	
TN Sup	No. <u>9</u> ersedes	4-15	Approval	Date (JUN )	3 D 1995 Effective Date 3H 0 1 1004

HCFA ID: 7985E

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE:

West Virginia

INCOME SLIGIBILITY LEVELS (Continued)

CFR 435.622 CFR 435.236 Aged, Blind and Disabled Individuals with Income Related to SSI Federal Benefit Rate

Individuals in title XIX reimbursable nursing facilities who are ineligible for AFDC, SSI or state supplements because of their institutional status, and who would not be eligible for SSI or state supplements if they were not institutionalized, and whose income before deductions does not exceed 300 percent of the SSI benefit amount established by Section 1611(b)(11) of the Act to an individual in his own home who has no income or resources.

Income that would be disregarded in determining eligibility for SSI or state supplements is not counted for this purpose.

TN No. 94-15											
Supersedes TN No.	Approval	Date	JUN	3 0	1995	Effective	Date	MI	0	1	1994
IN 1107								care	Name (A)		

HCFA ID: 7985E

AUGUST 1991 Page 8 OMB No.: 0938-STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT West Virginia INCOME LEVELS (Continued) D. MEDICALLY NEEDY X Applicable to all groups. Applicable to all groups except . those specified below. Excepted group income levels are also listed on an attached page 3. (1) (3) (4) Family Net income level Amount by which Net income level Amount by which Size protected for Column (2) exceeds limits for persons Column (4) maintenance for living in exceeds limits months specified in rural areas for specified in 42 CFR 42 CFR months 435.10071 // urban only  $435.1007^{1/2}$ /x/ urban & rural s 200.00 \$ 275.00 290.00 \$ 312.00 \_For each additional person, 50.00 The agency has methods for excluding from its claim for FFP. payments made on behalf of individuals whose income exceeds these limits. TN No. 94-15 Supersedes JUN 30 1995 MIL Approval Date Effective Date TN No. 88-04

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HCFA ID: 7985E

(BPD)

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State: West Virginia

## INCOME LEVELS (Continued)

## D. MEDICALLY NEEDY

(1)		(2)	(3)			(4)		(5)
Family Size	pı	income level cotected for	Amount by w Column (2	:)	fo	ncome level r persons	Column	
	mai ——	intenance for months	exceeds li specified 42 CFR			iving in areas for months	exceeds specifi 42 (	ied in
	urb	oan only	435.1007	/			435.10	
17	urb	oan & rural					ž	
5	\$	360.00	\$		<b>\$</b>		\$	
. 6	\$	413.00	\$\$		\$		\$	
7	\$_	461.00	\$		\$		. \$	
8	\$_	477.00	\$		\$		\$	
9	\$_	527.00	\$		\$		\$	
10	\$	577.00	\$		\$		\$ .	
For each	1		÷ 5					
tional person, add:	\$	50.00	<b>s</b>		\$		\$\$	A SECTION OF THE SECT

 $<sup>^{1\</sup>prime}$  The agency has methods for excluding from its claim for FFP payments made on behalf of individuals whose income exceeds these limits.

TN No. 94-15 Supersedes TN No. 88-04	Approval	Date	JUH-	3 0	1095	Effective	Date	-WL	01	1994
	!				*	HCFA ID:	7985E			