

## **Medical Assistance for Individuals in a Medical Institution with Income Less than or Equal to 300% of SSI**

Virginia offers Medicaid coverage to eligible people who are (1) aged, blind, or disabled or (2) who meet one of the Medicaid Families and Children definitions (child under age 19, pregnant woman, or parent living with a dependent child under age 18) **and** who meet the definition of an institutionalized person, when the person's countable income is no more than 300% of the Supplemental Security Income (SSI) amount for an individual, or \$2349 per month for 2020.

### **Institutionalized Person Definition**

The term "institutionalized" is used by Medicaid to refer to a person who is receiving long-term care in a medical or nursing facility or who has been screened and approved to receive Medicaid-covered Long-term Care (LTC) services in the person's home or community setting. Special Medicaid eligibility rules, including a higher income limit, apply to institutionalized individuals.

A person meets the definition of an institutionalized person for the purposes of Medicaid eligibility when the person has received 30 consecutive days of

- care in a medical institution (such as a nursing facility), or
- Medicaid Community-Based Care (CBC) waiver services;
- or a combination of the two.

The definition of institutionalization is also met when an individual has a signed hospice election that has been in effect for 30 consecutive days.

A person's Medicaid eligibility can be determined using the eligibility rules that apply to institutionalized individuals when the person is already in a medical facility at the time of the Medicaid application, or the individual has been screened and approved to receive LTC services and it is anticipated that he is likely to receive the services for 30 or more consecutive days.

- **More information about the preadmission screening process for Medicaid-covered LTC services**

### **Individual with No Community Spouse**

A person who does not have a spouse living in the community and who has been screened and approved for Medicaid-covered LTC services may be eligible for full Medicaid coverage if the person has countable resources no greater than \$2,000. A spouse who meets the above definition of an institutionalized person is NOT considered a "community spouse."

### **Married Individuals**

If a person is married and the spouse lives in the community, an evaluation of the couple's countable resources must be completed by the eligibility worker. This process is called the resource assessment. The community spouse is allowed to retain some resources for his or her own maintenance and support without affecting the Medicaid eligibility of the spouse needing LTC services.

- [More information about the Medicaid LTC resource assessment.](#)

### **Asset Transfer**

Transfers of assets (resources) made within the past 60 months (five years) must be evaluated for institutionalized individuals. If assets, including real property, are given away or sold for less than they are worth, an uncompensated asset transfer has occurred. Medicaid may not pay for LTC services for a period of time when a person has made an uncompensated asset transfer.

- [More information about the Medicaid asset transfer policy.](#)