

12 VAC 30-40-20

Eligibility Conditions and Requirements: Post-eligibility treatment of institutionalized individuals
(Final Exempt Regulation)**12VAC30-40-20. Post-eligibility treatment of institutionalized individuals.**

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:

1. Personal needs allowance.

a. Aged, blind, disabled:

Individuals: ~~\$30~~ 40 PLUS *

Couples: \$60 PLUS *

For the following individuals with greater need-- * (1) Patients in institutions who participate in work programs as part of treatment. The first \$75.00 of earnings plus ½ the remainder, up to a maximum of \$190.00 monthly is allowed to be retained for personal needs. * (2) Patients receiving institutional or home- and community-based waiver services who pay guardianship fees, the actual cost of guardian fees up to a maximum of 5% of gross income.

b. AFDC related:

Children: ~~\$30~~ 40

Adults: \$60

c. Individuals under age 21 covered in this plan as specified in Item b.7 of 12VAC30-30-20: ~~\$30~~40

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Eligibility Conditions and Requirements: Post-eligibility treatment of institutionalized individuals
(Final Exempt Regulation)

CERTIFIED:

I hereby certify that these regulations are full, true and correctly dated.

4/24/07
Date

/s/ P.W. Finnerty
Patrick W. Finnerty, Director
Dept. of Medical Assistance Service

12 VAC 30-110-950

Eligibility and appeals: Mandatory deductions from institutionalized spouse's income
(Final Exempt Regulation)

12VAC30-110-950. Mandatory deductions from institutionalized spouse's income.

The following amounts shall be deducted from the institutionalized spouse's gross monthly income:

1. A personal needs allowance of ~~\$30~~ 40;
2. The community spouse monthly income allowance as calculated pursuant to 12VAC30-110-960;
3. The family maintenance allowance, if any, as calculated pursuant to 12VAC30-110-970; and
4. Incurred medical and remedial care expenses recognized under state law, not covered under the State Plan and not subject to third party payment.

CERTIFIED:

I hereby certify that these regulations are full, true and correctly dated.

4/24/07
Date

/s/ P.W. Finnerty
Patrick W. Finnerty, Director
Dept. of Medical Assistance Service