

## VIRGINIA ACTS OF ASSEMBLY — CHAPTER

*An Act to amend and reenact § 32.1-347 of the Code of Virginia, relating to the State/Local Hospitalization Program.*

[H 1246]

Approved

**Be it enacted by the General Assembly of Virginia:****1. That § 32.1-347 of the Code of Virginia is amended and reenacted as follows:**

§ 32.1-347. Eligibility for Program; duty of the Department of Social Services and local welfare or social services agencies; data required.

A. The Board of Medical Assistance Services shall promulgate regulations to establish uniform eligibility criteria by defining those persons who will qualify for payment for medical care under the Program. Such criteria shall include, but not be limited to, the following:

1. To be eligible, a person shall have net countable income, ~~using the current budget methodology of the Virginia Aid to Dependent Children Program determined in accordance with the Board of Medical Assistance Services' regulations~~, equal to or less than 100 percent of the federal nonfarm poverty level as published for the then current year in the Code of Federal Regulations, except that localities which in fiscal year 1989 used an income level higher than 100 percent of the federal nonfarm poverty level may continue to use the same income level; and

2. To be eligible, a person shall have net countable resources, ~~using the current budget methodology of the Virginia Aid to Dependent Children Program determined in accordance with the Board of Medical Assistance Services' regulations~~, equal to or less than the then current resource standards of the federal Supplemental Security Income Program.

Further, as a condition of eligibility, the Department of Medical Assistance Services shall require all legally competent applicants and recipients to assign to the Commonwealth any and all rights to third party benefits, whether contractual or otherwise, including medical support or payments, to which the applicants and recipients may be entitled. All applicants and recipients shall also agree to cooperate with the Department in obtaining such third party benefits. Such an assignment shall not preclude a court from apportioning sums which would be subject to the provisions of § 8.01-66.9.

B. Eligibility under this Program shall be determined by the Department of Social Services through the local boards of welfare or social services upon application for assistance under this program from residents of such localities. The eligibility criteria established by the Board pursuant to this section shall be used in processing all such applications. The local departments of welfare or social services shall certify to the applicant and Department of Medical Assistance Services within thirty days of receipt of each application whether the person applying meets such criteria.

C. Administrative appeal of adverse eligibility decisions shall be conducted by the Department using the procedures applicable to applicants for Medicaid benefits under the State Plan for Medical Assistance pursuant to Chapter 10 (§ 32.1-323 et seq.) of this title.

D. The local governing body of every county or city shall report annually data on rejected applications for hospitalization and treatment of indigent persons which shall include, but not be limited to, the number of days requested for reimbursement, and the services received. The Director shall utilize this data as well as data on accepted applications to estimate the costs of hospitalization for indigent persons.

E. The State/Local Hospitalization Program shall be established in the books of the Comptroller so as to segregate the amounts appropriated and the amounts contributed thereto by the localities. No portion of the State/Local Hospitalization Program shall be used for a purpose other than that described in this chapter. Any state funds remaining at the end of the fiscal year shall not revert to the general fund but shall remain in the State/Local Hospitalization Program to be used as an offset to the calculated local share for the following year. Any local share money remaining at the end of the fiscal year or the biennium shall remain in the locality's account under the State/Local Hospitalization Program to be used by the Department as an offset to the calculated local share for the following year.

**2. Notwithstanding the changes in eligibility requirements established in this provision, eligibility for this program shall continue to be established as provided in the Board of Medical Assistance Services' regulations in effect on January 1, 1994, until the date regulations implementing this provision become effective.**

ENROLLED

HB1246ER