

Long-Term Services and Supports (*LTSS*)

108

LTSS Screening

- Those who seek Medicaid payment for LTSS services must undergo a Screening to ensure they meet the level of care required for Medicaid to pay for those services.
- Pre-Admission Screening required for institutionalized, those receiving care in the community (waiver), and those receiving care through the Program for All-inclusive Care for the Elderly (PACE).
- Involves medical criteria, evaluation of activities of daily living, and mental health evaluation (especially for DD waivers).

Section 4

109

LTSS Transfer of Assets

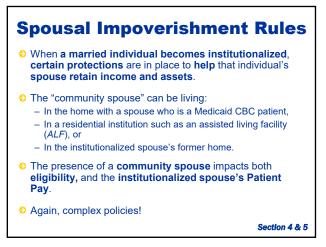
- If an individual who is seeking LTSS services reduces resources in an unapproved way, s/he may be disqualified from Medicaid payment for LTSS.
 - This "Transfer of Asset" penalty applies <u>only</u> to LTSS services.
 - Medicaid may examine transfers of assets from within the last 5 years.
 - Disqualification period depends on uncompensated value of assets transferred
- Certain transfers will not trigger a penalty, including certain trusts and/or transfers that directly benefit an applicant's spouse or dependent child.
- These policies are complex, seeking legal assistance is encouraged before navigating this process. Section 4 & 5



LTSS Patient Pay

- People in LTSS must contribute toward the cost of their care. This is called "Patient Pay," and it is estimated as part of the LTSS Screening.
- From their income, they retain a small Personal Maintenance Allowance (PMA) for personal needs, such as clothing and other personal items.
 - Nursing home: \$40/month
 - CBC: \$1,596/month in 2025 (165% of SSI)
- S They can also get **deductions** for:
 - Home maintenance
 - Dependents
 - Non-covered medical/remedial expenses
 LTSS insurance premium in first month of admission
- The remainder of income after the above deductions is paid to the LTSS provider.
 Section 4

111



112





MEDICAID WORKS: Virginia's Medicaid Buy-In

Some Virginians enrolled in Medicaid may have an option to continue Medicaid even if their income rises above the income limits (138% FPL), if they are:

- Between 16 and 64 years old,
- Disabled, and
- working or wanting to work and have documentation from an employer establishing the date employment will begin
- MEDICAID WORKS applicants must meet resource requirements initially (\$2,000, or \$3,000 if married).
- May accrue resources in a Work Incentive (WIN) account up to \$45,976, and may have income up to \$75,000/year, so long as it is deposited in a WIN.

Section 4

114

Application & Term of Coverage: MEDICAID WORKS

- Application submitted directly to local DSS. Must sign a special agreement to initiate coverage.
- Coverage begins on the 1st day of the month after application is processed and all requirements are met. Retroactive coverage is not available.
- Must remain employed, or actively seeking employment if employment is lost, to remain eligible.
- Annual renewal is required. Changes must be reported.
- If SSDI income increases due to COLA/work, difference must be deposited into the WIN account to remain eligible.
- May have to eventually pay a premium to DMAS each month, to remain covered.
 Section 4

115





What if my Patient/Client has Questions?

- Local Area Agencies on Aging can provide guidance on Medicare/Medicaid issues, and help with Low-Income Subsidy (*LIS*, or "Extra Help") issues
 - Virginia Insurance Counseling Assistance Program (VICAP)
 - Long-Term Care Ombudsman
- Services (LDSS) caseworker
- Legal Services Organizations can often assist with questions, troubleshooting and appeals. See <u>www.valegalaid.org</u>; and <u>www.lscv.org</u> for office listings.
- € 1-800-MEDICARE

Section 5

117









