

Long-Term Services and Supports (LTSS)

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).
- Screenings are typically completed by a team that includes medical professionals located at hospitals, community services boards, health departments and LDSS.

Section 4

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 only 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: \$1,641 in 2026; \$1,596/month in 2025 (165% of SSI)
- 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**

Spousal Impoverishment Rules

- When a **married individual becomes institutionalized**, **certain protections** are in place to **help** that individual's **spouse retain income and assets**.
- The “community spouse” can be living:
 - In the home with a spouse who is a Medicaid CBC patient,
 - In a residential institution such as an assisted living facility (ALF), or
 - In the institutionalized spouse's former home.
- The presence of a **community spouse** impacts both **eligibility**, and the **institutionalized spouse's Patient Pay**.
- Again, complex policies! **Section 4 & 5**

MEDICAID WORKS



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 **\$59,755**, and may have **income up to \$75,000/year**, so long as it is deposited in a WIN.

Section 4

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

Resources



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
- Local **Department of Social Services (LDSS)** caseworker
- **Legal Services Organizations** can often assist with questions, troubleshooting and appeals. See www.valegalaid.org; and www.lscv.org for office listings.
- **1-800-MEDICARE**

Section 5



The screenshot shows the Cover Virginia website with a navigation menu (Home, Learn, Apply, Members, Partners, Marketplace, Learn More) and a search bar. The main content area features a banner for 'Apply' with the text 'Apply for health coverage, find help in your area and learn more about health plans'. Below this is a 'CoverVA Highlights' section with four items: 'Normal Medicaid enrollment starts in March', 'CardinalCare Coming Soon', '2023 Income Guidelines', and 'Member Advisory Committee'.



- **Tool Kit** – hardcopy and online, updates indicated by (date)
- **Online, on-demand training modules**
 - Today's curriculum divided into 20-30 minute sessions
 - Good for refresher or if have new employees, includes a post-test at end of each module
- **SignUpNow Outreach** – Quarterly eNewsletter
 - Program updates, tips, helpful information
- **Technical Assistance** – (804) 828-6062 or signupnow@vhcf.org


