

Medicaid Long Term Care Services and Supports

Medicaid covers long-term care services and supports (LTSS) in nursing facilities and in the community for medically qualified people who cannot afford the cost of the care. The countable income limit for people needing LTSS services is 300% of the Supplemental Security Income (SSI) amount for an individual. People with income over the limit may still be eligible for Medicaid if the private cost of long-term care is greater than their income. There are also special eligibility rules for a married person whose spouse lives in the community to allow the spouse to keep some assets for the spouse's support.

Nursing Facility Care

If the person needs Medicaid to cover the cost of care at the time of admission into the nursing facility, the person must (1) **apply for Medicaid** at the local department of social services serving the locality in which the person last resided before being admitted to the nursing facility and (2) request a **pre-admission screening** be completed to authorize Medicaid to pay for medically necessary nursing facility care.

Medicaid Covered Community-based Care (CBC)

CBC Waiver services, may be an alternative to a nursing facility or other type of institutional care. There are specialized waiver programs that serve specific populations, such as frail elderly and disabled people and those with intellectual or developmental disabilities or severe medical conditions requiring the assistance of medical equipment and skilled nursing care. Acceptance into CBC Waiver care requires a **pre-admission screening** and approval by a doctor. Each of the waivers has different pre-admission screening and approval processes and eligibility criteria.

1. Developmental Disability (DD) Waivers Virginia has three waivers that are focused on those individuals that have a diagnosis of developmental disability. The three waivers that provide a continuum of services are:
 - Building Independence (BI) for individuals 18 and older
 - Family & Individual Support (FIS)
 - Community Living (CL)

The DD Waiver Program provides supports and services options for successful living, learning, physical and behavioral health, employment, recreation and community inclusion. This program does have a waiting list and the slots are allocated based on urgency of need.

2. Commonwealth Coordinated Care (CCC) Plus Waiver

The CCC Plus Waiver is part of Medicaid's managed care program: CCC Plus Health Plan. It serves all ages and does not have a waiting list. The CCC Plus Waiver provides supports and services options for successful living, nursing, respite, assistive technology and environmental modifications.

Patient Pay

People who receive Medicaid covered LTSS must contribute some of their countable income toward the cost of care. This is called the patient pay. Allowances are given for the person's basic needs, the support of a child or spouse in the community, and other situations. At the time of admission into the nursing facility or CBC Waiver services, the eligibility worker will determine the person's patient pay amount and notify the person of the amount. People who receive Supplemental Security Income (SSI) and who have no other source of income do not have to contribute toward the cost of care.