

CAREPEOPLE NEWSLETTER

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Maryland Medicaid Income & Asset Limits for Nursing Homes & In-Home Long Term Care

Maryland Medicaid Definition

In Maryland, Medicaid is also called Medical Assistance, or simply MA, and the program that specifically provides long term care for the aged, blind, and disabled is called Long Term Services and Supports (LTSS). Medicaid is a wide-ranging, jointly funded state and federal program that provides health coverage for low-income individuals of all ages. While there are many different Medicaid eligibility groups, including low-income families, pregnant women and children, this page is specifically for elderly Maryland residents, aged 65 and over. In addition, the focus will be on long term care, whether that be at home, in a nursing home, an adult foster care home, or in an assisted living facility.

Income & Asset Limits for Eligibility

There are several different Medicaid long-term care programs for which Maryland seniors may be eligible. These programs have slightly different financial and medical (functional) eligibility requirements, as well as benefits. Further complicating eligibility are the facts that the criteria vary with marital status and that Maryland offers multiple pathways towards eligibility.

1) Institutional / Nursing Home Medicaid – is an entitlement (anyone who is eligible will receive assistance) & is provided only in nursing homes.

**“When you entered someone’s home,
you entered their lives.”**



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- 2) Medicaid Waivers / Home and Community Based Services (HCBS) – Limited number of participants. Therefore, wait lists may exist Provided at home, adult day care, adult foster care, or in assisted living.
- 3) Regular Medicaid / Aged Blind and Disabled – is an entitlement (meeting the eligibility requirements ensures one will receive benefits) and is provided at home or adult day care

The table below provides a quick reference to allow seniors to determine if they might be immediately eligible for long term care from a Maryland Medicaid program. Alternatively, one can take the [Medicaid Eligibility Test](#). **IMPORTANT**, not meeting all the criteria below does not mean one is not eligible or can not become eligible. [More](#)

2019 Maryland Medicaid Long Term Care Eligibility for Seniors

Type of Medicaid	Single			Married (both spouses applying)			Married (one spouse applying)		
	Income Limit	Asset Limit	Level of Care Required	Income Limit	Asset Limit	Level of Care Required	Income Limit	Asset Limit	Level of Care Required
Institutional / Nursing Home Medicaid	Cannot exceed the cost of nursing home care	\$2,000	Nursing Home	Cannot exceed the cost of nursing home care	\$3,000	Nursing Home	Cannot exceed the cost of nursing home care	\$2,000 for applicant & \$126,420 for non-applicant	Nursing Home
Medicaid Waivers / Home and Community Based Services	\$2,313 / month	\$2,000	Nursing Home	Each spouse is allowed up to \$2,313 / month	\$3,000	Nursing Home	\$2,313 / month for applicant	\$2,000 for applicant & \$126,420 for non-applicant	Nursing Home
Regular Medicaid / Aged Blind and Disabled	\$350 / month	\$2,500	None	\$392 / month	\$3,000	None	\$350 / month for applicant	\$2,500 for the applicant	None

What Defines “Income”

For Medicaid eligibility purposes, any income that a Medicaid applicant receives is counted. To clarify, this income can come from any source. Examples include employment wages, alimony payments, pension payments, Social Security Disability Income, Social Security Income, IRA withdrawals, and stock dividends. Make note, when only one spouse of a married couple is applying for Medicaid, only the income of the applicant is counted. Said another way, the income of the non-applicant spouse is disregarded. (For additional information on how Medicaid counts income, [click here](#)).

in January 2020). This rule allows a Medicaid applicant to transfer income to the non-applicant spouse to ensure he or she has sufficient funds in which to live.

There is also a [Minimum Monthly Maintenance Needs Allowance](#) (MMMNA), which is the minimum amount of monthly income in which a non-applicant spouse is entitled. This figure may fall between \$2,057.50 / month on the low end (this figure is set to increase July 2019) and \$3,160.50 / month on the high end (this figure will increase again in January 2020). This rule allows a Medicaid applicant to transfer income to the non-applicant spouse to ensure he or she has sufficient funds in which to live.

What Defines “Assets”

Countable assets include cash, stocks, bonds, investments, credit union, savings, and checking accounts, and real estate in which one does not reside. However, for Medicaid eligibility, there are many assets that are considered exempt (non-countable). Exemptions include personal belongings, household furnishings, an automobile, irrevocable burial trusts, and one’s primary home, given the Medicaid applicant or their spouse lives in the home and the home is valued under \$585,000. For married couples, as of 2019, the community spouse (the non-applicant spouse) can retain up to a maximum of \$126,420 of the couple’s joint assets, as the chart indicates above. This, in Medicaid speak, is referred to as the [Community Spouse Resource Allowance](#) (CSRA).

One should be aware that Maryland has a Medicaid [Look-Back Period](#), which is a period of 60 months that dates back from one’s Medicaid application date. During this time frame, Medicaid checks to ensure no assets were sold or given away under fair market value. If one is found to be in violation of the look-back period, a period of Medicaid ineligibility will ensue.

Qualifying When Over The Limits

For Maryland elderly residents (65 and over), who do not meet the eligibility requirements in the table above, there are other ways to qualify for Medicaid.

1) Medically Needy Pathway – If one is over the income limit, one may still be eligible for Medicaid services if they have medical bills that are high relative to his or her income. In Maryland, this program is also called the ABD (Aged, Blind, or Disabled) Spenddown. The way this program works is one’s “excess income,” (one’s income over the Medicaid eligibility limit) is used to cover medical bills, such as medical care/treatment/supplies, Medicare premiums, and prescription drugs. Maryland has a six-month “spend-down” period, so once an individual has paid their excess income down to the Medicaid eligibility limit for the period, one will qualify for Medicaid for the remainder of the period.

Unfortunately, the Medically Needy Pathway does not assist one in spending down extra assets for Medicaid qualification. Said another way, if one meets the income requirements for Medicaid eligibility, but not the asset requirement, the above program cannot assist one in [“spending down” extra assets](#). However, one can “spend down” assets by spending excess assets on ones that are non-countable, such as home accessibility and safety modifications, like the addition of wheelchair ramps, stair lifts, pedestal sinks, and replacing carpet with a more wheelchair friendly surface. Other options would be prepaying funeral and burial expenses, as well as paying off debt.

2) Medicaid Planning – the majority of persons considering Medicaid are “over-income” or “over-asset” or both, but still cannot afford their cost of care. For persons in this situation, Medicaid planning exists. By working with a Medicaid planning professional, families can employ a [variety of strategies](#) to help them become Medicaid eligible. [Read more](#) or [connect with a Medicaid planner](#).

Specific Virginia Medicaid Programs

1. Community Options Medicaid Waiver (CO) – Previously known as the Waiver for Older Adults, this program provides services to promote independent living in one's home or assisted living. At the time of this writing, this program is only open to state residents on Medicaid who are currently residing in a nursing home and wish to transition back into the community.
2. Community Pathways Medicaid Waiver – Intended for disabled (developmentally or intellectually) individuals, a variety of services, such as adult day health, home modifications, and personal care assistance is available.
3. Community Personal Assistance (CPAS) – Personal care assistance and nurse monitoring provided under the state Medicaid program, which means there are no wait lists for services.
4. Community First Choice Program (CFC) – Not a Medicaid program per se, but an option on how care assistance is received. Program participants are able to self-direct their own care, meaning they can hire, train, and supervise the care provider of their choice.
5. Medical Day Care – Provides daytime medical day care, such as nursing and rehabilitation therapy, in adult day centers for seniors and disabled adults who require a level of care consistent with nursing home care.
6. Increased Community Services (ICS) – Transitional services are available for physically disabled adults and frail seniors who wish to return to living at home from an institutional setting. Supportive services include home modifications, personal care assistance, meal delivery, and assistive technology.

Source- <https://www.medicaidplanningassistance.org/medicaid-eligibility-maryland>

