

# CAREPEOPLE NEWSLETTER

MARCH 2019

## *Virginia Medicaid Income & Asset Limits for Nursing Homes & In-Home Long Term Care*

### Virginia Medicaid Definition

Medicaid is a wide-ranging, jointly funded state and federal health care program for low-income / low resource persons of all ages. That being said, this page is categorically focused on Medicaid eligibility for older Virginia residents, aged 65 and over, and specifically for long term care, whether that be at home, in a nursing home, or in an assisted living facility. In Virginia, the Department of Medical Assistance Services (DMAS) administers the Medicaid program, and one's local Department of Social Services (DSS) determines one's eligibility.

### Income & Asset Limits for Eligibility

There are several different Medicaid long-term care programs for which Virginia seniors may be eligible. These programs have slightly different eligibility requirements, such as income, assets, and functional ability, as well as differing benefits. Further complicating eligibility are the facts that the criteria vary with marital status and that Virginia 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.
- 2) Medicaid Waivers / Home and Community Based Services – Limited number of participants. Provided at home, adult day care or in assisted living.

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



# Hello

# March!



Spring is Here!

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3) Regular Medicaid / Aged Blind and Disabled – is an entitlement (benefits are guaranteed if one meets the eligibility requirements) and is provided at home or adult day care.

Again, please note, eligibility for these programs is complicated by the facts that the criteria vary with marital status and that Virginia offers various pathways towards eligibility. The table below provides a quick reference to allow seniors to determine if they might be immediately eligible for long term care from a Medicaid program. Alternatively, one may take the [Medicaid Eligibility Test](#). **IMPORTANT**, not meeting all the criteria below does not mean one is ineligible or cannot become eligible for Medicaid in Virginia. [More](#).

2019 Virginia 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	\$2,313 / month	\$2,000	Nursing Home	\$4,626 / month	\$4,000	Nursing Home	\$2,313 / month for applicant	\$2,000 for applicant & \$126,420 for non-applicant	Nursing Home
Medicaid Waivers / Home and Community Based Services	\$2,313 / month	\$2,000	Help w/ 2 Activities of Daily Living	\$4,626 / month	\$4,000	Help w/ 2 Activities of Daily Living	\$2,313 / month for applicant	\$2,000 for applicant & \$126,420 for non-applicant	Help w/ 2 Activities of Daily Living
Regular Medicaid / Aged Blind and Disabled	\$832.66 / month	\$2,000	None	\$1,127.33 / month	\$3,000	None	\$832.66 / month	\$2,000	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. However, 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. ([Click here](#) for more information on Medicaid and income considerations). There is also a

[Minimum Monthly Maintenance Needs Allowance](#) (MMMNA), which is the minimum amount of monthly income to which the non-applicant spouse is entitled.

As of July 2018, this figure on the low end is \$2,057.50 / month, which will increase in July 2019.

On the high end, a non-applicant spouse may be entitled to as much as \$3,160.50 / month (this figure won't change again until January 2020). This rule allows the Medicaid applicant to transfer income to the non-applicant spouse to ensure he or she has sufficient funds with 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 his or her spouse lives in the home and the home is valued under \$585,000 (in 2019). 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).

It's important to be aware that Virginia has a 5-year [Medicaid Look-Back Period](#). This is a period of 5 years in which Medicaid checks to ensure no assets were sold for less than their value or given away as a means to meet Medicaid's asset limit. If one is found to be in violation of the look-back period, a period of long-term care Medicaid ineligibility will ensue.

## Qualifying When Over The Limits

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For Virginia elderly residents, 65 and over, who do not meet the eligibility requirements in the table above, there are still other means to qualify for Medicaid.

1) Medically Needy Pathway – Virginia's Medically Needy Pathway is referred to as a Medically Needy Program. This program allows individuals who have income over the limit for other pathways of eligibility to still gain Medicaid eligibility if they have high medical bills relative to their monthly income. Also commonly referred to as a "Spend-down" program, one must "spend-down" their excess income on medical bills (health insurance premiums, physician visits, hospital bills, prescription drugs) in order to meet the income limit for the Medically Needy Program. Once one's income has been spent down to the income limit, Medicaid services will be available for the remainder of the eligibility period.

For the Medically Needy Program, as a general rule of thumb, the income limit is 47% of the Federal Poverty Level, which, in 2019, is currently \$489.19 for a single person and \$662.30 for a married couple. Please note, not all regions of the state have the same income limits. However, the asset limit is the same regardless of the area of the state and is \$2,000 for an individual and \$3,000 for a married couple.

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 not counted towards eligibility, such as home modifications (wheelchair ramps, chair lift, grab bars, etc.), prepaying funeral and burial expenses, and paying off one's mortgage or credit card 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

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The Virginia Medicaid program pays for nursing home care, but it also offers a “Medicaid Waiver”, which pays for care outside of nursing homes. Care paid for by Medicaid, outside of a nursing home is called “home and community based services” or HCBS. Virginia recently re-designed its HCBS waivers, consolidating the old Elderly or Disabled Waiver and the Technology Assisted Waiver into the new Commonwealth Coordinated Care Plus Waiver.

This waiver, called CCC+ for short, includes benefits such as adult day care, home care, and financial support to make home modifications that help residents remain living in their homes. Unfortunately, unlike nursing home Medicaid, which is an entitlement, CCC+ is not an entitlement program. This means, CCC+ has limited enrollment and waiting lists can exist.

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

