pro seniors
Advocacy. Empowerment. Justice.

Medicaid for Nursing Facility Residents

Who Is Eligible?

You must be a US citizen, lawful permanent resident whose date of entry is prior to August 22, 1996, or qualified alien and a resident of Ohio. In addition, you must be blind, disabled or 65 or older, and in need of nursing facility services. The financial requirements for eligibility include a gross monthly income at or below $2,901 (2025) and countable resources (assets) not to exceed $2,000. You, or your authorized representative, may apply for Medicaid at the County Department of Job & Family Services in the county where the institutionalized individual lives. Medicaid eligibility may go back three months from the application date.

What If My Gross Monthly Income Is Over $2,901?

You can still qualify for Medicaid by transferring some of your monthly income into a QIT (Qualified Income Trust) so that your remaining income is below $2,901. Call Pro Seniors Legal Helpline for more information on QITs.

What Are Countable Income And Resources?

Countable income is your gross monthly income minus

a) $20 (if your income is unearned);
b) Supplemental Security Income (SSI) and other needs-based income.

Countable resources are cash, checking and savings accounts, CDs, stocks, bonds, cars if not otherwise exempt and real property not otherwise exempt, certain property transferred or put in a trust; and any other property which you could sell to pay for your care and which, in general, is legally available for your use.

What Resources Are Excluded?

Resources not counted in reaching the $2,000 limit are:

a) your home as long as you intend to return to it, or your spouse or dependent relative continues to live there, or its sale would cause undue hardship for a co-owner of the property due to loss of housing;
b) one automobile is excluded, regardless of value, if it is used for transportation for you or a member of your household;
c) the cash value of life insurance policies for one person if the face values total $1,500 or less (if the face value exceeds $1,500, then the total cash value is counted);
d) an irrevocable pre-need burial contract and burial plots for you and your immediate family members;
e) certain trusts; and,
f) any resource which is not legally available to you or that you cannot liquidate due to your disability.

Is The Community Spouse (CS)'s Income Used To Pay For The Applicant Spouse's Care?

No. The CS's income is theirs to keep.

Can The CS Keep Any Of The Institutionalized Spouse (IS)'s Income To Meet Monthly Expenses?

Yes, if the community spouse's income and expenses meet certain criteria. Once the institutionalized spouse becomes eligible, the community spouse may receive a Monthly Income Allowance (MIA). The MIA is calculated by first adding the Minimum Monthly Maintenance Need Allowance (MMMNA), $2,550, to the excess shelter allowance (ESA). The ESA is the amount the community spouse's shelter costs, such as mortgage/rent, home insurance and property taxes, exceed $766.50.

The community spouse's gross monthly income is then subtracted from that total. The remainder is the amount the community spouse may keep from the institutionalized spouse's monthly income, i.e., the MIA. Exceptional circumstances, if proven at a hearing, will allow the community spouse to keep more money, up to a federal maximum of $3,948 per month, unless a court orders a higher amount to be paid to support the community spouse.

Will The IS Pay Any Income To The Nursing Facility Each Month?

Probably. This may depend on whether the CS will receive a MIA as described above. To determine the IS's patient liability, begin with the individual's gross monthly income. Next, subtract a Personal Needs Allowance of $50. Then subtract the MIA for the CS. Next, deduct past medical expenses, monthly ongoing medical expenses not covered by Medicaid and health insurance premiums. The remainder is the patient liability paid monthly to the nursing facility.

May The CS Keep Any Of The Resources?

Yes. The amount the CS may keep depends on the total value of all available resources owned by both spouses as of the date of the Medicaid resource assessment. The Medicaid resource assessment is completed based upon the resources owned at the beginning of the first continuous period of institutionalization, or the date of application for home and community-based services such as PASSPORT or PACE.

Generally, the CS may keep 50% of the total countable resources. However, that 50% cannot be less than a minimum of $31,584, (2025) nor can it exceed a maximum of $157,920 (2025). The IS's half of the resources may be spent for the benefit of the IS, for the legal and/or financial obligations of either spouse, or for the purchase or maintenance of excluded resources, but no amount can be given away for less than fair market value. If 50% of the combined resources is more than the maximum of $157,920, the CS keeps $157,920. If 50% of the combined resources is less than the minimum of $31,584, the CS keeps $31,584.

What Happens If I Give My Property Away?

Consult an attorney experienced in Medicaid planning before transferring assets for less than fair market value.

Medicaid looks back 60 months from the time you enter a nursing facility, apply and are otherwise eligible for Medicaid, to determine if you or your spouse gave away, disposed of or otherwise transferred resources without receiving fair market value in return. Certain transfers are permissible. In general, you may transfer any property to your spouse or to your child who is blind or disabled.

There are also special rules for transferring your home. You may transfer your home to your spouse or to your child who is who is blind, disabled or under age 21. You may also transfer the home to a sibling who has an equity interest in your home and lived in your home for at least one year immediately before you entered the nursing facility. Finally, you may be able to transfer your home to your adult non-disabled child if they lived in your home, took care of you for two years immediately

before you entered a nursing facility and you have adequate proof that you required nursing facility level of care for those two years.

If either spouse improperly transfers or gives away property that does not fit an exception, Medicaid will presume that the transfer/gift was made to qualify for Medicaid and will not pay for your nursing facility care, care provided through an HCBS waiver program (e.g. Passport) or PACE, for a certain period of time, or "penalty period". To avoid the penalty, you must prove by clear and convincing evidence that you made the transfer/gift at fair market value; or did not intend the gift to affect Medicaid. The penalty period is determined by dividing the value of the improperly transferred asset or gift by the average monthly private pay rate for a nursing home, (currently $7,787), and begins when you are otherwise eligible for Medicaid. You can also avoid the penalty if all of the assets improperly transferred are returned to you.

If a penalty period is imposed that would result in undue hardship to you, you can request an undue hardship exemption, but this can be very difficult to obtain.

Most asset transfers into trusts other than a special-needs, revocable, pooled, supplemental services or qualifying income trust are not allowed.

How Do I Appeal a Medicaid Decision?

Appeals must be submitted to the Bureau of State Hearings within 90 days after the Notice of Action mailing date. If benefits are being terminated, a hearing must be requested within 15 days to continue benefits during the hearing process. Administrative appeal and court review are also available.

Pro Seniors helps older Ohioans solve legal and long-term care problems and fight Medicare fraud. Our Legal Helpline provides free legal information and advice for Ohio residents aged 60 and older.
This fact sheet provides general information, not legal advice. The law is complex and changes frequently. Before you apply this information to a particular situation, call Pro Seniors' free Legal Helpline or consult an attorney in elder law.

©2025 Pro Seniors, Inc. All Rights Reserved.
PRO SENIORS® is a registered trademark of Pro Seniors, Inc
Form #LFS018d