

Medicaid is a joint federal and state program that helps people with limited income and resources pay for healthcare including long-term care, such as home health aides, nursing homes, or assisted living. Each state runs its own Medicaid program. Below you will find important information and tips to help navigate this program.

1. Types of Medicaid Programs

- Regular Medicaid - basic medical coverage for low-income individuals.
- Home and Community-Based Services (HCBS) Waivers - help pay for in-home caregivers, adult day programs, or assisted living. These programs vary by state.
- Institutional/Nursing Home Medicaid - covers full-time nursing home care.

2. How Do You Know Which Program to Apply For?

- If an older adult lives at home and needs help paying for medical care (doctor visits, prescriptions, etc.), they likely need *Regular Medicaid*.
- If an older adult wants to remain at home or in the community but needs help with daily care (like bathing, dressing, or adult day programs), they may qualify for a *Home and Community-Based Services (HCBS) Waiver*.
- If they need 24-hour care in a nursing home, they should apply for *Institutional/Nursing Home Medicaid*.

3. Who Qualifies for Medicaid?

Eligibility depends on the following:

- Income and assets (limits vary by state)
- Age or disability status
- Medical needs (especially help with daily activities like bathing, dressing, or eating)
- You can check eligibility using this free online [Medicaid Eligibility Test](#)

4. How to Apply

Step 1: Gather Information

Before you apply, collect the following:

- Social Security number and ID
- Proof of income (like Social Security or pension statements)
- Bank account and (if applicable) life insurance details
- Marriage certificate (if applicable)
- Information about assets (such as property or investments)

Step 2: Apply Online

Each state has its own Medicaid portal. You can find your state's application [here](#).

You can submit the application even if you don't have every document yet. It's easier to add information later than to correct it.

HELPFUL TIPS:

- If an older adult needs help with daily activities or is applying for long-term care or waiver programs, make sure to mark them as 'disabled' on the application.
- Take screenshots of each page as you go, especially the confirmation page. This helps if the application is lost or delayed.
- Sign up for email and text notifications as paper mail can be slow, and you might miss important deadlines.

5. What Happens After you Apply

- The state has up to 45 days to process the application, or up to 90 days if a disability determination is required for long-term care programs like nursing homes or Home and Community-Based Services (HCBS).
- You might receive requests for additional documents. Make sure to submit them as soon as possible.
- Once approved, the older adult will keep a small monthly allowance (usually \$30–\$200) and the rest of their income will go toward care costs.

6. If the Application is Denied

Common reasons include:

- Missing documents
- Incorrect income or asset reporting
- Not marking the older adult as disabled

HELPFUL TIPS:

- You can request a Medicaid Fair Hearing - a free appeal where the state re-reviews your case.
- Review your denial letter carefully for mistakes. Sometimes caseworkers miscalculate income or overlook documentation.

7. After Approval

Explore programs that maximize benefits:

- Home and Community Waivers - in-home aides, transportation, or adult day care.
- Retroactive Medicaid - may cover up to 3 months of prior medical costs.
- Medicaid Pending - allows care providers to start services while approval is processing.