

Medicaid Eligibility Guide

Does My Loved One Qualify for Medicaid Covered Senior Care in MD, VA, or DC?
Understanding Medicaid waivers, eligibility requirements, and how to apply in each state
A Complimentary Resource from Senior Care Connect DMV • Information current as of May 2026

Medicaid is one of the most important and least understood funding sources for senior care. For eligible individuals, it can cover a significant portion, or in some cases, the full cost of assisted living, in home care, or nursing home care.

However, Medicaid eligibility rules are complex, vary by state, and are subject to change. This guide is designed to give families a clear starting point for understanding what Medicaid covers in Maryland, Virginia, and Washington, DC, and how to begin the application process.

Important Note

Medicaid rules, income limits, and waiver program availability change frequently.

This guide provides general guidance only and does not constitute legal or financial advice.

We strongly recommend consulting a Medicaid planning attorney or certified benefits counselor for advice specific to your loved one's situation.

Senior Care Connect DMV can connect you with trusted local Medicaid planning professionals at no cost.

What Is Medicaid and How Does It Work for Senior Care?

Medicaid is a joint federal and state program that provides health coverage and long term care services to individuals who meet income and asset eligibility requirements. Unlike Medicare, which is primarily a health insurance program, Medicaid can cover long term custodial care, the kind of ongoing, daily assistance that seniors with chronic conditions often need.

For senior care purposes, Medicaid operates through two primary pathways:

1. Nursing Home / Institutional Medicaid

Covers the full cost of care in a Medicaid certified skilled nursing facility (nursing home). This is the most widely available Medicaid benefit for seniors and generally has the broadest eligibility. Approval is based on both medical need and financial eligibility.

2. Home and Community Based Services (HCBS) Waivers

Waiver programs allow Medicaid funds to be used outside of a nursing home setting, including in home care, adult day services, and in some states, assisted living communities. Each state administers its own waiver programs with specific eligibility criteria, enrollment caps, and wait lists.

Key Difference: Regular Medicaid vs. Waiver Programs

Regular Medicaid (nursing home) is an entitlement if you qualify, you receive benefits.

Waiver programs have limited slots and may have waiting lists of months or even years.

Planning ahead is critical if your loved one may need waiver-based care in the future.

General Medicaid Eligibility Requirements

While each state has its own specific rules, most Medicaid programs for seniors evaluate eligibility based on three core criteria:

Eligibility Criteria	What It Evaluates	Typical Requirement
Age / Disability	Age or qualifying disability status	65 or older, or blind/disabled at any age
Medical Need	Level of care required	Need for nursing facility level of care (NFLOC)
Income	Monthly gross income	Varies by state; typically at or near SSI level
Assets / Resources	Countable assets	Typically \$2,000–\$3,000 for individual
Residency	State residency status	Must be a resident of the applying state
Citizenship	Citizenship or immigration status	U.S. citizen or qualifying immigrant

What Counts as a Countable Asset?

- Countable assets typically include: cash, savings accounts, checking accounts, stocks, bonds, second homes or investment properties, and most other financial holdings.
- Generally EXCLUDED: primary residence (with conditions), one vehicle, personal belongings, prepaid burial plans, and certain irrevocable trusts.
- Spousal protection rules (CSRA) allow a community spouse to retain a portion of assets.

Maryland Medicaid for Senior Care

Maryland operates several Medicaid programs relevant to seniors, administered through the Maryland Department of Health (MDH). The primary long term care programs are described below.

Maryland — Key Medicaid Programs & Eligibility

Criteria	Medicaid Waiver for Older Adults (Community First Choice + HCBS)	Nursing Facility Medicaid
What It Covers	In home care, assisted living support, adult day services, personal care	Full cost of Medicaid certified nursing home care
Income Limit	300% of SSI (~\$2,829/month in 2026)	300% of SSI (~\$2,829/month in 2026)
Asset Limit	\$2,000 individual / \$3,000 couple	\$2,500 individual (community spouse may retain more)
Medical Need	Need for nursing facility level of care	Need for nursing facility level of care
Wait List	Yes — wait lists may apply for HCBS slots	No wait list for nursing home Medicaid

How to Apply	Maryland Access Point (MAP) or local health department	Local Department of Social Services (DSS)
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Maryland also offers the Community First Choice (CFC) program, which provides personal care services to Medicaid eligible individuals who require a nursing facility level of care but choose to remain in a home or community setting.

Maryland Medicaid Contact & Resources

- Maryland Department of Health: health.maryland.gov
- Maryland Access Point (MAP): 1-844-MAP-LINK (1-844-627-5465)
- Local Department of Social Services: dhr.maryland.gov
- Maryland Legal Aid (Medicaid planning assistance): mdlab.org

Virginia Medicaid for Senior Care

Virginia’s Medicaid program is administered by the Department of Medical Assistance Services (DMAS). Virginia offers several waiver programs relevant to seniors, though most have enrollment caps and wait lists.

Virginia — Key Medicaid Programs & Eligibility

Criteria	Commonwealth Coordinated Care Plus (CCC+) Waiver	Nursing Facility Medicaid
What It Covers	In home personal care, adult day health, respite care, some residential settings	Full cost of Medicaid certified nursing home care
Income Limit	300% of SSI (~\$2,829/month in 2026)	300% of SSI (~\$2,829/month in 2026)
Asset Limit	\$2,000 individual / \$3,000 couple	\$2,000 individual (community spouse protections apply)
Medical Need	Nursing facility level of care required	Nursing facility level of care required
Wait List	Yes — CCC+ waiver has a waiting list	No wait list for nursing home Medicaid
How to Apply	Virginia DMAS: dmas.virginia.gov	Local Department of Social Services

Virginia also offers the Elderly or Disabled with Consumer Direction (EDCD) Waiver, which provides personal care and respite services to individuals who would otherwise require nursing facility placement. This waiver is particularly relevant for seniors wishing to remain at home.

Virginia Medicaid Contact & Resources

- Virginia DMAS: dmas.virginia.gov or 804-786-7933
- Virginia Insurance Counseling & Assistance Program (VICAP): 1-800-552-3402
- Local Department of Social Services: dss.virginia.gov
- Virginia Legal Aid: virginialegalaid.org

Washington, DC Medicaid for Senior Care

Washington, DC administers its Medicaid program through the Department of Health Care Finance (DHCF). DC offers several home and community based programs for seniors, and its income eligibility limits are generally more generous than surrounding states.

Washington, DC — Key Medicaid Programs & Eligibility

Criteria	DC HCBS Elderly & Physically Disabled Waiver	Nursing Facility Medicaid
What It Covers	In home care, adult day health, personal care aide services, assistive technology	Full cost of Medicaid certified nursing home care
Income Limit	300% of SSI (~\$2,829/month in 2026)	300% of SSI (~\$2,829/month in 2026)
Asset Limit	\$4,000 individual / \$6,000 couple	\$4,000 individual (higher than MD/VA)
Medical Need	Nursing facility level of care required	Nursing facility level of care required
Wait List	Wait list may apply for waiver slots	No wait list for nursing home Medicaid
How to Apply	DC DHCF: dhcf.dc.gov or 202-442-5988	DC Department of Human Services: dhs.dc.gov

DC Medicaid Contact & Resources

- DC Department of Health Care Finance: dhcf.dc.gov
- DC Access Help Line: 202-727-5355
- DC Office on Aging (DCOA): dcoa.dc.gov or 202-724-5626
- Legal Aid DC: legalaiddc.org

Medicaid Spend Down: What It Means and How It Works

If your loved one’s income or assets exceed the Medicaid limit, they may still qualify through a process called “spend down.” This involves reducing countable assets or income to the eligibility threshold before benefits begin.

Common Spend Down Strategies

The following are general strategies families sometimes use. Each has legal implications and should be discussed with a qualified Medicaid planning attorney:

- Paying off debt, including mortgages, car loans, or medical bills
- Making home modifications or repairs (wheelchair ramp, safety grab bars, etc.)
- Prepaying funeral and burial expenses through an irrevocable plan
- Purchasing exempt assets such as a vehicle or personal property
- Transferring assets into certain irrevocable trusts (requires legal guidance)

The 5 Year Look Back Rule

Medicaid reviews all asset transfers made within the 60 months (5 years) prior to application. Gifts, transfers below market value, or transfers to family members during this period may result in a penalty period during which Medicaid benefits are withheld. This is significantly different from the VA's 3 year look back.

Consult a Medicaid planning attorney BEFORE transferring any assets.

How to Apply for Medicaid — Step by Step


1. **Determine financial eligibility.** Review your loved one's income, assets, and monthly expenses. Consider consulting a Medicaid planning attorney before proceeding.
2. **Obtain a medical assessment.** A physician or licensed assessor must document that your loved one meets the nursing facility level of care (NFLOC) standard.
3. **Gather required documentation.** Collect birth certificate, Social Security card, proof of income, bank statements (typically 5 years for nursing home; 3 years for some waivers), insurance policies, and property records.
4. **Submit the application.** Apply through your state's Medicaid office, local Department of Social Services (MD/VA), or DC's Access Help Line. Applications can often be submitted online, by mail, or in person.
5. **Respond to requests promptly.** The Medicaid office may request additional documentation. Delays in responding can slow or jeopardize approval.
6. **Plan for ongoing renewal.** Medicaid eligibility must typically be renewed annually. Keep documentation current and respond to renewal notices promptly.

Not Sure Whether Your Loved One Qualifies for Medicaid?

We're Here to Help You Find Out.

Senior Care Connect DMV helps families throughout Maryland, DC, and Virginia understand their funding options and connect with the right professionals — including Medicaid planning attorneys and benefits counselors — at no cost to your family.

 **Call or Text: 301-968-6860**

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Disclaimers & Important Notes

This guide is intended for general informational purposes only and does not constitute legal, financial, or benefits advice. Medicaid rules, income and asset limits, waiver program availability, and application procedures are subject to change. Information reflects general program guidelines as of May 2026. For advice tailored to your specific situation, please consult a Medicaid planning attorney, certified benefits counselor, or your state's Medicaid office.

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