When to apply for Medicaid long-term care

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Last Review Date
April 7, 2025

Learn about the process to apply for and get help from Medicaid in paying for long-term services and supports (LTSS), whether in your home or in a residential community.

What is Medicaid for long-term care?

If you need help paying for long-term care in your home or in a residential community, like assisted living, adult family home, or nursing home, you can apply for Medicaid (https://www.dshs.wa.gov/altsa/home-and-community-services/how-apply-medicaid) to help cover the cost of care.

We'll only talk about the application process here. You can read elsewhere about the different Medicaid programs for long-term care: COPES, Medicaid for Nursing Home Care, Community First Choice (CFC), and Tailored Supports for Older Adults (TSOA) and Medicaid Alternative Care (MAC) programs.

When should I apply for Medicaid for long-term care?

You should apply at least **45 days** before you need coverage, if possible. You can include a note saying when you want Medicaid coverage to start.

For example, if you'll need Medicaid for long-term care to begin on May 1, you should send your application on March 1 with a note saying you want coverage to start May 1.

What happens after I apply?

A Department of Social and Health Services (DSHS) (https://www.dshs.wa.gov/) financial worker will review your finances to be sure you're financially eligible for the program.

Then a social worker will meet with you to talk about what kind of care you need to make sure you meet "functional requirements" for the program.

Meeting **functional requirements** means you need certain types of help with daily tasks such as eating, using the toilet, bathing, dressing, moving, or taking medication.

If you're both financially and functionally eligible, you'll get a letter from DSHS confirming this. The letter will include other important information, including the kind of care you'll get, how many hours of care you'll get (if you get care in your home), when coverage will start, and so on.

What will be my effective date of coverage?

That will depend on where you get care.

- **Nursing home**: Coverage will start the first day of the month you apply. If you were eligible during the 3 months before you applied, you might

be able to get coverage for those months too ("retroactive coverage").

- **Home, assisted living, adult family home*:*** Coverage will only start after DSHS decides you're both financially and functionally eligible. There is **no** retroactive coverage.

What if I have too many resources?

- If you're single, the resource limit is $2,000.
- If you're married and your spouse is also applying for Medicaid, the resource limit for you both is $3,000.
- If you're married and your spouse isn't applying for Medicaid, the resource limit for you both is $70,301 if you live at home and $156,140 if you live in a hospital or nursing home (Community Spouse Resource Limit + $2,000 for you).

Some resources, like your house, car, and personal items don't get counted for the resource limit.

> **Important!** Don't give away money or property to reduce your resources without consulting with a lawyer familiar with Medicaid rules.

Can I just give money or property away to be eligible for Medicaid for long-term care?

No. DSHS will look back at your financial records for **5 years** to see if you've given away money or property. You can give money or property to certain people without a penalty, but it's complicated. You should read about the different Medicaid programs and talk with a lawyer familiar with Medicaid

rules before giving anything away.

I already get care and pay for it myself. What happens when I run out of money?

Review your finances and plan to apply for Medicaid for long-term care when you have enough money to pay for your care during the application process (at least **45 days**, but maybe more). This is especially important if you get care at home, assisted living, or an adult family home, because there's no retroactive coverage.