

Application Assistance for Long Term Care/Nursing Facility Medicaid for Adult Applicants and Families

The following information is intended for adults applying for Long Term Care/Nursing Facility Medicaid and their families to assist in the application process

- The Facility and Waiver Eligibility Team (FWET) is the unit within Iowa HHS that processes applications for Long-term Care/Facility and HCBS Waiver coverage.
- The income limit for long-term care/facility Medicaid for 2025 is \$2,901. If an applicant's gross income is over this amount, please visit <https://www.iowa-medicaidtrusts.com/>
- HHS can get verification of Social Security and Supplemental Security Income; if the applicant has additional income from other sources, they will need to provide verification of gross income.
 - If the applicant is receiving Veteran's benefits, they will need to sign a specific release for the VA. The VA does not accept general releases.
- A person must apply for and accept all benefits they are eligible to receive to be eligible for Medicaid. This includes but is not limited to Veteran's benefits (both cash and Aid and Attendance benefits) and other pensions and retirement income.
- An applicant must be blind, elderly (65 or older) or disabled to qualify for long-term care/facility Medicaid. If the applicant is not 65 or older, blind, or they have not been determined disabled by the Social Security Administration (SSA) they will need to apply for Social Security Disability.

The resource limits for facility Medicaid are \$2,000.00 per individual and \$3,000.00 per couple. **The applicant must be at, or below, this amount as of the first moment on the first day of a month to be eligible for that month.**

- Client participation is the amount of the member's income that they must pay to the long-term care/nursing facility. The member will be notified of their client participation at the time of approval. If a member pays a health insurance premium, that amount can be deducted from the client participation; however, to receive this deduction verification must be provided.
- The applicant is required to self-report all income and resource information at the time of application. It is important to provide the name of where the asset is from, such as the bank name. HHS uses an Asset Verification System (AVS) to attempt to verify certain resource information, such as bank accounts. If HHS cannot confirm information through AVS, applicants will be required to provide the information, and a request will be mailed.

Examples of resources that must be self-reported and that may be requested are:

- Value of CDs, money market accounts, IRA, vehicles, 401ks, property (including farmland)
 - Burial contracts or funds set aside for burial
 - Face and cash value of life insurance policies. If there is an intent to use the policy or funds for burial, a signed statement of intent
 - Checking and savings accounts
 - Residential Trust Accounts held at the nursing facility
-
- Attribution of resources: when one spouse enters a medical facility, resources are “attributed” to the spouse not entering a facility (also known as the community spouse) to protect sufficient resources for the community spouse. This is called an attribution of resources. If an attribution needs to be completed, the applicant will need to provide proof of all resources (including the applicant and spouse) as of the first of the month that the applicant entered the facility. For example, if the applicant entered the facility on 10/15/2024 HHS will need proof of all resources owned as of 10/1/2024.
 - If the applicant owns a home and intends to return to the home, they will need to submit a signed statement of intent to return home.