



Medi-Cal for Long Term Care

Long-Term Care Medi-Cal pays for care received in a hospital or nursing facility which lasts or is expected to last at least one full calendar month after the month of admission. If you live in a nursing home (also known as long-term care facility) or need nursing home care, Medi-Cal could pay for part or most of the care and services you receive.

Medicare only pays for skilled nursing care for rehabilitation purposes after being hospitalized, and does not pay for “custodial care,” also known as long term care.

Eligibility

- Must be a resident of California (regardless of immigration status)
- Must provide verification of income or other necessary information, if requested, but there is **NO** asset limit for Medi-Cal as of January 1, 2024.
- You must be receiving or expected to receive care for at least 30 days after the month of admission in a:
 - ✔ Hospital
 - ✔ Intermediate Care Facility (ICF)
 - ✔ Skilled Nursing Facility
 - ✔ Convalescent Home

Covered Services

- Nursing Home and Convalescent Care
- Comprehensive Preventive Care
- Primary and Specialty Care
- Office Visits
- Vision and Dental Care
- Mental Health Services
- Hospitalization
- Prescription Medicines

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The Center for Health Care Rights (CHCR) is a California non-profit organization that provides free information and help with Medicare. CHCR is the Health Insurance Counseling and Advocacy Program (HICAP) for Los Angeles County. HICAP can be reached statewide at **800-434-0222**.

Income Requirements

There is no income limit, **but** most of your income will be used to pay the nursing facility where you reside. In most cases, you will only be allowed to keep \$35/month as a personal needs allowance.

Maintaining the Home for Return of a Long-Term Care (LTC) Resident

In addition to the \$35 for personal and incidental needs, a person in long term care can retain an amount of income for upkeep of a home if they meet certain conditions.

Please speak with your eligibility worker for more information.

Spousal Impoverishment Laws

Sometimes one spouse needs long term care, and the other does not. There are rules in place to protect the well spouse (the spouse who does not need long term care) so that he or she can keep some of the household income (up to a limit) while he or she continues to remain at home. The well spouse can keep any income received in their name alone.

For example, if the well spouse receives a monthly income of \$5,000, they can keep it all without contributing to the Medi-Cal recipient's share of cost. If the well spouse's income is less than the 2024 \$3,854 "maximum monthly maintenance needs allowance (MMMNA)," then they can receive a portion from the institutionalized spouse's income until they reach the MMMNA.

Example

Mary and Joe are married. Joe recently entered a nursing home and was approved for Long Term Care Medi-Cal with Spousal Impoverishment. Joe's monthly income is \$3,500. Mary's monthly income is \$1,500 which is below the MMMNA, allowing her to receive an allocation from Joe. Joe can allocate to Mary up to \$2,354 of his own income so that Mary can meet the MMMNA ($\$3,854 - \$1,500 = \$2,354$).

Please speak with your eligibility worker for more information.

**Call the Center for Health Care Rights at 800-434-0222
or visit healthcarerights.org**

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