

# Medicaid Fact Sheet 2026

## Frequently Asked Questions about Medicaid Planning.

### **Q. Why do I need an attorney? Can't a Medicaid planner solve this problem for me?**

A. An elder law attorney specifically trained and experienced in Medicaid law is absolutely necessary to preserve your assets and qualify for Medicaid benefits. Be very wary of non-attorney Medicaid planner “experts.” The Florida Supreme Court has ruled that assisting in Medicaid qualification, other than help filing out forms, is the practice of law. Non-attorney Medicaid planners are practicing law without a license.

### **Q. If I give assets away am I ineligible for Medicaid?**

A. Yes. All gifts, including to charities and churches, disqualify the applicant for Medicaid benefits. The disqualification starts at the time of the application for Medicaid, but the disqualification can be removed by taking appropriate legal action before application.

### **Q. What about the money in my safety deposit box? Do I have to tell anyone about it when applying for benefits?**

A. Yes. You must disclose all of your assets. Failure to do so will disqualify you and is also a felony.

### **Q. Can my son take money out of our joint account without effecting my eligibility?**

A. No. A transfer of assets from a joint account, regardless of who makes the transfer, is considered a disqualifying transfer.

### **Q. Can I still give \$19,000.00 a year away?**

A. No. Many people believe that because you can give away \$19,000.00 per person per year tax free, that this is the same case with Medicaid. Unfortunately it is not. The gift is a transfer that will cause disqualification.

### **Q. Is my home protected?**

A. Yes. The home is not counted as an asset as long as the applicant has an intent to return and the value is less than \$752,000. If the value is over that amount there still may be solutions to protect the home.

### **Q. When you die does Medicaid take your home?**

A. In Florida, in almost all cases, Medicaid cannot take your home after death so long as it is considered the Medicaid recipient's primary residence “homestead.”

### **Q. Is long-term care insurance a good idea?**

A. Yes. If you can afford long-term care insurance, and meet the eligibility requirements, long-term care insurance is a good way to manage the risk of an extended stay in a nursing home or assisted living facility.

### **Q. Does the Medicaid recipient get to keep his income?**

A. No. With a few exceptions, you are required to pay the nursing home your total monthly income, minus \$160.00 for personal needs. In some cases where there is a spouse at home he or she may be able to keep some of the Medicaid recipient's income.

### **Q. Won't Medicare pay for the nursing home?**

A. No. Medicare only pays for a maximum of 100 days of skilled nursing care per illness, and if you stop making progress on rehabilitation Medicare will also stop paying.

### **Q. If I have too many assets to qualify, but need Medicaid now, is it too late to protect my assets?**

A. No. While you may have lost opportunity to use some strategies, it is never too late to protect some, if not all, of your assets.

### **Q. Should I wait until I need Medicaid benefits before I see an elder law attorney?**

A. No. Do not wait. It is better to start planning early. The more time before the need for Medicaid arises the more options you have.

### **Q. Where can I get more information on Medicaid?**

A. Sean's Medicaid and Long Term Care Handbook is available on Amazon in print, e-book, and audio versions. Scan QR code for link to The Medicaid Handbook.



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## Financial Eligibility for Florida Medicaid Programs - January 2026\*

| Assistance Programs   | Income Limit - Individual/Couple | Asset Limit - Individual/Couple |
|---|----------------------------------|---------------------------------|
| Supplemental Security Income (SSI)<br>Cash payment, includes full Medicaid.   | \$994 / \$1,491                  | \$2,000 / \$3,000               |
| Nursing Home, ALF and Home Care<br>Pays nursing home room, board and care, Medicare A and B premiums, coinsurance and deductible. | \$2,982 / \$5,964                | \$2,000 / \$3,000               |
| Full Medicaid MEDS-AD<br>Community Medicaid.  | \$1,182 / \$1,596                | \$5,000 / \$6,000               |
| QMB Medicare Assistance<br>Pays Medicare part A and B premiums, coinsurance and deductible.                                       | \$1,342 / \$1,813                | \$9,950 / \$14,910              |
| SLMB Medicare Assistance<br>Pays Medicare part B premiums.  | \$1,609 / \$2,175                | \$9,950 / \$14,910              |
| QI1 Medicare Assistance<br>Pays Medicare part B premiums.   | \$1,811 / \$2,447                | \$9,950 / \$14,910              |
| Working Disabled Medicare Assistance<br>Pays Medicare part A premiums.  | \$2,683 / \$3,624                | \$5,000 / \$6,000               |

|   |   |
|---|---|
| <b>Medicare Part B Premium</b>  | \$202.90  |
| <b>Medicare Part A Premiums</b>   | <b>Number of Qualifying Quarters of Employment</b>  |
|   | 40 or more      Free  |
|   | 30 to 39      \$311   |
|   | Less than 30      \$565   |
| <b>Personal Needs Allowance</b><br>Nursing Home<br>Hospice (Community)<br>ALF-PACE/SMMC-HCBS<br>Community/Budget  | \$160 (\$320 Couple)<br>\$1,342<br>Facility room and board charge, plus 20% of the FPL (\$269 / \$538)<br>\$2,982 |
| <b>Other Amounts</b><br>Minimum Spouse Monthly Needs Allowance<br>Maximum Spouse Monthly Needs Allowance<br>Excess Shelter Cost Allowance<br>Standard Utility Allowance<br>Asset Transfer Penalty Divisor<br>Allowed Community Spouse Asset Amount<br>Maximum Home Equity Value<br>Medicare Nursing Co-payment day 21-100 | \$2,644<br>\$4,067<br>\$794<br>\$426<br>\$10,458<br>\$162,660<br>\$752,000<br>\$217.00                            |



\* Note that many numbers may change mid-year and should be updated.

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For more information visit [FLMedicaid.com](http://FLMedicaid.com) or call 727-539-0181



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## Income Limits

Applicant - \$2,982 per month (gross)

Spouse - Income not counted

## Asset Limits

Single Applicant - \$2,000\*

Married Applicant - \$2,000 plus \$162,660 for the spouse

\* \$5,000 asset limit if applicant's income is less than \$1,182 per month.

## Jargon Cutter

**Community Spouse** - the wife or husband not in the nursing home.

**ICP** - Institutional Care Program, particular type of Medicaid that pays for nursing home care. ICP has different rules than other types of Medicaid.

**Income Cap** - the amount of gross income an applicant can have without being ineligible for benefits. If over income, an income trust is needed.

**Level of Care** - a measure of how sick an applicant is to determine eligibility.

**Miller Trust** - original name for the income trust.

**MMIJA** - minimum monthly income allowance, the amount of the applicant's income that may be diverted to the "community" spouse. (\$2,644 - \$4,066)

**Nursing Home Diversion Program** - helped pay cost of care at home and in an assisted living. Replaced by the State Wide Managed Medicaid Program

**Resource Limit** - the amount of assets the applicant can have.

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## Assets

Assets are either countable or non-countable. The most significant non-countable assets are the home (the first \$752,000), car, and irrevocable burial contract.

## Income Trust

If the applicant has too much income, an income trust must be drafted and properly funded prior to application. The applicant must transfer at least the amount over \$2,982 to the trust each month.

## Look Back Periods

All transfers made within 60 months from date of application are counted.

## Transfer Rules and Penalties

An improper transfer of assets makes the applicant ineligible for a number of months forward from the date of application for benefits. There is no penalty for a transfer made to a spouse or disabled child.

How to calculate the transfer penalty:

$$\frac{\text{Amount transferred}}{\text{Number of months}} \div 10,458 \text{ disqualified.}$$

Income Trust Diagram

