

MUCHNIK ELDER LAW P.C.

A FREE GUIDE FOR FAMILIES

The Medicaid Application Checklist

What to gather before you apply for nursing home Medicaid in New York or New Jersey. Every document, every rule that differs between the two states, and the mistakes that send applications back.

2026 FIGURES · NEW YORK AND NEW JERSEY

BEFORE YOU START

Gather first. Apply once.

Nursing home Medicaid pays for long-term care in a facility once a person's income and savings fall within the state's limits. Both New York and New Jersey review the five years (60 months) before the application, called the look-back period, to see whether money or property was given away or sold for less than it was worth. If an application is submitted with missing information, the agency will request additional records and may even deny Medicaid if those records are not provided within a short deadline, sometimes just days. Collecting all required documentation before filing is the most effective way to speed up the process and secure Medicaid eligibility. Muchnik Elder Law can assemble the file, prepare the forms, and file the application on your family's behalf.

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The two states at a glance (2026)

New York

LOOK-BACK PERIOD
60 months

INCOME
No cap. Income goes to the facility; resident keeps $50 a month.

SPOUSE AT HOME MAY KEEP
$74,820 to $162,660 in assets

SPOUSE INCOME ALLOWANCE
Up to $4,066.50 a month

RETIREMENT ACCOUNTS
Not counted as a resource if paying out in regular installments, but the payments are counted as income

WHERE TO FILE
County DSS, or NYC HRA in the five boroughs

New Jersey

LOOK-BACK PERIOD
60 months

INCOME
Cap of $2,982 a month; above that, a Qualified Income Trust

SPOUSE AT HOME MAY KEEP
$32,532 to $162,660 in assets

SPOUSE INCOME ALLOWANCE
From $2,705 up to $4,066.50 a month (July 2026), depending on housing costs

RETIREMENT ACCOUNTS
Generally counted toward the $2,000 limit

WHERE TO FILE
County welfare agency (Morris County: Office of Temporary Assistance)

Figures current as of October 2026. Asset limits change each January; the NJ income allowance changes each July.

SECTION 1

Documents about the applicant

Start with the items that prove who the applicant is and where they live.

- [ ] Birth certificate, passport, or other proof of age and citizenship or immigration status
- [ ] Proof of address from before the move to the facility, such as a utility bill or tax bill
- [ ] Social Security card
- [ ] Medicare card (front and back) and any Medicare Advantage, Part D, or Medigap cards
- [ ] Any other health insurance card and any long-term care insurance policy
- [ ] Marriage certificate, plus divorce or death certificates for prior marriages
- [ ] Military discharge papers (DD-214) if the applicant served
- [ ] Power of attorney or guardianship papers naming who will sign for the applicant

> **The forms.** In New York, the nursing home application is the Access NY Health Care Application (DOH-4220) with Supplement A (DOH-5178A). In New Jersey, it is the NJ FamilyCare Aged, Blind, Disabled Program Application filed through the county welfare agency. The firm fills these out; the family supplies the paperwork behind them.



SECTION 2

Income

List every source of monthly income and collect proof of the gross amount (before deductions). The agency wants current award letters or statements, not a summary written by the family.

- [ ] Social Security benefit letter for the current year, showing the gross amount and the Medicare deduction
- [ ] Pension or retirement plan statements showing the monthly payment
- [ ] Veterans benefits award letter
- [ ] Annuity payment statements
- [ ] Rental income, with the lease
- [ ] Income tax returns for recent years, since many offices ask for them to confirm income and interest-bearing accounts

New York

once approved, nearly all of the resident's monthly income goes to the nursing home as their share of the cost, and the resident keeps a personal needs allowance of $50 per month (2026), plus any amount set aside for a spouse at home or health insurance premiums.

New Jersey

nursing home Medicaid has an income cap of $2,982 per month (2026). If income is above the cap, the applicant must set up a Qualified Income Trust (QIT), a dedicated bank account where the excess income is deposited each month so it does not count against eligibility, and is used each month to pay allowed expenses, primarily the Medicaid recipient's nursing home cost share.

SECTION 3

Assets

This is the longest part of the file. Order statements early; banks take weeks to produce old records.

- [ ] Sixty months of statements for every checking, savings, and money market account, including accounts closed during that period
- [ ] CDs, savings bonds, and brokerage statements for the same period
- [ ] Deeds for the home and any other real estate, the current tax assessment, and the latest mortgage statement
- [ ] Life insurance policies, with a letter from the insurer stating the face value and current cash surrender value
- [ ] Vehicle titles or registrations for every car, truck, or boat
- [ ] Retirement account statements (IRA, 401(k), 403(b))
- [ ] Prepaid funeral contract or burial trust, and any cemetery plot deed
- [ ] Annuity contracts, showing the purchase date, owner, beneficiary, and payment schedule
- [ ] Business ownership papers: partnership or LLC agreements, corporate stock, and recent business tax returns
- [ ] Documents for any trust the applicant created, funded, or receives money from

> **Retirement accounts.** In New York, an account paying out in regular periodic installments is not counted as a resource, but the payments are counted as income. In New Jersey, an account the applicant can withdraw from is generally counted toward the $2,000 individual resource limit and usually must be spent down or converted before approval.

> **Prepaid funerals.** An irrevocable prepaid funeral contract (one that cannot be cashed in) is generally not counted in either state, but the agency will want to see it.



SECTION 4

Transfers and gifts in the last five years

Anything given away or sold for less than full value during the 60 months before the application can trigger a penalty period, a stretch of months when Medicaid will not pay for the nursing home even though the applicant is otherwise eligible. The length depends on the amount transferred. Transfers are not automatically fatal, but undocumented transfers are the fastest route to a denial.

- [ ] Any large check, withdrawal, or transfer. Write down what it was for and gather the receipt or bill it paid.
- [ ] Gifts to children or grandchildren, including holiday and wedding gifts
- [ ] Paying a grandchild's tuition or a child's bills directly, which is still a gift
- [ ] Adding a child's name to a deed, bank account, or brokerage account
- [ ] Selling property to a relative at a discount
- [ ] Money paid to a family caregiver, which needs a written care agreement and proof the care was provided
- [ ] Transfers into a trust created within the five-year window

> **Permitted transfers.** Some transfers are permitted, such as transfers to a spouse or to a disabled child. These still need documentation.



SECTION 5

For married couples

When one spouse enters a nursing home and the other stays home, the spouse at home is called the community spouse. The rules let the community spouse keep a portion of the couple's combined assets and, where their own income is low, a portion of the applicant's income. Both states need the community spouse's records too.

- [ ] The community spouse's own bank, brokerage, retirement, and life insurance statements for the same 60 months
- [ ] The community spouse's income proof (Social Security letter, pension statements, wages)
- [ ] Proof of the community spouse's housing costs (mortgage or rent, property taxes, insurance, utilities), which can raise the income allowance

New York (2026)

The spouse at home may keep assets of at least $74,820 and up to $162,660, and a monthly income allowance of up to $4,066.50. The asset figures change each January.

New Jersey (2026)

At least $32,532 and up to $162,660 in assets, and a monthly income allowance from $2,705 (as of July 1, 2026) up to $4,066.50, depending on housing costs. The income allowance changes each July.

SECTION 6

The facility and care

The agency needs proof that the applicant is in a facility and needs that level of care.

- [ ] The signed nursing home admission agreement and any deposit or private-pay agreement
- [ ] The facility's statement of the admission date and private-pay rate
- [ ] Facility or hospital bills from the three months before the application, since both states can cover up to three months before the application month if the applicant was eligible then
- [ ] In New Jersey, the clinical eligibility assessment (the pre-admission screening, or PAS), an in-person nurse assessment by the state's Office of Community Choice Options that the facility usually requests, confirming the applicant needs help with at least three activities of daily living (ADLs) or has a severe cognitive or mental impairment
- [ ] In New York, nursing home Medicaid does not require a specific number of ADLs. Clinical eligibility is determined by the overall medical, cognitive, and physical score on the Patient Review Instrument (PRI)

SECTION 7

Where it is filed and how long it takes

New York

file with the local department of social services in the applicant's county, or with the NYC Human Resources Administration (HRA) for the five boroughs, including Manhattan and Staten Island. State regulation gives the district 45 days to decide (90 days when a disability determination is needed), though nursing home cases often run longer because of the look-back review. Coverage can reach back three months before the application month.

New Jersey

file with the county welfare agency in the applicant's county. The name varies: in Morris County it is the Office of Temporary Assistance, and in many other counties it is the Board of Social Services. State policy gives the county 45 days to decide an aged application and 90 days when a disability determination is required, with extensions in documented exceptional circumstances. Coverage can reach back up to three months before the application month.

SECTION 8

Eight mistakes that delay or sink applications

Most denials and delays come from the file, not the facts. Each of these is avoidable with the checklist in hand.

1. Filing before the full 60 months of statements are in hand
2. Forgetting a closed account, an old CD, or a small account the applicant stopped using
3. Unexplained large withdrawals with no receipts
4. A child's name on a joint account or deed with no explanation of when and why it was added
5. Being slightly over the resource limit on the first day of the month, which can cost the whole month
6. Overlooking life insurance cash value or a retirement account
7. Missing the agency's deadline to answer a document request, which closes the case and forces a new filing date
8. Waiting too long to file, since coverage only reaches back three months

HOW WE HELP

One file, filed once, followed through.

Muchnik Elder Law prepares and files nursing home Medicaid applications in New York and New Jersey. The firm reviews the five-year records before anything is submitted, identifies transfers that need an explanation or a cure, structures the spousal allowances, sets up a Qualified Income Trust when New Jersey requires one, and handles the agency's follow-up requests until the approval arrives.

Call the office nearest you to schedule a consultation.

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This guide is general information for families in New York and New Jersey, not legal advice for any particular situation. Figures are current as of October 2026 and change over time. muchnikelderlaw.com

