The Cost of Long-Term Nursing Care in Ohio vs. Medicaid's Income Limits: What Families Need to Know

For most Ohio families, the moment a parent or spouse needs skilled nursing care is also the moment they discover a jarring gap: the monthly bill for a nursing facility runs into five figures, while Ohio Medicaid's income eligibility limit for long-term care is set at less than $3,000 a month. Understanding how those two numbers interact — and why a high monthly cost doesn't automatically disqualify someone from Medicaid — is essential for planning ahead.

What Skilled Nursing Care Actually Costs in Ohio

Ohio's nursing home costs run slightly below the national median, but they are still substantial. Based on 2026 industry cost-of-care data:

Care Setting	Monthly Cost	Annual Cost
Nursing home, semi-private room	~$9,186	~$110,232
Nursing home, private room	~$10,389	~$124,668
Assisted living (for comparison)	~$6,103	~$73,236

These are statewide averages, and Ohio's costs vary meaningfully by region. More affordable markets such as Mansfield and Canton report semi-private rates as low as roughly $6,980–$7,150 a month, while Cincinnati — the state's most expensive market — sees semi-private rooms approach $9,900–$10,000 a month and private rooms exceed $12,000. Older data sets have put the statewide semi-private median as low as $7,148 in some surveys, underscoring how much local supply and demand affect pricing. Regardless of which figure a given family lands on, the common thread is the same: even the lowest-cost facilities in Ohio charge more per month than most retirees receive in income from Social Security, a pension, or savings withdrawals combined.

Ohio Medicaid's Income Limit for Long-Term Care

Ohio Medicaid's long-term care program — which covers nursing facility stays as well as home- and community-based waiver services like PASSPORT — uses what's called the Special Income Level. For 2026, that limit is:

- **$2,982 per month for a single applicant** (calculated as 300% of the SSI federal benefit rate)
- **$5,964 combined per month** if both spouses in a married couple are applying
- If only one spouse is applying, only that spouse's income counts against the $2,982 limit; the income of the spouse remaining in the community is not counted

Alongside the income test, Ohio applies an asset limit of $2,000 for a single applicant ($3,000 if both spouses apply). For married couples where only one spouse needs care, the "well" spouse can generally keep up to $162,660 in countable assets under the Community Spouse Resource Allowance, and is entitled to a Minimum Monthly Maintenance Needs Allowance of income (set at $2,705/month for the period running July 2026 through June 2027) to help support them in the community.

The Gap: Why the Numbers Don't Match — and What Happens Next

At first glance, these figures seem to contradict each other. If Medicaid requires an applicant's income to be under $2,982 a month, but nursing homes charge $9,000–$10,000+ a month, how does anyone actually get care covered?

A few mechanisms explain the gap:

1. The income limit governs eligibility, not the cost of care. Medicaid isn't asking whether an applicant can afford the facility out of pocket — it's asking whether their income is low enough to qualify for assistance at all. Once approved, nearly all of the resident's income (Social Security, pension, etc.) is redirected to the facility as a required "patient liability" payment, and Medicaid pays the remainder of the actual cost. Residents are permitted to keep a small personal needs allowance — $75 a month in Ohio — for incidentals; the rest goes toward their care.

2. Applicants whose income exceeds $2,982 aren't automatically shut out. Ohio is generally treated as an "income cap" state for this purpose: income above the limit doesn't disqualify someone outright, but it does require additional planning. Depending on which pathway applies to the specific case, that can mean directing excess income into a Qualified Income Trust (sometimes called a Miller Trust), or in some circumstances using a medically needy spend-down that offsets countable income with medical expenses. Because sources and caseworker practice can differ on which mechanism applies, this is one of the areas where it's worth confirming current procedure with the Ohio Department of Medicaid or an elder law attorney rather than assuming either approach applies automatically.

3. Assets are tested separately from income. Even an applicant with low monthly income can be disqualified if they hold more than $2,000 in countable resources (with exceptions for a home, one vehicle, and a few other exempt assets). This is where much long-term care planning — and the 60-month asset "lookback" period — comes into play.

Putting the Numbers Side by Side

Measure	Amount (2026)
Average Ohio nursing home cost, semi-private room	~$9,186/month
Average Ohio nursing home cost, private room	~$10,389/month
Ohio Medicaid LTC income limit, single applicant	$2,982/month
Ohio Medicaid LTC income limit, married couple (both applying)	$5,964/month combined
Ohio Medicaid asset limit, single applicant	$2,000
Personal needs allowance retained by Medicaid nursing home residents	$75/month
Community Spouse Resource Allowance (non-applicant spouse, max)	$162,660

The takeaway for families: the income limit is not a measure of affordability, but a threshold for assistance. Someone whose income comfortably clears $2,982 a month is nowhere near able to

self-pay a $9,000-plus monthly nursing bill for long — which is exactly why Medicaid, not private income, ends up financing the majority of long-term nursing home stays in Ohio over time.

Planning Considerations

Because the interaction between income limits, asset limits, and trusts is technical — and because rules can shift from year to year along with the SSI federal benefit rate — families anticipating a long-term care need in Ohio typically benefit from:

- Getting an early, honest estimate of a specific facility's daily/monthly rate, since costs vary significantly by region and by room type
- Reviewing countable vs. exempt assets well before an application is filed, given the 60-month lookback rule
- Speaking with a Certified Medicaid Planner or elder law attorney if income falls near or above the $2,982 threshold, since the correct mechanism (Miller Trust vs. spend-down) can depend on the specific case and county practice
- Revisiting the numbers annually, since the income limit, asset allowances, and average facility costs are all adjusted over time

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This article is for general informational purposes and reflects publicly reported 2026 figures. Medicaid rules and cost data change over time and can vary by county; consult the Ohio Department of Medicaid or a qualified elder law professional for guidance on a specific situation.