Evergreen Commons Information Series

2026 MI Choice Medicaid Waiver Program

(All monetary amounts reflect 2026 policies and may change in the future.)

Michigan's MI Choice Medicaid Waiver Program is divided into fourteen geographic areas. Each area has one or more waiver agencies to assist people, answer questions, and help process applications. A state map and contact information for each agency is located at the web site http://michigan.gov/mdch/0,4612,7-132-2943_4857_5045-16263--,00.html. Residents of Allegan and Ottawa counties are each served by two agencies:

Allegan County (Region 8)
Area Agency on Aging of Western MI
3215 Eaglecrest Drive NE
Grand Rapids, MI 49525
(616) 456-5664

Reliance Community Care Partner
2100 Ray Brook SE, Suite 203
Grand Rapids, MI 49546
1-800-447-3007 (toll free)
(616) 956-9440

Ottawa County (Region 14)
Senior Resources
560 Seminole Road
Muskegon, MI 49444
(231) 733-3585

Reliance Community Care Partner
2100 Ray Brook SE, Suite 203
Grand Rapids, MI 49546
1-800-447-3007 (toll free)
(616) 956-9440

This handout isn't intended to replace the assistance of one of the above agencies but to provide an initial explanation of the waiver program.

Overview

MI Choice Waiver is Michigan's response to the federal Social Security Act, section 1915(c), which provides for states to establish "Home and Community-Based Services" for individuals who are at risk for long-term placement in a skilled nursing facility (SNF). What is being "waived" are certain provisions of the federal Medicaid laws in order to offer a more flexible version of Medicaid.

MI Choice Waiver is available to adults 65 or older and to those 18-64 years of age who are certified as disabled. The program is designed to supply a wide range of services, including extensive in-home hours, enabling a person to live at home or in another residential setting (including someone else's home, an adult foster care home, and an assisted living facility) rather than entering a SNF. It provides services for as long as the client remains eligible and can be properly cared for in this way, which is beneficial to recipients and their families but also a money-saving measure for the state due to the high costs of care in a SNF.

The following is a representative list of services that can be funded by MI Choice Waiver if deemed essential to independent living, at no charge to the recipient: housecleaning, grocery shopping, meal preparation, personal care, home-delivered meals, personal emergency response system, medical equipment and supplies, non-medical transportation, respite to relieve a caregiver, adult day care attendance (perhaps with transportation), environmental accessibility improvements (ramps, grab bars, etc.), fiscal intermediary services, counseling, and private duty

nursing (including medication management). In addition, Medicare premiums, deductibles, and/or copays may be covered, depending upon the individual's income. The client continues to pay for food, clothing, and housing out of his/her monthly income because this money is not affected by the waiver program. (Note: MI Choice Waiver serves as the payer of last resort for such services. In other words, if a service is covered by another payer such as Medicare, then that payer's coverage is used).

MI Choice Waiver is funded by Medicaid and is administered by the Michigan Department of Community Health (www.michigan.gov/mdch). Each of the state's Medicaid programs has its own eligibility requirements and benefits. So, it's important to realize that someone who doesn't qualify for other types of Medicaid may qualify for the waiver program due to its unique focus upon avoiding or delaying SNF admittance.

Basic Eligibility Requirements

To be eligible for MI Choice Waiver, the applicant must (a) be medically (functionally) eligible for placement in a SNF, (b) be financially within the program's income and asset guidelines, and (c) require one or more of the program's services (see above list of examples) on an ongoing basis in order to live independently.

The Starting Point

The first step is to call one of the waiver agencies assigned to serve the county where the applicant resides. (Note: If placement in a facility causes any uncertainty about the person's official residence, then this should be addressed with the waiver agency. Also, if an out-of-county move or placement occurs during the application process, this can affect eligibility.) During this phone call, a series of questions will be asked about the candidate. This is the "telephone interview" or "telephone intake." It doesn't decide eligibility but serves to screen inquiries and dates a person's placement on the waiting list if such a list is in use. For applicants who reside in a SNF, usually the telephone interview is replaced by a visit to the facility, and this serves as the equivalent to the phone interview.

Based on the phone interview, if the individual qualifies to be assessed for the waiver program, then one of two things will occur. If there's no waiting list, then an initial in-home assessment will be scheduled. If there is a waiting list, then the person will be placed on it. When the applicant's name comes up on the waiting list, the initial in-home assessment will be scheduled and conducted.

In cases of ineligibility based on the phone interview, note the following three provisions:

(a) If the applicant seems to be medically/functionally eligible (see below) but financially ineligible (see below), then processing will proceed (perhaps involving being put on the waiting list) because the applicant has 60 days to become financially eligible.

(b) Second, if the applicant is deemed medically/functionally ineligible, then a face-to-face evaluation may be requested by the individual or a caregiver. This evaluation must be conducted within ten business days of the telephone interview.

(c) Whether a person is viewed as ineligible based on the telephone interview or a face-to-face evaluation, the waiver agency must provide an "adequate action notice" informing the applicant of appeal rights.

If the applicant is already receiving some type of Medicaid benefit, then he/she is considered an open case with the Department of Health and Human Services (DHHS), a status that's required before the waiver agency can fully process an applicant. If not, then a Medicaid application must be completed and submitted on-line. (For applicants who reside in a SNF, DHS-4574 is used.) Help with this form is available from Evergreen Commons' social workers as well as from the waiver agency. The applicant's spouse or adult child may act as his/her representative in supplying information for the application without any official appointment to this capacity. DHS may require documentation for details reported on the form, so it must be completed accurately.

Upon submitting the Medicaid application, DHS has 45 days within which to respond. If documentation is requested for any information reported on the application, there's likely to be a 10-day deadline for supplying the documentation unless an extension is requested and approved by the DHS caseworker. For all documentation, photocopies should be provided rather than originals. If DHS denies the Medicaid application, the applicant may reapply when financial eligibility is met.

The initial in-home assessment is conducted by a nurse and a social worker (called "supports coordinators"). The evaluation includes physical and mental health, functional abilities, the home environment, current means of formal and informal support, and financial resources. The purpose of this in-depth assessment is to determine eligibility for the program–medically (functionally), financially, and in terms of needing one or more waiver services. For someone who is eligible, the supports coordinator team then develops an individualized care plan, in consultation with the client and family members, that's designed to help the client live as independently as possible.

Details about Medical/Functional Eligibility

Although a physician's order is required to place someone in a SNF, the waiver agency's supports coordinator team is sufficient to approve an applicant for MI Choice Waiver benefits. Nonetheless, during the initial in-home assessment, this team conducts the same Michigan Medicaid Nursing Facility Level of Care Determination (LOCD) that's used to evaluate a person for admittance to a SNF.

Details about Financial Eligibility

There are income and asset stipulations involved with qualifying financially for MI Choice Waiver.

The income limit for MI Choice Waiver is higher than the limit for other Medicaid programs. Eligibility is 300% of the Supplemental Security Income (SSI) allotment set by the federal government each year. This means that anyone already receiving basic Medicaid or SSI benefits meets the waiver program's financial requirements.

For 2026 the maximum gross monthly income allowed to qualify for MI Choice Waiver is $2,982 (gross means before anything is deducted such as Medicare premiums). Social Security and pensions are considered countable income. If an applicant is married, the spouse's income is not computed in the qualifying amount. When a person's countable income is higher than the program's limit, MI Choice Waiver approval is denied. There is no "spend down" provision available for income; however, an attorney may be consulted regarding establishing a Miller Trust when income is too high.

The asset limit for MI Choice Waiver is the same as that set for Nursing Home Medicaid. This means that a single applicant cannot have more than $9,950 in countable assets. If countable assets are higher, then the applicant may spend down the excess amount in allowable ways. A married applicant is limited to the same amount, but the applicant's spouse may keep what is called the Protected Spousal Amount. In the simplest terms, this means that the non-applicant spouse may claim one-half of the couple's total countable assets (it's immaterial whose name is on an asset within a marriage) but at least $32,532 (for 2026) and no more than $162,660 (for 2026). If the couple's combined countable assets are more than the Protected Spousal Amount for the applicant's spouse plus $9,950 for the applicant, then they must spend down the excess in allowable ways.

For both single and married applicants, countable assets include the following:

- cash, checking accounts, savings accounts, credit union shares and draft accounts, CDs
- U.S. Savings Bonds, stocks, bonds, mutual funds
- retirement accounts (IRA, Keogh, 401k, etc.)
- second vehicles of any type (including boats, campers, RVs, trailers, motorcycles, etc.)
- second homes (minus the outstanding mortgage)
- and other items

For both single and married applicants, the following items are excluded from countable assets:

- one vehicle of any type and of any value
- one primary residence (in the case of a reverse mortgage on the primary residence, funds must be kept in a separate bank account to be exempt)
- personal belongings and household goods (normal clothing, furnishings, etc.)
- life insurance not exceeding a total face value of $1,500 per person
- irrevocable prepaid funeral contract for the client and the spouse and other items
- burial space and certain associated costs for the client and the spouse
- and other items

Generally, assets aren't made exempt simply by adding a child's or other person's name to them. In such cases, bank and credit union monies and U.S. Savings Bonds are counted in their entirety as belonging to the applicant unless it's proven that a portion was actually contributed by a joint owner. For other assets, such as a vehicle or house, it's assumed that each holder owns an equal share unless it's proven otherwise. Furthermore, making someone a joint owner of an asset is not without risks. It not only gives the person full access to the asset, but it makes the asset vulnerable to any financial liabilities of the person such as in the case of a divorce, lawsuit, or bankruptcy. And, joint ownership trumps any wishes expressed in a will for assets to be divided amongst other heirs.

If annuities or trusts are involved in someone's assets, then an attorney who specializes in elder law should be consulted. (For example, a home becomes a countable asset if it is owned by a revocable living trust, and this increase in assets could render someone ineligible. It must be retitled out of the trust before the application is submitted.) Securing legal assistance is advised as well for anyone with significant assets.

Spending Down Excess Assets

If a single or married applicant needs to spend down excess assets, it's best to be advised by the waiver agency as to the allowable ways to do this because violating Medicaid's guidelines within five years of submitting an application can result in serious eligibility issues.

Disallowed actions include giving away money/assets. Generally, the following are viewed as legitimate options:

- privately paying SNF costs
- paying medical expenses for the client or spouse
- paying regular household living expenses and bills
- paying off credit cards
- purchasing personal items that the client or the spouse might need, such as clothing
- paying for reasonable household repairs, upgrades, and furnishings (ex: water heater, furnace, roof, appliances, cabinets, flooring, furniture)
- upgrading a vehicle
- prepaying funeral expenses for the client and/or spouse

The Waiting List

As has been noted, when an applicant seems to meet the eligibility requirements but cannot be assessed and enrolled because all the region's allotted waiver slots are filled, the individual must be placed on a waiting list. The two agencies in each county (Allegan and Ottawa) share a waiting list. An applicant may express a preference for one agency over the other or simply indicate "first available."

Applicants are placed on the waiting list in chronological order based on the date of the telephone interview. However, certain categories of applicants have priority over other categories. Among older adults, a patient residing in a SNF is given the highest priority. An applicant with an active Adult Protective Services (APS) case would be next along with what's called a "diversion applicant." This is someone living in the community or being released from an acute care setting who is at ***imminent*** (immediate) risk for being admitted to a SNF (as determined through an assessment tool from the Michigan Department of Community Health and an in-person interview). These categories of applicants are placed above all others. Otherwise, the waiting list functions on a first-come-first-served basis.

While someone is on the waiting list, the waiver agency will conduct follow-up phone calls at least once every 90 days to check the person's status and to offer assistance with securing alternative services. This enables the agency to identify individuals who ought to be removed from the list as well as those who are in crisis or at imminent risk for being admitted to a SNF. If an applicant's status changes while on the waiting list, for example, if there's a SNF placement, the waiver agency should be informed at once because this could result in priority processing.

Providing Services

For as long as a client receives waiver benefits, the supports coordinators will monitor his/her needs. This includes arranging for the services identified in the care plan. Only service providers that hold a contract with the waiver agency are allowed to provide services. (This does not pertain to the client's physicians.) Supports coordination also includes monthly phone calls and regular reassessments conducted in the client's home by someone from the waiver agency. The frequency of reassessment visits is determined by the client's needs, but it's at least every six months. As the client's needs change, the care plan is adjusted so that waiver benefits continue to be effective. This oftentimes involves increasing the amount of a service or adding further services.

MI Choice Waiver allows a relative or acquaintance of a client (including a spouse but excluding a court-appointed guardian) to become an employee of a contracted service provider, if the provider chooses to hire the person. Then the individual may be assigned to provide services for the client and be paid by the service provider. This is most likely to happen in the role of an in-home aide. The relative or acquaintance would function like any other employee of the service provider but might opt to have only the one client.

Another option is the "self-determination" route. This allows the waiver client to be the direct employer, hiring whomever he/she wishes (excluding a spouse or court-appointed guardian), setting wages, deciding the work schedule, signing time sheets, etc. The waiver agency can supply further details about this approach.

Benefits in Licensed Residential Settings

As was mentioned earlier in this document, MI Choice Waiver benefits may be used to help cover the costs of someone living in an adult foster care home or assisted living facility. However, there are qualifications that such a home/facility must meet. First, the location must be licensed with DHS as an Adult Foster Care (AFC) or a Home for the Aged (HFA) and must be a "homelike, non-institutional" setting. Second, the location must have a contract with the waiver agency. Third, waiver benefits cannot be used for room and board (food) costs, so the client and/or family members must have the means to cover these expenses which are likely to comprise the largest portion of the total monthly bill.

What does MI Choice Waiver pay for in a licensed residential setting? Basically, the same types of services that it funds in a private home setting where it also doesn't pay for room or board. Because adult foster care homes and assisted living facilities specialize in accommodating a wide range of functional needs, it's common for them to itemize their charges so that residents are billed only for the services they need. This allows MI Choice Waiver to cover its normal range of supportive services as long as these are identified as beyond the customary care provided by the home/facility.

When this housing arrangement is desired by a waiver client, the home/facility operator joins the waiver agency in devising a care plan, and they enter a contractual agreement for billing purposes. The operator is likely to be the provider of numerous services, but the client may also use providers from the community. Waiver clients may start receiving waiver benefits in a private home and later, perhaps as needs increase, request approval to move their benefits to a licensed residential setting.

It should be noted that a person's continued occupancy in one of these homes/facilities is dependent upon all costs being paid. There have been instances of eviction when the client and/or family members could not afford the costs which were not covered by MI Choice Waiver.

Nursing Facility Transition Program (NFT)

Sometimes a person living in a SNF would be able to transition out or the facility and into a private home (their own of someone else's) or a licensed residential setting (adult foster care home of assisted living facility) if it weren't for certain barriers that make such a move difficult or impossible. For example, someone might need assistance locating a place that's safe, accessible, and affordable or assistance submitting a subsidized housing application. They might need help with a security deposit, the first month's rent, utility deposits and hookups, cleaning and exterminating expenses, appliances, furniture, household goods, a ramp, grab bars, moving expenses, initial groceries, etc.

The Nursing Facility Transition (NFT) program covers these types of one-time, upfront costs with its "community transition services." Technically, funds are available to those who have been in a SNF six months or longer, but individuals with shorter stays are commonly served as well. If the applicant is a candidate for MI Choice Waiver benefits, then a waiver agency in the county where he/she will reside upon discharge should be asked to process the transitional assistance in conjunction with the waiver benefits. If, however, the SNF resident isn't expected to need any of the waiver program's long-term support services but is a Medicaid client in some other way, then transitional assistance for both Allegan or Ottawa counties should be requested by contacting the Outreach Specialist at Disability Network of the Lakeshore (1-800-656-5245). When leaving a SNF is at the request of a resident, the process of receiving transitional funds may be stopped at any time if the person decides to stay in the SNF.

Veterans Benefits

For a ***qualifying*** single or married veteran, there is a portion of the Aid & Attendance benefit not computed as income for someone applying for MI Choice Waiver. Although there may be other VA pension benefits that aren't counted as income, many such benefits ***will*** be counted and could render a person ineligible for the waiver program.

Before applying for VA benefits, it's advisable to consult with a reputable veteran's benefits counselor to determine if MI Choice Waiver services would be more fitting and provide more extensive services for the client's individual circumstances. (Ask Evergreen Commons Resource Office for VA counselor info.)

Hospice Services

A recipient of waiver benefits may receive hospice services while receiving MI Choice Waiver services. When this arrangement is desired by a client, the two agencies work together to devise a joint care plan that avoids any duplicating of services. Hospice will manage the joint care plan and serve as the primary provider.

Estate Recovery

Each state was required by the federal government to develop and implement an estate recovery program with the intent being to recoup from the estates of certain Medicaid recipients some of the monies paid on their behalf. Even though Michigan was the last state to comply, there is a program in place now. Recovery can be sought against all assets that pass from the deceased person to their heirs through a probate proceeding. However, there are two factors that moderate this possibility.

First, no such effort is made until after the death of the client and the client's spouse. It doesn't occur at all in certain cases of a surviving child. The home in particular may be excluded from any recovery effort when a survivor is living in it who can document having lived in it and having provided care for the Medicaid recipient that resulted in the recipient being able to remain in the home. Second, estate recovery is an expensive endeavor for the state, making large estates and high-priced houses the more likely targets.

It's best to consult an elder law attorney regarding estate recovery questions, including any avenues for lessening the effects of the program. The home, for example, often the most valuable asset, can be titled in such a way as to protect it from estate recovery.

Consulting an Attorney

It could be advantageous to meet with an experienced elder law attorney regarding long-term care and estate planning, especially if a person has countable or uncountable assets that exceed $9,950. If a person has more assets than the cost of an attorney's services, then the services are likely to be worth the investment.

An attorney can counsel someone in taking full advantage of provisions created by Congress for protecting assets. With this assistance, a single person could protect more than $9,950, and a married couple could protect needed assets rather than spending them down. When financial arrangements, namely, certain types of trusts, are structured and drafted properly and the spend-down component is lessened or eliminated entirely, the applicant may become eligible for Medicaid funding sooner than would be the case otherwise.

Care Coordination and Resource Office

Care Coordinators at Evergreen Commons can answer many questions regarding MI Choice Waiver, other Medicaid programs, and Medicare. For example, the handout "Nursing Home Medicaid in Michigan" provides extensive information about moving a loved one to a SNF.

In addition, The Resource Office provides the community's older adults with information on home-delivered meals, in-home care services, medication management, adult day center programming, caregiver training classes, caregiver support groups, and much more. These services can be provided to a waiver client as part of the care plan as well as being available to non-waiver clients. Feel free to request additional information.

Regarding this handout, it must be emphasized that the staff of Evergreen Commons aren't waiver agents or attorneys. The information contained in this document is based on personal research and experience. Although great effort has been made to ensure its accuracy, it's intended for informational purposes only and not for processing a waiver applicant or for providing professional legal advice.

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