

GLOSSARY

ADLs (Activities of Daily Living):

Personal tasks such as bathing, dressing, going to the bathroom, and eating.

CCRC (Continuing Care Retirement Community):

Offers independent living units, assisted living facilities, and skilled nursing care all on the same campus so you can transition as your care needs change.

Custodial Care: Non-medical care that assists people with their ADLs.

Long-Term Care Insurance: A policy that helps cover the costs of long-term care when you have a chronic medical condition or disability. Most policies will reimburse you for care given in a variety of places.

Medicare: A federal health insurance program for people 65 or older, some younger people with disabilities, and people with Amyotrophic lateral sclerosis (ALS) and end-stage renal disease.

Medicaid: A federal and state program that helps with healthcare and long-term care costs for some people with limited income and resources.

PACE (Program of All-Inclusive Care for the Elderly): A joint Medicare and Medicaid program intended to help people meet their healthcare needs in the community instead of a nursing home or other care facility.

Skilled Care: Specialized medical care provided by licensed professionals based on doctor's orders, like nursing care or physical therapy.

SNF (Skilled Nursing Facility): An inpatient healthcare facility that provides short-term skilled nursing care and rehabilitation services to patients recovering from an illness, injury, or surgery.

WHAT IS LONG-TERM CARE?

Long-term care involves a range of support to help people who have difficulty managing daily tasks independently. These services address your health or personal care needs. There are two main types:

- **Skilled care:** This involves specialized medical care like nursing or rehabilitation. It's provided by licensed professionals like nurses and physical therapists, based on a doctor's orders.
- **Custodial care:** This focuses on assistance with daily living activities, such as bathing, eating, going to the bathroom, dressing, and medication reminders. It's typically provided by nurses' aides or other caregivers. It can also include housekeeping like washing dishes or doing laundry.

WHO NEEDS LONG-TERM CARE?

Long-term care is a possibility for many of us, but it's hard to say exactly when or what kind of help might be needed. It is estimated that almost 50 percent of men and almost 65 percent of women aged 65 and older will need long-term care during their remaining years, based on a 2022 study from the Department of Health and Human Services. Sometimes, a sudden medical event like a stroke can trigger the need for care. More commonly, long-term care needs develop gradually due to aging and declining health, or due to a chronic illness getting worse.

WHERE DO I GET LONG-TERM CARE?



Long-term care can be provided in many different settings. You can get long-term care services:

- in your home or the home of a family member or loved one, supplemented by care from them or paid professionals who assist with custodial care services like housekeeping, meals, and personal care
- in the community with support from programs like adult day centers
- in assisted living facilities or nursing homes, which provide varying levels of care and support

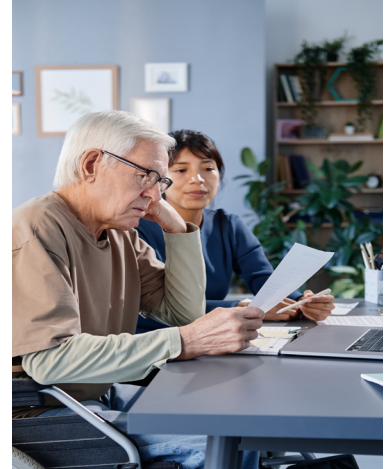
Note: Some people like the idea of moving to a Continuing Care Retirement Community (CCRC) that offers independent living units, assisted living units, and often skilled nursing care, all on one campus. Residents can transition between these levels of care as needed.

When possible, many people elect to stay at home as long as they safely can because they prefer to be in a comfortable, familiar environment. This is called "aging in place." But, staying safe, being able to move around easily, and managing Activities of Daily Living (ADLs) and other daily tasks can be big worries for older people and their families. That's why planning carefully is important for making aging in place work well. Planning for aging in place will typically include consideration of changes to the physical environment (such as grab bars in the bathroom) and meal delivery (such as Meals-on-Wheels).

WHO PAYS FOR LONG-TERM CARE?

The cost of long-term care services can significantly impact your monthly budget, even if you feel well-prepared financially. There's no one-size-fits-all answer for paying for long-term care. How you pay for your long-term care services depends on your financial situation and the specific services you require. Many people think that they will have coverage for long-term care services from health or disability insurance, however, the reality is that most health insurance does not provide benefits for these services. This means people must find other payment sources, including:

- **Personal Funds:** This includes savings, pensions, retirement accounts, investment income, reverse mortgages, or proceeds from selling a home.
- **Government Programs:** These include Medicare (short-term coverage only), Medicaid, and VA Benefits.
- **Financing Options:** You may choose to finance long-term care using options like long-term care insurance and certain life insurance policies.



MEDICARE

Original Medicare is a great resource for seniors and some younger disabled individuals, but it has limitations on the benefits covered for long-term care services. While it covers some skilled nursing facility (SNF) care following a qualifying hospital stay for an illness or injury, it doesn't cover custodial care. However, some Medicare Advantage plans may provide limited supplemental coverage for non-medical services like meal delivery and transportation to doctor visits. This can be helpful, but if you are a Medicare beneficiary, you should carefully research specific plans to understand what kind of long-term care support they offer.

LONG-TERM CARE MEDICAID



Medicaid is a government-funded health insurance program for low-income people. Each state runs its own program, although it must adhere to federal guidelines. These programs cover different groups, like families, pregnant women, or elderly people. Each program has its own benefits and eligibility requirements. However, to qualify for Medicaid, applicants must meet strict income and asset requirements, and their financial situation is thoroughly reviewed.

Every state offers Long-Term Care Medicaid for nursing home stays. Additionally, states have programs called Home and Community-Based Services (HCBS) that allow people to receive care while living at home or in their community (like the home of a family member or caregiver or an assisted living or senior living residence). Medicaid benefits for long-term care can vary by state. It's important to know these basics:

- **Long-Term Care Medicaid:** This is an entitlement program, meaning anyone meeting the criteria gets benefits. It's also called Nursing Home Medicaid or Institutional Medicaid.
- **Home and Community-Based Services (HCBS):** This program lets people with qualifying needs get care while living at home or in a community setting. It's often provided through Medicaid Waivers. Your state may offer personal care services, home health, and case management, but it's best to check with your local Medicaid agency to identify the services covered.

LONG-TERM CARE MEDICAID (CONTINUED)

Waiver Programs: These are state-specific programs with limited enrollment, so meeting eligibility doesn't guarantee your ability to enroll. Waivers cap the number of individuals who can receive services. Therefore, an otherwise eligible person may be put on a waiting list to receive benefits, because the program has met its enrollment limit. Medicaid Waivers may also limit their services to specific areas or regions within a state, as well as only covering certain medical diagnoses, such as Alzheimer's disease.

Note: To qualify for nursing home care under Medicaid, you'll need a Nursing Facility Level of Care (NFLOC). This means you require the level of assistance typically provided in a nursing home. A medical professional will assess your ability to perform daily activities like independently using the bathroom and dressing. This assessment determines if you meet the NFLOC requirement. It's important to note that each state has its specific criteria for NFLOC.

In some cases, people with income or assets above the Medicaid limit in their state can still qualify through a process called "spend down." This involves using your income or assets to pay for medical expenses until you meet the financial eligibility requirements. However, there are strict rules about how you can spend down your resources. For example, giving away assets (gifting) is not allowed. Breaking any of these rules will result in your application being denied.

To learn more, visit www.Medicaid.gov or to get tips on your application, visit <https://www.medicaidplanningassistance.org>

PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE)

PACE is a joint Medicare and Medicaid program designed to help people meet their healthcare needs within the community instead of moving to a nursing home or other care facility. It is available in most states, but not all. To qualify for PACE, you must be 55 or older, live in a PACE service area, require nursing home-level care, and be able to live in the community with support from PACE.

With PACE, you will have an all-inclusive healthcare team dedicated to ensuring that you receive coordinated care to maintain your well-being while living in the community. In most cases, you will be required to see a PACE-preferred doctor for your care. All Medicare and Medicaid services deemed necessary by your PACE team to improve and maintain your health are covered under PACE.

Services vary by state, but some of the services PACE covers are:

- Adult day primary care (including doctor and nursing services)
- Dentistry
- Emergency services
- Help with ADLs at home
- Hospital care
- Laboratory/x-ray services
- Meals
- Nursing home care
- Occupational, Physical, and Recreational therapy
- Prescription drugs
- Social services including counseling, caregiver training, support groups, and respite care
- Transportation from your home to the PACE center for activities or medical appointments, if medically necessary
- Limited transportation to some medical appointments in the community



PACE (CONTINUED)

The cost of participating in PACE is determined based on your financial situation, but it is possible to pay for PACE privately. If you qualify for Medicaid, you will not have to pay a premium for the long-term care portion of the PACE benefit. There is no deductible or copayment for any medication, service, or care approved by your healthcare team. If you do not qualify for Medicaid but are enrolled in Medicare, you will be charged a monthly premium for the long-term care benefit and a premium for Medicare Part D.

To apply for PACE, contact your local Medicaid office.

OPTIONS FOR VETERANS



The US Department of Veterans Affairs (VA) provides lifelong healthcare services to military veterans at VA medical centers and outpatient clinics around the country. You may be eligible for VA health care benefits if you served in the active military, naval, or air service and didn't receive a dishonorable discharge. The VA offers two main types of long-term care services:

Services at Home and in the Community: These are free for all qualified veterans and include things like home health aide care, adult day care, and respite care.

Residential Settings and Nursing Homes: These require meeting eligibility criteria, which include factors like service-connected disability status, level of disability, and income. The VA may cover some services but typically don't pay for room and board.

Residential Settings and Nursing Homes have different eligibility requirements. The VA generally does not pay for room and board in residential settings like Assisted Living, but Veterans may receive some Services at Home and in the Community while living in a residential setting.

To apply for any VA long-term care services, you must first be enrolled in VA health care. You can enroll online or at your local VA medical center. Receiving VA disability compensation does not automatically enroll a Veteran in VA health care.

LONG-TERM CARE PLANNING CAN EASE STRESS

Taking charge of your future long-term care empowers you and your loved ones to navigate this stage of life with confidence. It's smart to think about long-term care before you really need it. Planning gives you and your family time to learn about the care services available nearby and how much they cost. It also lets you make important choices while you're still able to.

Starting early means you can figure out how you'll pay for long-term care, like whether you need insurance or can save up money. Plus, it gives you a chance to talk with your family about what kind of care you'd like in the future. Getting ready early helps you feel less stressed about what might happen later.





MAKING THE RIGHT CHOICE: AGING IN PLACE

If you plan to stay at home and age in place, here are some considerations to keep in mind:

- Do you have friends or family members who can assist with your ADLs, or will you need to pay a professional to help with daily care?
- Is your home accessible, or will you need to make adjustments to accommodate such as installing grab bars, building a ramp, or widening doorways?
- Are you familiar with community programs like local transportation or meal delivery services?
- Do you know how you will continue managing your money and paying household bills?
- Do you have a plan in case of a medical emergency? (Note: it may be a good idea to consider an emergency medical alert system, which is a monitor that can alert emergency personnel when you fall or need urgent help)



MAKING THE RIGHT CHOICE: FACILITY CARE

If you decide to move into a nursing home or assisted living facility, you should think about what is important to you as well as your preferences for care:

- Is the facility close to your family and friends so it is easy for them to visit you? (Note: It's vital to maintain social connections with the people you care about, especially during such a big transition)
- Does the facility recognize your religious beliefs and have services available to you?
- Does the facility put out an active social and events calendar? Are there opportunities to continue participating in hobbies you enjoy?
- Is the facility familiar with any health conditions you may have, so you can feel comfortable with their ability to care for you?
- Are you able to bring personal furniture and belongings, so you can make the space your own?

PLANNING FOR FUTURE LONG-TERM CARE AND COSTS

Here are some tips for successful long-term care planning:

- **Include Your Family and Other Loved Ones in the Conversation:** Communicate your long-term care plans with family members or trusted individuals. Discussing your wishes and preferences for care can help ensure that everyone is on the same page and can provide support if needed.
- **Consider Long-Term Care Insurance:** Explore policies to help cover costs. Long-term care insurance can help cover the costs of care services, including nursing home care, assisted living facilities, and in-home care. Research different policies and consider factors such as coverage limits, premiums, and benefit triggers.
- **Research Your Options:** Look into different care settings (home, community, facility) and their costs. If you think you may want or need to transition to a facility at some point, go tour them. Talk to people who live there and get their opinion on what living there is like.

PLANNING FOR FUTURE LONG-TERM CARE AND COSTS (CONTINUED)

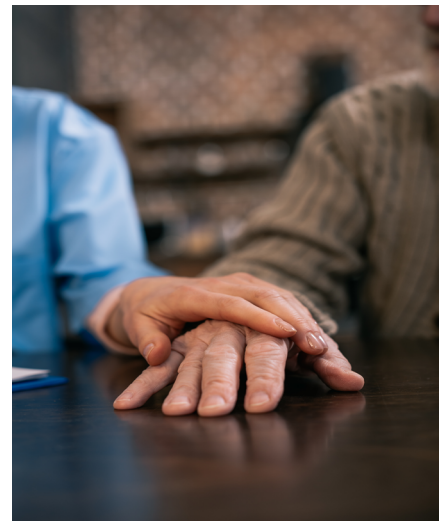


- **Review and Update Your Plan Regularly:** Life circumstances and healthcare needs can change over time, so it's essential to review and update your long-term care plan periodically. Adjust as needed to ensure your plan remains relevant and effective to your needs and preferences.
- **Start now:** When you're healthy and clear-headed, you're better equipped to make important choices about your future care. Planning reduces stress for you and your family during a potentially challenging time.

WHERE CAN I FIND RESOURCES TO HELP?

It can seem overwhelming when you aren't sure where to look for assistance in making these big life choices. Try these resources:

- The Eldercare Locator can connect you with local support options by visiting their website at https://eldercare.acl.gov/Public/About/Aging_Network/Services.aspx
- Learn about housing choices and services for older adults at <http://acl.gov/ltc>
- Visit your local Area Agency on Aging website at <https://www.usaging.org> to find assistance on home modification, nutrition services, or transportation if you choose to age in place.
- Connect with Medicaid if you have questions about what their long-term care benefits will cover at <https://www.medicaid.gov>
- Medicaid Planning Assistance is a free service provided by the American Council on Aging that can help you determine your Long-Term Care Medicaid eligibility: <https://www.medicaidplanningassistance.org>
- If you are a Veteran, learn more about what long-term care options might be available to you through the VA at <https://www.va.gov/health-care/about-va-health-benefits/long-term-care>
- Use Medicare's Care Compare tool at <https://www.medicare.gov/care-compare> to see ratings of nursing homes and other healthcare facilities in your area.



Long-term care isn't something to fear. The sooner you start thinking about long-term care, the better. You can learn about what's available and make choices when you have the most options. By understanding your options and planning, you can ensure you receive the care you need while maintaining your independence for as long as possible.

Curious about other topics? Our newly redesigned Education Resource Library houses our resources and provides straightforward information in a variety of formats to help you make informed decisions throughout your healthcare journey. Learn about health insurance, disability, medical bill management, and more by visiting our **Education Resource Library** today. Call us anytime at 800-532-5274 or visit www.patientadvocate.org for help.