

Affording Long-Term Care

Landon Center on Aging

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70%

70% of adults aged 65 years and older will require long-term care at some point.

42%

Medicaid only covers 42% of America's long-term care costs.

\$475.1 billion

Americans spend \$475.1 billion annually on long-term care.

3.2 years

The average length of stay in long-term care is 3.2 years. Just over 20% of residents will require care for 5 years or longer.

How Can I Best Prepare to Afford LTC...If Needed?
Some Facts:

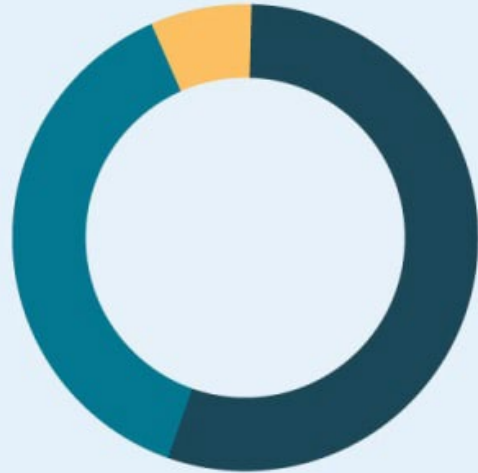
What Are the Types of Long-Term Care?

- Adult Day Care
- Independent Living
- Assisted Living
- Skilled Nursing
- Memory Care
- Hospice
- Care at Home

Resident demographics by age

The majority of long-term care residents are over the age of 85. According to the CDC:

- 55% of residents are 85 and older
- 38% of residents are 65 to 84 years old
- 7% of residential care community residents are younger than 65



LTC Facilities: Resident Demographics

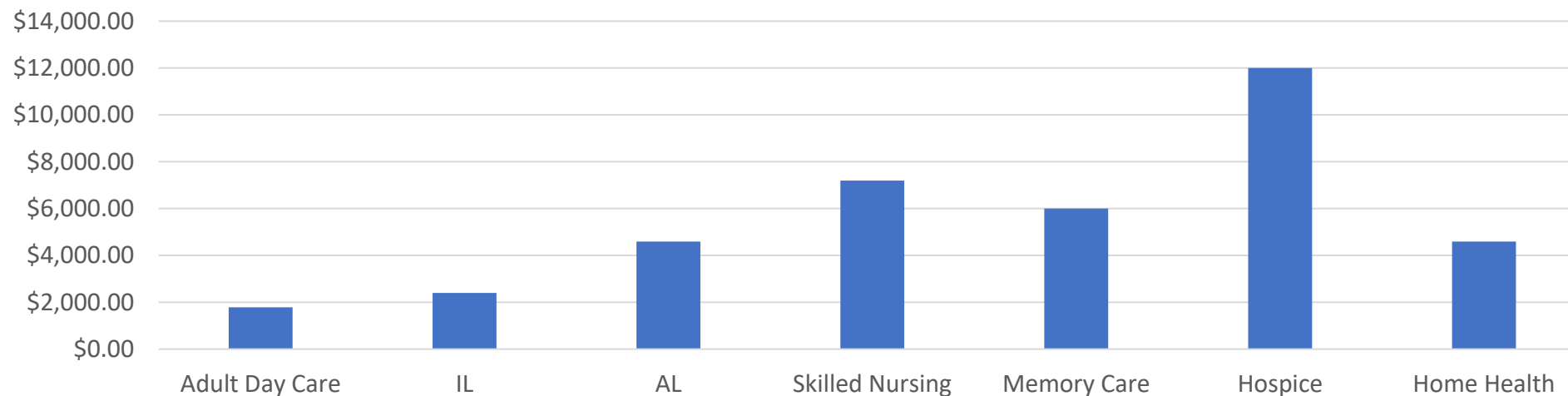


**Now that we
know what
Long-Term
Care looks
like...**

Samantha L. Shepherd, JD

What Are the Costs?

Average Monthly Costs



How Will I Pay For Long-Term Care?

- Personal Funds
- Veterans Benefits
- Long-Term Care Insurance
 - Medicare
- **Medicaid**



What Is Medicare?

Medicare is federal health insurance for people 65 or older, and some people under 65 with certain disabilities or conditions. The Centers for Medicare & Medicaid Services runs Medicare. Because it's a federal program, Medicare has set standards for costs and coverage. This means a person's Medicare coverage will be the same no matter what state they live in.

Medicare Part A can cover skilled nursing facility care for a **limited time** (on a short-term basis) if all of these conditions apply:

1. You have Part A and have days left in your benefit period to use.
2. You have a qualifying inpatient hospital stay.


For more information, visit [Medicare.gov](https://www.Medicare.gov).

Medicaid is a joint federal and state program that helps cover medical costs for some people with limited income and resources.

The federal government has general rules that all state Medicaid programs must follow, but each state runs its own program. This means eligibility requirements and benefits can vary from state to state. KanCare is the state Medicaid program in KS while MO Health Net is Missouri's.

Medicaid offers benefits that Medicare doesn't normally cover, like nursing home care and personal care services.

What Is Medicaid?



How Medicaid Can Help Married Couples?

As married couples progress through their retirement years, it is vital to become acquainted with the basics of Medicaid in the context of long-term care. Specifically, all married couples should have a working knowledge of the Medicaid laws preventing spousal impoverishment – when only one spouse needs care.

In Kansas, the Medicaid program is called Kancare. In Missouri, it is MO Health Net. Both are a needs-based programs. It is typically a program for the indigent (KS: assets less than \$2000 and MO: assets less than \$5726) ***except in the case of married couples***. In lieu of impoverishment or divorce, married couples of moderate means may turn to Medicaid when one spouse requires nursing home care. The theory behind the Division of Assets process and the Spousal Impoverishment laws is to prevent divorce and to protect the financial well-being of the spouse in the community (i.e. the spouse who does not need long-term care).

Medicaid Resources For Married Couples

- <https://www.medicaidplanningassistance.org/spousal-protections/>
- <https://www.medicaidplanningassistance.org/community-spouse-resource-allowance/>
- <https://www.medicaidplanningassistance.org/mmmna-definition/>

For Questions, Comments, & To Stay In Touch



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