## Sources of Funding: Public and Private Insurance



## **Services Covered**

Nursing Home Care Assisted living facilities Home Health Care Hospice/ Respite Care Home Enhancements

## **Eligibility Qualifiers**

| Medicare  | Medical Assistance (Minnesota's version of Medicaid)  | Private Insurance - Long Term Care  |
|---|---|---|
| Vo  | Ves   | Ves   |
| Yes<br>Yes  | Yes<br>With a Waiver  | Yes<br>Yes  |
| Yes   | With a Waiver   | Yes   |
| If terminally ill with less than 6 months to live  If Approved    | If terminally ill with less than 6 months to live If Approved   | If terminally ill/ 20 to 30 respite days a year  Yes                                  |
| (1) Consecutive 3 day hospital stay preceding custodial care      | Category Test - Must need custodial care, be age 65 or older, or blind or physically or mentally disabled         | Generally, you must be unable to do at least two of the following without substantial |
| (2) Care needed must be skilled nursing or                        | Income Test - In Minnesota, an individual's total   | assistance:   |
| rehabilitation care (3) Skilled nursing facility must be Medicare |   | 1. Bathing 2. Continence  |
| certified by Medicare   | benefit of \$1635 to qualify for nursing home care -  | 3. Dressing   |
| (4) A Physician must certify the need for                         | Resources are defined as  | 4. Toilet Use   |
| skilled care on a daily basis                                     |   | 5. Transfering 6. Eating  |
| (5) Condition must be improving                                   | Asset Test - If you entered a nursing home after October 1,   |   |
|   | 1989, your spouse can keep the greater of \$26,898 or one   |   |
|   | half of all assets owned by you and your spouse up to   |   |
|   | \$95,100. • You must spend your share of the assets down to \$3,000.  |   |
|   | If your spouse owns assets that are part of your share,   |   |
|   | they must let you use these assets.   |   |
|   |   |   |
|   | After qualifying under the three tests, a recipient is still  |   |
|   | required to share Medicaid costs by contributing all of his   |   |
|   | or her total income to the total cost of care. Medicaid   |   |
|   | picks up the balance. An allowance of \$75 a month for<br>personal care is allowed                                |   |
|   |   |   |
|   | Though a primary residence may stay in the estate,  Medicaid reserves the right to reimbursement from the         |   |
|   | estate at death.  |   |
|   | Counted assets include:   |   |
|   | • Cash.   |   |
|   | Savings accounts.   |   |
|   | Checking accounts.  |   |
|   | Certificates of deposit.  |   |
|   | Stocks and bonds.   |   |
|   | Savings certificates.   |   |
|   | Contracts-for-deed for which you hold the title.  |   |
|   | More than one motor vehicle.  |   |
|   | <ul> <li>Recreational vehicles such as 4-wheelers, snowmobiles,<br/>boats/motors/trailers and campers.</li> </ul> |   |
|   | • Land or houses you do not live on or in.  |   |
|   | Assets that are not counted include:  |   |
|   | Your home, if you plan to return or if certain relatives live there.  |   |
|   | <ul><li>there.</li><li>Household and personal goods such as clothing, jewelry,</li></ul>                          |   |
|   | furniture, appliance and tools and equipment used in the  |   |
|   | home.   |   |
|   | <ul> <li>One motor vehicle under certain conditions.</li> <li>Burial account up to \$1500.</li> </ul>             |   |
|   | Burial account up to \$1500.      Burial space items.   |   |
|   | Capital and operating assets of a trade or business.  |   |
| 100 day maximum for facility care                                 | Lifetime  | 2 years to lifetime depending on policy   |
| None - government sponsored program                               | None- State government sponsored program. Surrender of total income is required. Reimbursement from estate at     | Annual premium payable 10 years - life  |
| Part A - \$0  | death is is possible. Allowance of \$75 monthly.  |   |
| Part B - \$78.20/month  |   |   |

**Duration of Services** 

Costs

Plus applicable deductibles and copays