HOW TO PROTECT YOUR ASSETS *from* NURSING HOME EXPENSE *in Florida and get the* MEDICAID BENEFITS YOU DESERVE

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EXECUTIVE SUMMARY

There are many reasons why you may want to move a loved one or a family member into a nursing home. It could be that they have a progressive disease like Alzheimer's, or they may no longer be able to care for themselves. They may have other problems as well, and perhaps no one is around to take care of them. Regardless of the reason, it isn't easy to transfer someone we know and love into a nursing home. It can, in fact, be extremely stressful to decide on the matter.

As hard as things may look like at first, however, there are always solutions. Usually, it's best to take a step back, think, and reflect on what you can do. Likewise, if you want to make sure that you're doing the right thing about the situation, then you need to learn about it as much as you can. Getting all the information necessary will help you make an informed decision.

The following guide provides all the information you need to know about Medicaid Planning and the Protection of Assets. It provides insightful answers to questions you may develop while researching nursing homes. As attorneys dealing with Elder Law, we have dealt with many different and recurring issues on this matter. We can assist you with any problems or concerns you may have while making the transition.

INTRODUCTION

Americans have a longer lifespan than before. Previously, at the beginning of the 20th century, the average life expectancy for Americans was around 47 years. By 2012, the life expectancy of Americans increased to 79. The elderly population as a whole has skyrocketed as well. The number of older people has increased tenfold since the previous century, meaning there are more challenges and transitions to handle than ever before.

A transition that is hard for many people today is moving from an independent living setup to a nursing home. Previously, people remained in their own residences as they got older but now there is an option to stay in a "nursing home" or a long-term care facility. While nursing homes present certain benefits, there are also challenges in choosing one.

For example, it may be difficult for someone to move away from where they have been living for so many years. Homes have a lot of memories and offer us a special kind of comfort. Living in another place takes adjustments. Another challenge is accepting the loss of independence. Nursing homes can assist the elderly in living out their lives since they provide supported care. But because they cater to a large number of people, those who stay in such a facility will deal with the loss of privacy or even share a room with another person.

People go to a nursing home so they won't be left alone at home and so that someone can look over them. Aging can come with many physical and mental disadvantages. Some people fall, suffer from a stroke, lose memories, develop Alzheimer's, dementia, and so on. These folks can't stay at home.

Regardless of the reason, the person in charge of caring for the aging individual has the responsibility to find the right nursing home. It's not easy to choose one since there are so many options and factors to consider, but with the correct information, it should be possible. Aside from selecting a facility that can make the person feel at home as much as possible, transitioning to a nursing home also requires a financial commitment. Monthly bills can range to $10,000 to $12,000 or even more, depending on the situation.

CHAPTER 1

NURSING HOME CARE AND PAYING FOR IT

Nursing homes are excellent but one of the most common concerns is the money they cost. Concerned parties need to ensure they can pay that cost. Here are four ways to do this:

1. LONG-TERM CARE INSURANCE

Check if you have long-term care insurance coverage. If you have it, then it can go a long way to help cover your nursing home costs. It is only recently, however, that people started getting long-term care insurance coverage. Many people staying at nursing homes don't have it, so it's best to check if you have this option.

2. PRIVATE PAY

You can always pay for a nursing home with your own money. Many people do this but it can be quite expensive. Nonetheless, only choose private pay if you have the funds to cover it without sacrificing all of your savings and assets.

As stated before, nursing homes can cost as much as $10,000 to $12,000 per month or even more depending on the situation or location. Only a few people can afford private pay for long-term care. Private pay is a huge decision to make. Consider all the pros and cons before committing to spending your own money.

3. MEDICARE

You can take advantage of national health insurance. It offers assistance to people age 65 years and older including young people with specific disabilities. Medicare provides short-term support for nursing facility costs. However, it has stringent qualifications to meet. Check its requirements first before going forward.

4. MEDICAID

Just like Medicare, you must meet specific qualifications to get Medicaid assistance. This federal and state-funded medical benefit falls under state management. State authorities will look at your income and assets to see if you qualify.

The first two options just discussed are self-explanatory. The next report, therefore, will focus on the last two choices, outlining the differences between Medicare and Medicaid.

CHAPTER 2

THE MEDICARE PROGRAM

There is often confusion between Medicare and Medicaid. **Medicare** refers to the health insurance program that aims to help people aged 65 years and older. This program, which is federally-funded and state administered, offers limited long-term care benefits for the aged. Under Medicare, your nursing facility cost can be covered for some time, under the following conditions:

- YOU HAVE BEEN IN THE HOSPITAL FOR AT LEAST THREE DAYS (NOT COUNTING THE DAY OF DISCHARGE)
- YOU WERE ADMITTED TO A SKILLED NURSING FACILITY (USUALLY REHAB)

Medicare can usually cover the full cost for the initial 20 days of your stay. You may be extended up to 80 days under certain conditions. Medicare Part A predominantly pays for the hospital stay while Medicare Part B pays for lab tests, therapy, the doctor, and other fees. If 20 days are up, the Medicare supplement policy may cover the deductible that you would have to shoulder otherwise. Check your supplement policy, there may be significant co-pays for days 21 – 100 in your nursing facility.

If everything comes together, you can get Medicare Managed Care Plan or the traditional Medicare Plan to cover costs for up to 100 days. Technically referred to as the "spell of illness," Medicare will consider a specific period that an insured person is sick and will provide the corresponding health insurance benefits.

You need to meet the following Medicare conditions, however, to get covered for 100 days:

- YOU MUST BE A NURSING HOME RESIDENT RECEIVING "SKILLED CARE."
- WHEN RECEIVING SUCH "SKILLED CARE," YOUR CONDITION MUST CONTINUE TO IMPROVE

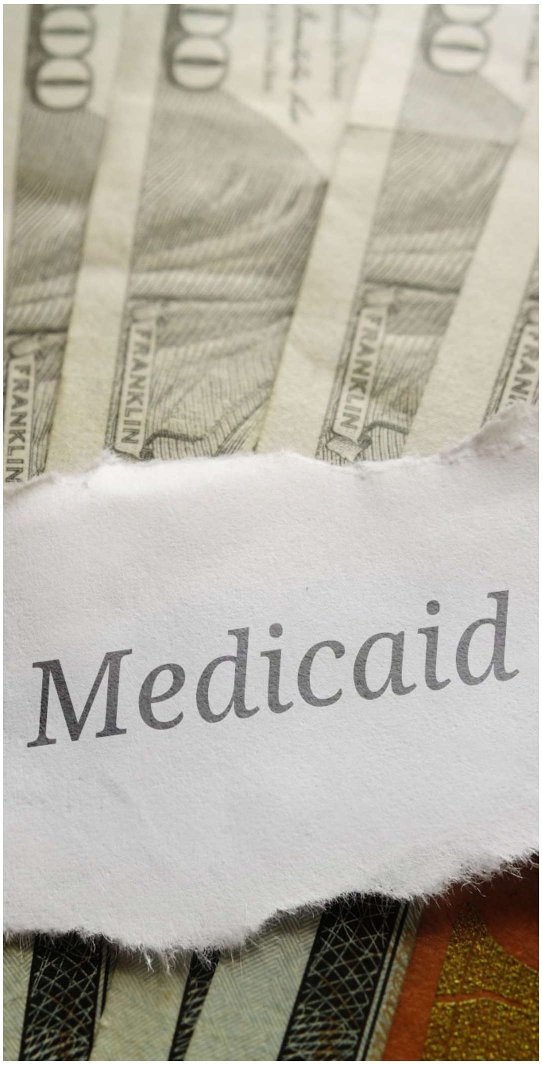
Do take note, as a beneficiary of the Medicare and Managed Care Plan, even if you already have been covered for 60 consecutive days, you can add another 100 days for coverage if you are eligible for it. This depends on your conditions falling under Medicare’s terms for "spell of illness".

Medicare will not, however, cover the treatment of all conditions or diseases. For instance, patients staying in nursing homes because of Parkinson's or Alzheimer's disease will not be covered even if they are receiving treatment. Stays not included in the plan are classified as custodial nursing stays. When this happens, you can either pay for treatment privately (through personal funds or long-term care insurance) or can rely on Medicaid if you are eligible.

There's no telling how long Medicare will cover these rehabilitation costs. Based on our work with clients, coverage is often less than 100 days, even when Medicare states that it provides 100 days. Once you’ve reached your limit, you can fall back on paying personally with your funds, paying through long-term care insurance coverage, or qualifying for Medicaid.

CHAPTER 3

THE MEDICAID PROGRAM



Medicaid refers to a state-administered program primarily supported by federal government funding. The program aims to help specific individuals who have limited resources and income to cover their medical expenses.

Every state sets its own terms for health services covered by Medicaid. Each state also defines which individuals are eligible for coverage. Depending on the state, rules on distribution of benefits vary. Also, be aware that the Affordable Care Act may influence eligibility requirements including Medicaid's scope of coverage based on the individual.

Medicaid is different from Medicare in that the former covers long-term care while the other pays for a limited time. Medicaid can cover your loved one's long-term care in a nursing facility once they qualify. Additionally, Medicaid has added benefits, unlike Medicare. It provides, for example, coverage for personal care services.

Even if you pass the eligibility requirements to qualify for Medicare and Medicaid, you may be required to pass separate eligibility requirements for each program.

WHY LOOK FOR MEDICAID ADVICE?

Increasing life expectancy and the need for long-term care has made it increasingly challenging to find ways to pay for it. Long-term care costs are rising with demand. Most people cannot afford $10,000 to $12,000 a month for nursing home care. Those who have the income initially may find themselves in a bind as expenses continue. Some people have lost their savings over nursing home costs.

Fortunately, there are programs like Medicaid that can assist you. Medicaid can become a long-term care insurance plan for many people. You must qualify, however, for the program before receiving benefits. Eligibility may require you to meet income and assets tests.

Medicaid planning now becomes essential for the following reasons:

1. You must provide enough assets to secure the future of your loved ones. There's no telling which family member will require it soon.

2. Medicaid rules can be extremely confusing and complicated. Some people find getting Medicaid benefits difficult because they don't understand how to correctly proceed with an application. They may never properly secure their family until they get the right advice. Professional counselling helps protect your family's future and ensures that you have long-term nursing care in case it is needed.

DETERMINING ASSETS

Assets must be fully accounted for before you can apply for a Medicaid program. If you're married, then the assets of your spouse must be considered as well.

Medicaid categorizes assets as exempt (non-countable) or non-exempt (countable). It does not matter whether the asset is under the ownership of the nursing home resident (termed the institutionalized spouse or IS), or under the ownership of the person at home, (termed the community spouse or CS). What matters is that one of the spouses own the asset and that it is accessible to them.

Think about second marriages. If one spouse marries again, they either bring very few assets or considerable wealth and assets. If either of the two people requires long-term care and needs to be in a nursing home, both of their assets will be counted when determining the total assets for consideration by Medicaid. This is regardless if there is a pre-nuptial agreement or if they place their assets in a different revocable trust.

Remember, the most important question in determining your total assets when applying is this: Can you access an asset? If you can, it will be counted.

Besides understanding the dollar amount of the assets you can keep, you should also know the different types of assets that make it up. For instance, you can have an income-producing property and it may be considered exempt in specific situations. There are cases, however, when the program will include non-income producing property as part of your countable assets. It's important to know the difference between the two before proceeding with the application.

EXEMPT VS ACCOUNTABLE ASSETS

As mentioned, qualifying for Medicaid requires applicants to go through some pretty strict tests regarding the number of assets they are allowed. You can understand Medicaid better if you study first exempt (non-countable) and non-exempt (or countable) assets.

First, exempt assets refer to the type of assets that Medicaid will not consider - at least for a certain amount of time - as part of the calculation of assets that can be spent or divided. Generally, primary exempt assets can come in the form of:

- **The Home** - this should be the person's principal place of residence. The individual who will be in the nursing home may be asked to show some "intent to return home" although this might never happen.
- **Household and personal belongings** - these refer to items like clothing, jewellery, appliances, and furniture among others
- **One automobile** - this refers to the vehicle that serves as the primary or required means of transportation.
- **Burial spaces** - these may be for the spouse or the person or any immediate family member. A monument, vault, and casket all qualify as burial spaces.
- **Pre-paid irrevocable burial contracts** - the contract's total value should be irrevocably assigned to certain services or merchandise.
- **Cash value of life insurance** – Whole life insurance policies with a death benefit up to $2,500 are considered exempt.

COUNTABLE ASSETS

Medicaid generally considers your other remaining assets as non-exempt and countable. All property, money and other items that can be assigned a value and converted into cash are considered countable assets. They are also subject to spend-down rules. The following fall under countable assets:

- Certificates of deposit
- Cash, checking, credit union, and savings account
- Stocks and bonds
- Money market accounts
- U.S. savings bonds
- Certain trusts, depending on the terms of the trust
- Prepaid funeral contracts that can be revoked or cancelled
- Other vehicles (second, third car)
- Real estate (aside from the primary residence)
- Stocks, bonds or mutual funds
- Boats or recreational vehicles
- Land contracts or mortgages held on real estate sold

CHAPTER 4

UNDERSTANDING "SPEND DOWN"

According to Medicaid regulations, there is a benchmark on how much money a person can keep and still qualify for the program. Specifically, everything above $2,000 is countable as a non-exempt asset for a single applicant in Florida.

Many people mistakenly think the term "spend" means "give". To use an example, some believe they must spend-down to $2,000, and so they give their remaining money to the people around them to qualify for Medicaid. This is wrong. You should spend the spend-down amount or the excess cash on approved items only. You cannot give the excess money away.

Next, remember the money that the community or at-home spouse can keep is called the spousal share. Technically, this is referred to as the Community Spouse Resource Allowance or the CSRA. Congress decided on this to protect the at-home spouse if the sick spouse requires long term care. The at-home spouse can keep a certain amount for their use. This anti-impoverishment provision established the protected amount to ensure that the at-home spouse will not become destitute. This prevents the at-home spouse from becoming entirely reliant on the system after they have paid for the care of their sick spouse.

Unfortunately, many people don’t understand an important point. They don't have to spend all of their money paying for long term nursing care. Often, people will only seek legal advice when it's already too late, and there is barely any money left.

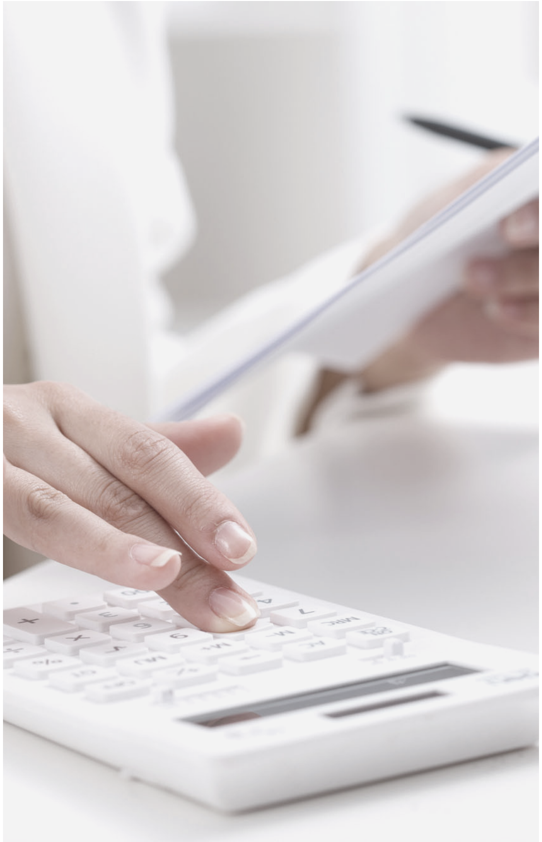
There are many cases where people apply for Medicaid assistance after realizing that their money is almost gone. Many people could have avoided draining their savings and their income before it was too late. Applying for Medicaid requires careful consideration. You can make sure that you preserve a good portion of your savings if you apply early on - or at least prepare for it. Often, those who apply too late for Medicaid find that all of their retirement savings are gone and they have nothing left to leave their heirs.

You cannot blame some individuals as they have not been informed properly. As mentioned, countless individuals confuse what a $2,000 spend-down means. Nonetheless, this is the reason why Congress passed the anti-impoverishment provisions. The government aims to help institutionalized spouses (those in a nursing home) to spend down the "right" amount without leaving the other spouse destitute.

You can normally save a significant amount of your savings by implementing a correct Medicaid Planning Strategy. There are accepted methods of saving but to implement this you will need the help of a qualified elder law attorney. It is extremely difficult to negotiate every rule and regulation by yourself. A spend down plan is almost as complex as tax planning. If you want to save more and protect a portion of your family's assets, you should consult an elder care attorney. It is in your best interest to identify all available options to preserve your assets and to avoid them being depleted due to the ever increasing cost of nursing home care.

CHAPTER 5

QUALIFICATION PROCESS AND SPEND DOWN CALCULATION



To understand the Medicaid qualification process better, it's informative to look at scenarios or case studies relating to it. It breaks down the Medicaid qualification process including the spend down requirement concerning two hypothetical people: Jim and Helen.

MEDICAID QUALIFICATION PROCESS

Helen requires nursing home care, so she's looking to apply for Medicaid. Helen has a family home with her husband, Jim. They have two cars and prepaid burial plans. They also have $100,000 in the bank. Consequently, the following assets would be considered exempt:

- their home
- one of their cars
- prepaid burials

Simply put, the mentioned assets will not be included when calculating assets to be divided and spent down. The other assets will become countable and subject to spend down and division of assets. Jim and Helen's allocation is as follows:

Exempt: **Home, Car 1**
Countable: **$100,000** and **Car 2 ($4000 value)** (unless 7 years or older)

CALCULATING THE SPEND DOWN

In Florida, intra-spousal transfers (transfers between spouses) have no penalty. In the above example, the $100,000 cash in assets including the value of one of the cars can be transferred to the community spouse (the spouse at home). Jim can save it, keep it or spend it, depending on what he wants.

Nonetheless, Helen and Jim should consult with an elder law attorney and work with him or her on asset protection planning.

In Florida, the community spouse can have up to $126,120 (this is the number for 2019 and changes annually in non-exempt assets). The community spouse, Jim in this case, can keep that amount. Assets that go beyond this will go to the institutionalized spouse's side of the ledger - in this case, Helen. Consequently, she needs to keep her assets under $200,000. The restructuring will help save most of the money for Jim.

SINGLE PERSON SPEND DOWN

The spend down for married couples applies similarly to spend downs for single people. For instance, if Helen dies ahead of Jim then the latter will need to apply for the Medicaid program. Jim's spend down will go as follows:

Jim (Widowed)
Cash: $100,000
Spend Down: $98,000
Protected Cash: $2,000

Given this example, Jim needs to spend his $100,000 down to $2,000 to be eligible for Medicaid. He must do this unless he consults with an elder law attorney who can help him with Asset Protection Planning. Even at the last minute, Jim may be able to save all or a significant portion of his assets that would have been allotted for spend down. This does not just happen. You must plan so you can reach your basic permissible amount. Consulting with an elder law attorney and doing considerable planning will help Jim achieve his goal.

CASE STUDIES:

GIVING AWAY MONEY

Some people are concerned about giving away $15,000 a year of their money. Many people know that a tax provision exists which “provides" them as much as $15,000 to give away each year without needing to pay any gift taxes. This is called a gift tax exemption. Take note that this isn't an absolute right without incurring consequences. When people usually hear about the exemption, they often think: "Can't I just give my assets away?"

It is possible. But only within the limits of the law. Despite federal law allowing you to give as much as $15,000 annually without paying gift taxes, that gifting may be included within the ineligibility period for Medicaid Long Term care purposes. Nonetheless, there are still parents who want to give gifts to their kids to avoid draining their life-savings when they need to apply for Medicaid. The following sections discuss more about providing financial gifts to children and how it affects the Medicaid application.

GIVING FINANCIAL GIFTS TO CHILDREN

The following situation should give a clear idea of how financial gifts for children work under the Medicaid program. Connie's 75-year-old husband, Fred, was paralyzed from a stroke. Together with her daughter, they sought advice on their situation since Fred already needed long-term nursing home care. Connie had some savings but it was not enough to cover costs. She did not want to lose their house and was running out of options.

Gloria learned about Medicaid benefits for those requiring long-term care in nursing homes, but she doesn't want to leave her mother destitute so that her father can qualify for Medicaid. Gloria wants to cover her father's medical needs but at the same time preserve assets for her Mother.

An open question is if Connie can give her money to Gloria as a gift, specifically the $15,000 a year allowed by provision. Gloria wants to keep the cash for Connie, so she doesn't lose it when Fred applies for Medicaid. People often confuse the federal gift tax law, though, with the issue of Medicaid eligibility and transfers. For this situation, the "gift" to the child will actually be a transfer that will be "less than fair market value." Medicaid, however, has specific terms about these transfers.

What people don't know is that when Fred applies for Medicaid, the state will look back five years to determine if any transfers were for less than fair market value. The state prohibits anyone from giving away their property or money so that they can be eligible for Medicaid. Any transfers or gifts for less than market value discovered during the look-back period (five years) can affect Fred's eligibility for the Medicaid program. For instance, every $15,000 gift done within the look-back period before applying for their Medicaid application will result in a two-month ineligibility period.

The question then becomes, what should Fred and Connie do? They can set up a plan, save a considerable portion of their estate and remain eligible for Medicaid. The plan can still include transfers of money for the value received. This can consist of a Personal Services Contract, but as mentioned, the contract must be drafted in a certain way and has tax consequences. Consult an elder law attorney for advice regarding a Personal Services Contract.

An important point must be made. When people give away their money it remains given away. Studies show that "windfall" money that came as a prize, a lawsuit settlement, or a gift, gets spent within three years. Simply put, although children (like Gloria in this case) promise that they will keep the money for their parents, they may still end up spending the money for their own personal needs. There is no guarantee that the children will keep the money available until their parents need it. This is why it is best to consult an advisor when setting up the plan so that you can keep your assets, cover long-term care and still be within the limits of the law.

CONCERNS ABOUT LOSING HOME

A top concern for Medicaid applicants is whether they will lose their home if they get benefits to cover their long-term care. For many people, their home represents much of their life savings and even their life. Usually, it is also one of the assets that parents choose to pass on to their children.

To put it simply, Medicaid regulations classify the home as an exempt resource. This means that Medicaid will not consider your home when calculating your eligibility for the program. In 1993, however, Congress passed a controversial law that impacts many families with elderly parents or spouses who are in long term nursing care. This law required states to try to recover the value of Medicaid payments covering residents of nursing homes.

It is not until the recipient of the benefits die that the estate recovery mechanism begins. During that time, federal law also requires states to try to recover the paid out benefits for nursing home care. Currently, they get this amount from the probate estate of the recipient. The probate estate is usually comprised of assets under the ownership of the deceased in his or her name alone and without designating any beneficiary. Some states implement an expanded estate recovery method that goes beyond the usual coverage and recovers from non-probate assets. These may also include assets payable to a beneficiary or owned jointly on top of correctly transferred assets during the stay of the recipient in the nursing home care. In Florida, it is important to consult with an attorney to make sure the money cannot be recovered by Medicaid after you die.
The covered care costs of Medicaid for nursing home residents in this country account for approximately two-thirds of the people it assists. In this sense, the estate recovery law is bound to affect hundreds of thousands of families. Usually, the asset that gets included in the estate recovery is the home of the Medicaid benefit recipient.

Fortunately, a nursing home resident may receive benefits from Medicaid and also own a home. They don't need to sell the house to become a beneficiary. At the time of the recipient's death, however, if the home is under probate estate consideration, then things may change. The state may have the right to force the sale of the house so that it can reimburse its program for benefits provided or payments. Nonetheless, there are Medicaid regulations that can help avoid recovery against the home if a situation falls under certain conditions. The difficult part is keeping up with Medicaid regulations. The rules are constantly changing, so you need to ask the assistance of an elder law attorney to make sure you can preserve your assets within the law. Protect your household property at all costs.

CHAPTER 6

FINDING AND GETTING LEGAL ASSISTANCE

Dealing with nursing home care comes with a range of legal issues to consider. Aging individuals and their family members can face serious consequences if they don't know how the Medicaid program works. Financial, legal and care planning issues should be outlined by a legal professional to help negotiate Medicaid's twists and turns, otherwise, you and your family members may end up bound in a complicated, confusing predicament.

If you, your family member or someone you know requires long term nursing care, then you need to consult a legal expert. Where can you find the right help?

It's not easy finding attorneys with the experience and training skills needed to navigate the Medicaid program. Elder law attorneys are your best bet since they provide services related to Medicaid planning and nursing home care planning. Choose an attorney with the right credentials. Make sure you research the attorney as thoroughly as possible.

Where then do you find a law office or a law practitioner that can provide the experience and knowledge that you require? Personal recommendations from family and friends is a good way to find what you need. These people usually suggest professionals with which they have had a good experience. Ask them the following questions:

1. **WHO DID THEY GO TO FOR ADVICE?**
2. **WERE THEIR NEEDS MET?**
3. **WERE THEY SATISFIED WITH THE PROVIDED SERVICES?**

Another information source can be financial professionals like accountants. They likely have experience assisting individuals in handling assets relating to Medicaid. Support groups for diseases like Alzheimer's, hospital social workers, and other healthcare professionals can also be good sources of information.

Ideally, you want an attorney who spends most of his or her time working on nursing home planning. Their practice should be predominantly focused on this area, so you can be sure that they have the knowledge and experience to guide you. As much as possible, ask the attorney how much their practice devotes to nursing home planning. Don't be afraid to ask the percentage. Your future or that of a loved one is at stake. Ask, too, about suggestions for your situation. It pays to do thorough research before selecting an attorney to guide you with nursing home planning. In addition, you can find the right attorney more confidently if you have a basic understanding of what is required for your Medicaid application.

CHAPTER 7

IN THE EVENT OF A CRISIS

You must act quickly when injury or illness has a life-changing impact on your loved one or elderly parent. Time is of the essence. Here are some steps to follow when managing a crisis related to severe injuries and illnesses.

1. LOOK OUT FOR YOUR PARENTS

You need to consider every aspect of help when something terrible happens to your parents. What care do they need? Are you providing it? Are you the only one who knows something is wrong? Do they know their current situation? Will they allow you to help them? Do they need additional attention? Do they require hospital evaluation?

Don't assume that everything will turn out fine. It is better to be concerned than to be in denial or believe that nothing is wrong. Act on the situation immediately. Seek medical assistance as soon as possible. You must consider whether long-term care planning is the best possible option to give them what they need. Ask for advice.

2. ORGANIZE YOUR FINANCES

Long-term nursing care is expensive. As mentioned before, nursing care home facilities can range from $100,000 to $120,000 per month or more. Assisted living costs have a similar range. If you're considering home care, consider the cost of a helper and aides plus their required hours.

This is in addition to medication expenses and possibly other tools to help the ailing or injured person. These costs can vary and get steep. Depending on your situation, your loved one or elderly parent may qualify for financial assistance for either home care, assisted living, or long-term care in a nursing home under Medicaid.

Consulting an elder law attorney early on will help you determine the best course to getting financial assistance. They can also advise you on what documents are required and the steps needed to help preserve your assets and interests.

3. PRESERVE AS MUCH AS YOU CAN

The goal is to take care of your loved one or elderly parent while not going destitute. Long-term nursing care is costly and can take up an enormous amount of money. That's why applying for financial assistance is the best route to take. Unless you are secure financially, programs like Medicaid can help with some costs. However, there are also some aspects of the program that might be confusing. Many people apply without proper planning, failing to save as much as they could.

Acting quickly is essential to helping a loved one or elderly parent with their healthcare needs. It is also crucial to ensuring that you get the maximum government benefits they are entitled to. Take note that Medicare limits coverage to 100 days of long-term nursing care even then, and you may be responsible for expensive co-pays. As for Medicaid, you will get assistance only after passing stringent requirements. Take note that it will not pay for all the needs of your loved one. You should plan your finances and explore your benefits to protect as many assets as possible. In drafting a long-term care plan, make sure you also honor what's best for your parents. You must also protect any legacy assets according to their Last Will & Testament. Advanced Directives are of paramount importance to avoid a guardianship.

SCHEDULE A CONSULTATION

A challenging time lies ahead if you, your parent, your spouse, or another loved one needs long-term nursing home care. But don't worry, you can get the help you need if you seek the right professional. The following things are all possible, even when faced with a nursing home care future:

- **Reduce or get rid of your nursing home costs**
- **Protect your money such as your life savings that you put so much effort to work on**
- **Increase the amount of cash/income that you can keep**
- **Maintain enough assets to pass to your kids as inheritance**
- **Save important family assets like your home or other things**

Many don't know that they can reduce or eliminate their nursing home care costs. If you want to find out how, call our office and schedule a consolation.

HOW WILL A CONSULTATION WITH AN ELDER LAW ATTORNEY HELP?

Situations vary, so the only way to find the best course of action is to consult with us about your individual care problem. A personal and private consultation should be the first action in preparing for the best nursing home care result. An experienced elder law attorney can map out the right steps for your situation. They can also explain the best way to protect yourself, your loved ones and your assets. We tailor all our consultations according to the needs of the client.

During your consultation we can discuss your specific situation and formulate a plan to:

- **Protect your essential assets from being consumed by increasing nursing home costs**

  \- As discussed previously, nursing home care costs can be as high as $10,000 to $12,000 per month. To be Medicaid eligible, a person might think they need to spend their assets down below $2,000. We can help determine the best way to protect assets that you would have to otherwise spend down. Don’t spend your assets on expensive private pay care until you have consulted an expert in Elder Law.

Protect your home (one of your most valuable assets)

- Most people who want to apply for Medicaid think that they must sell their home to get Medicaid's benefits. In Florida, the homestead property, however, is considered an exempt asset. When the recipient of the Medicaid benefit dies, the state may try to recover the benefits paid through your assets. Proper planning with us should help you avoid this or at least minimize what estate recovery can get from you.

Manage the situation when the well spouse dies first

- When spouses apply for Medicaid assistance for long term nursing home care, the "sick" spouse will be residing in the nursing home while the "well" spouse will be at home. If the sick spouse dies and assets have been properly preserved, then there's normally no financial problem. It might be different, however, if the well spouse passes first. When this happens, all of his or her assets will be transferred to the sick spouse. If there is an influx of money to the person residing in the nursing home care, their sudden accumulated assets can result in disqualification from Medicaid. Eventually, they could lose their entire estate. You can avoid this tragic ending by using a specific type of Will. If you are the well spouse, then you should also consult with us about this.

Represent you in dealing with other state agencies

- It can be challenging to deal with any government organization. Many people dread dealing with state agencies because it is often a frustrating and confusing experience. We understand this and are ready to help. This can give you peace of mind and more time to do the things you need to do.

Understand the ropes of the Medicaid law and work around complexities as applied to your situation

- We have the experience and knowledge to help you preserve the maximum amount of your assets. We have dealt with hundreds of Medicaid applications, so we know how to navigate the laws to protect your interests. There are many problem areas in Medicaid regulations and our elder law experience can benefit you tremendously. We focus on the issues that matter to you and address your concerns accordingly.

Assist you in protecting your inheritance

- We assist clients who have worked their entire lives to provide what they can to their children. Accumulating these assets over decades makes it very difficult to part with them when you need Medicaid assistance. We can help you save as much of your assets as possible so that you can still leave something behind to your children. We can also support you in ensuring that your loved one gets nursing home care without sacrificing what you want to leave for your children.

CONTACT THE SCHOFNER LAW FIRM

The Schofner Law Firm has been serving the elder community since 1990. Ted Schofner's many years of experience are just what's needed to help guide you through the complex legal needs of your golden years.

The Schofner Law Firm
TED SCHOFNER, ELDER LAW ATTORNEY

CALL US TODAY

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