

Accuracy, Urgency and Integrity - Our Pledge

We understand the difficulty and stress surrounding complex long term care decisions. That is why we handle every concern with the utmost care.

We also understand that most families do not seek our help unless they need it, so we already sense their urgency. We place that same urgency into each application we process. Although we have received a record-breaking 4-day approval, we cannot promise those results for everyone. Our goal is approval accuracy, not simply speed.

In order to attain success, however, we also need joint cooperation. During the application process, we will ask some very personal questions regarding very delicate matters, and we need the most accurate information available. Without accurate information, we will be unable to maintain the integrity of the application process, and we will be unable to offer adequate and accurate advice.

While honoring the integrity of the application process, we must also maintain our own, so we will always provide accurate, honest assessments regarding eligibility and expectations throughout the application process.

Our ultimate goal is to obtain all of the assistance available for a recipient as quickly as possible. We achieve that goal with accuracy, urgency and integrity throughout the entire application process.

Money Back Guarantee

With a 100% approval record, we guarantee our results in writing. That's right! If an applicant is qualified, and we fail to receive an approval due to an error on our behalf, we will provide a full refund.

Our Mission

To create solutions that meet the unique long-term care needs of seniors, so they and their families can have peace of mind.

Solutions and Options for Seniors, LLC

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DECISIONS DECISIONS

Helping You
Navigate
the Confusing
World of
Long Term
Care
Payment
Options

SOS

Solutions and Options for Seniors, LLC

Interesting Statistics

The national average for skilled nursing care is \$189.00 per day according to a MetLife study conducted in 2007.

Seniors older than 65 have a 70% chance of requiring long term care according to the Wall Street Journal.

50% of seniors entering a long term care facility are penniless within one year according to a Harvard study.

“If I qualify for long term care insurance products, the coverage may be inadequate, and I may never use the benefits!”

“If I pay privately, I may have more control over facility or care selection, but I may not be able to afford the care!”

Public Assistance - Limitations & Allowances

Provisions are available for individuals exceeding public assistance guidelines.
[SPENDING DOWN IS NOT ALWAYS NECESSARY!](#)

MEDICARE

To receive Medicare's limited long-term care benefits, the recipient must require skilled care, and be discharged to a care facility after a 3-day, illness-related hospital stay. The maximum benefit is 100 days, but only 20 days are full-pay. The remaining 80 days will require a co-pay unless covered by secondary insurance.

VETERAN'S BENEFITS

To qualify for VA benefits, the recipient must have been active with an acceptable discharge. Many programs are available, and are determined by whether the applicant has: 1.) A service related disability, 2.) Wartime service, or 3.) A need for aid with daily living. Be aware that a co-pay may apply for long-term care. In addition, a wartime veteran may qualify for special Aid & Attendance benefits.

Three Ways to Pay for Long Term Care

When it comes to long-term care, there are only three basic ways to pay for care expenses:

- 1.) Pay Privately - There is no need to medically qualify, and facility selection will not be restricted, but cost may become prohibitive, since all risk is personally assumed.
- 2.) Defer Risk via Insurance Based Products (Traditional and Asset-Based Plans) - Since the risk is underwritten by an insurance company, medical underwriting may be necessary. Unfortunately, 20% of those who apply for traditional plans will not qualify according to the American Association for Long Term Care, and of those who do qualify, 66% never use the benefits according to Senior Market Advisor.
- 3.) Defer Risk via Public Assistance (Medicare, Veteran's Benefits, and Medicaid) - The least expensive option, as risk is deferred, but an insurer is not involved, so there is no need for medical underwriting. However, qualification limits apply, and facility choices may be slightly reduced.

Common Long Term Care Misconceptions

- Paying privately will guarantee better care.
- Long term care insurance will pay all long term care expense.
- Medicare will pay for 100% of all long term care expenses.
- Public assistance is only for the destitute.

The Truth About Long Term Care

- Paying privately only allows for greater facility and care selection. Selections must still be made based on personal budget constraints, which may be cost prohibitive.
- Long term care insurance may not pay for all long term care expenses - based on policy limits.
- Medicare pays very limited long term care benefits.
- Public assistance is available to many who think they may not qualify.

MEDICAID

To qualify for Medicaid benefits, the recipient must meet stringent qualification limits. For instance, the recipient cannot possess more than \$2,000.00 (\$3,000.00 for joint applicants) in available assets*. If not applying for Medicaid benefits, the at-home (community) spouse may keep substantially more, but each state calculates the allowance differently.

Some assets are excluded or considered unavailable with no limits imposed, such as, a primary residence or qualified retirement accounts. Other assets, such as, irrevocable burial plans are also excluded.

Although cost sharing may be imposed based upon the recipient's income, the at-home spouse may be awarded a monthly allowance from the recipient's income, which also varies from state to state.

*Please Note: Gifting restrictions apply.