



Financial - Who pays for what?

"Free" Services

These programs are sponsored by the organization that offers the program, or paid-for through grants, private donations, government funds, etc. These services have eligibility criteria and may require an application. Some also have a wait list:

Operation Safeguard (Sheriff's Department)

Support Groups

Caregiver Respite (Council on Aging)

Personal Care Services (Council on Aging)

Homemaker Services (Council on Aging)

Meals on Wheels (Council on Aging)

Legal Aid

Paid for by Medicaid

These programs are paid for through State and Federal Medicaid funding. One must meet both health and financial criteria to qualify for Medicaid funding. There are many Medicaid programs, and they vary from state-to-state. Some, particularly those under the "waiver program", have a long wait list. Below are some services covered by Medicaid programs which are often needed by families who are caring for someone diagnosed with dementia:

Non-Medical caregiver ("sitter") services can be covered by the Medicaid waiver program. The most common waivers used by seniors diagnosed with dementia are the Adult Day Care Waiver (covers small number of hours for home personal care aid and adult day care) and the Community Choice waiver (can cover home caregivers, adult day care, home modifications and other approved services to care for people at home). There are both financial and health criteria that must be met and the application process is very complex. There is a long wait list for these waiver programs, especially for the Community Choice Waiver.



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Adult Day Care can be paid for through a Medicaid Waiver – see paragraph above.

Non-Medical caregiver services can be covered through another Medicaid program known as Long-Term Personal Care Services. The financial criteria are stricter for this program, but those in need can receive these services more promptly and many low asset/low income people receive these services while they wait for Waiver services (which can provide more hours of care than Long-Term Personal Care Services).

Nursing home care can also be paid for by Medicaid through a program known as Long-Term Care. There are both medical and financial qualifications for this program, and there may be a wait list depending on the nursing home one chooses. Nursing home patients who qualify for this program give up their monthly income except for a small personal allowance to the nursing facility. The balance of the monthly cost is covered by Medicaid.

Paid-for through Medicare:

In-home, skilled nursing care (home health) is covered primarily through Medicare. These services, which include skilled nursing, physical therapy, occupational therapy and speech therapy, require a physician's order. Some providers include minimal personal care services.

Medicare, of course, also covers other healthcare costs (80% of costs in most cases). Part A covers inpatient services (hospitals, inpatient rehabilitation, etc.) and Part B covers outpatient services (doctor appointments, outpatient clinics, etc.) Note that Medicare does not cover skilled nursing care in nursing homes; it covers rehabilitation programs housed in nursing homes for a specified length of time.

VA benefits:

The *Veterans Administration* offers an in-home, personal caregiver service which can provide 20-30 hours of care per week. It also (through an agreement with the Caddo Council on Aging) offers a veteran-directed, in-home caregiver program, which can provide up to 40 hours of care per week. Both programs are free to veterans who qualify.

Additionally, the VA offers DIC benefits increases to help cover long-term care costs (sitters, assisted living, nursing home, etc.) for veterans with a service-connected disability. Similarly, Aid and Attendance (part of the VA pension program) is available to qualified veterans who may not have a service-connected disability to help defray some



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of their long-term care costs. Both of these programs are also available to widows/widowers of veterans who need long-term care.

The Northwest Louisiana Veterans Home offers nursing home care to veterans and their spouses. Costs are low compared to non-VA nursing homes, and there is an office on-site to help qualified veterans and/or their spouses access Aid and Attendance or other benefits to help defray the nursing home costs. The VA also contracts with other nursing homes in our region to provide additional "beds" for qualified veterans.

Veterans who already receive medical services from the VA hospital or clinic should contact their assigned social worker to find out which benefits are available to them. Veterans, their spouses or widows/widowers can also contact their Veterans Affairs office for information and assistance.

Long-Term Care Insurance:

Long-Term Care Insurance is offered by most health insurance companies. It is designed to help cover the costs of care for persons with chronic conditions that limit their ability to care for themselves. Policies vary, but most will cover **home care, nursing home care, assisted living and adult day care**. Most people purchase this insurance in their 50's and 60's, while they are still healthy. Note: Regular health insurance (Medicare, employer-provided insurance plans, marketplace plans, etc.) does not cover long-term care.

Private Pay

When individuals do not qualify for Medicaid benefits or VA benefits, and they do not have a long-term care insurance policy, private pay may be the only option. Other than the "Free Services", long-term care services such as nursing homes, medical and non-medical home care and assisted living can be paid for out-of-pocket.