What Resources are Available to Pay for Services?

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Transforming the Aging Experience

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Medi-Cal

Medi-Cal, California's Medicaid program, is a joint federal and state program that provides health care coverage for families and older adults who are low-income, blind or disabled. Medi-Cal plans offer certain "essential health benefits," such as emergency services, hospitalization, mental health services and addiction treatment.

This health care coverage is provided at either no-cost or significantly lower costs than other health care plans. For many individuals who enroll in Medi-Cal, there is no premium, no co-payment, and no out of pocket cost.

Those individuals whose household income is equal to or more than 138% of the poverty line are eligible to receive health benefits through Medi-Cal.

What Services are covered by Medi-Cal?

- Inpatient hospital stays
- Hospice
- Short-term rehab in skilled nursing
- Long-term stay in skilled nursing
- Home Health
- Adult Day Health Care
- PACE

Medicare

Medicare is a federally funded and administered program that pays for health care services for US residents who are 65 years of age or older or who have long-term disabilities. There is no income eligibility requirement for the program. Medicare covers a much more limited set of long-term care services than Medi-Cal, including short-term nursing home care (for up to 100 days), home health (limited to individuals who are homebound who need skilled nursing or therapy services on a part-time basis and hospice.

Medicare is divided into four parts, with each providing different coverage types and packages:

Medicare Part A: covers inpatient hospitalization; hospice and home health

Medicare Part B: covers outpatient care, services from doctors and other medical providers, durable medical equipment and many preventative services

Medicare Part C: Also referred to as a "Medicare Advantage Plan." Covers all benefits and services under part A and B and usually covers prescription drug benefits. May also include extra benefits and services not covered such as basic vision and hearing.

Medicare Part D: covers prescription drug costs

What Services are covered by Medicare?

- Inpatient hospital stays
- Hospice
- Skilled nursing
- Home Health
- PACE

Medigap

Medigap is Medicare Supplement Insurance that helps fill "gaps" in original Medicare and is sold by private companies. Original Medicare pays for much, but not all, of the cost for covered health care services and supplies. A Medicare Supplement Insurance (Medigap) policy can help pay some of the remaining health care costs, like:

- Copayments
- Coinsurance
- Deductibles

Medigap policies don't cover everything

Medigap policies generally don't cover long-term care, vision or dental care, hearing aids, eyeglasses, or private-duty nursing.

Insurance plans that aren't Medigap

Some types of insurance aren't Medigap plans, they include:

- Medicare Advantage Plans (like an HMO, PPO, or Private Fee-for-Service Plan)
- Medicare Prescription Drug Plans
- Medicaid
- Employer or union plans, including the Federal Employees Health Benefits Program (FEHBP)
- Tricare
- Veterans' benefits
- Long-term care insurance policies
- Indian Health Service, Tribal, and Urban Indian Health plans

8 things to know about Medigap policies

- You must have Medicare Part A and Part B.
- A Medigap policy is different from a Medicare Advantage Plan. Those plans are ways to get Medicare benefits, while a Medigap policy only supplements your Original Medicare benefits.
- You pay the private insurance company a monthly premium for your Medigap policy. You pay this monthly premium in addition to the monthly Part B premium that you pay to Medicare.
- A Medigap policy only covers one person. If you and your spouse both want Medigap coverage, you'll each have to buy separate policies.
- You can buy a Medigap policy from any insurance company that's licensed in your state to sell one.
- Any standardized Medigap policy is guaranteed renewable even if you have health problems. This means the insurance company can't cancel your Medigap policy as long as you pay the premium.
- Some Medigap policies sold in the past cover prescription drugs. But, Medigap policies sold after January 1, 2006 aren't allowed to include prescription drug coverage. If you want prescription drug coverage, you can join a Medicare Prescription Drug Plan (Part D). If you buy Medigap and a Medicare drug plan from the same company, you may need to make 2 separate premium payments. Contact the company to find out how to pay your premiums.
- It's illegal for anyone to sell you a Medigap policy if you have a Medicare Advantage Plan, unless you're switching back to Original Medicare (Medicare.gov, 2021).

Dual Eligible/Medi-Cal and Medicare

Some people qualify for both Medicare and Medi-Cal and are called “dual-eligible” or Medi-Medi beneficiaries. If you have both Medicare and Medi-Cal, Medicare is the primary payer (meaning Medicare will pay first for Medicare-covered benefits) and Medi-Cal is the secondary payer. If you qualify for full Medi-Cal (Medi-Cal without a share of cost, Medi-Cal will also cover your Medicare Part A and B deductibles and copayments, and pay your monthly Medicare Part B premium.

What Services are covered by Medi-CAL/Medicare?

- Inpatient hospital stays
- Hospice
- Short-term rehab in Skilled nursing
- Home Health
- Adult Day Health Care
- PACE

IHSS – In Home Supportive Services

The IHSS Program will help pay for services provided to you so that you can remain safely in your own home. To be eligible, you must be over 65 years of age, or disabled, or blind. IHSS is considered an alternative to out-of-home care, such as nursing homes or board and care facilities.

The types of services which can be authorized through IHSS are housecleaning, meal preparation, laundry, grocery shopping, personal care services (such as bowel and bladder care, bathing, grooming and paramedical services), accompaniment to medical appointments, and protective supervision for the mentally impaired (CDSS, 2021).

Who is Eligible?

- Resident of the United States.
- You must also be a California resident.
- You must have a Medi-Cal eligibility determination.
- You must live at home or an abode of your own choosing (acute care hospital, long-term care facilities, and licensed community care facilities are not considered “own home”).
- You must submit a completed Health Care Certification form.

How does the program work?

- A county social worker will interview you at your home to determine your eligibility and need for IHSS. Based on your ability to safely perform certain tasks for yourself, the social worker will assess the types of services you need and the number of hours the county will authorize for each of these services. This assessment will include information given by you and, if appropriate, by your family, friends, physician or other licensed health care professional.

- A completed Health Care Certification (SOC 873) must be received by the county prior to authorization of services.
- You will be notified if IHSS has been approved or denied. If denied, you will be notified of the reason for the denial. If approved, you will be notified of the services and the number of hours per month which have been authorized for you.
- If you are approved for IHSS, you must hire someone (your individual provider) to perform the authorized services. You are considered your provider's employer and, therefore, it is your responsibility to hire, train, supervise, and fire this individual.
- If your county has contracted IHSS providers, you may choose to have services provided by the contractor.
- If your county has homemaker employees, you may receive services from a county homemaker.

How are IHSS payments made?

You may contact the social worker assigned to your case to determine the IHSS hourly rate in your county. Because unions negotiate with the employer of record in each county, the wage rates may vary from county to county. The State issues all checks for individual provider payments. If the provider qualifies, the State withholds the applicable amounts for disability insurance and Social Security taxes.

How do you apply?

To apply for IHSS, complete an application and submit it to your county IHSS Office.

Private Insurance

Most Americans are enrolled in a private health insurance plan, according to the U.S. Census Bureau. The rest may have coverage through a public or government program like Medicaid or Medicare.

Private health insurance refers to any health insurance coverage that is offered by a private entity instead of a state or federal government. Insurance brokers and companies both fall into this category.

What services are covered by private insurance?

- Inpatient hospital stays
- Hospice
- Short-term rehab in skilled nursing
- Home Health

Long-term Care Insurance

Long-term care insurance (LTCI) is a type of insurance that can help offset the expenses of long-term care needs.

Because long-term care is a considerable expense, many people cannot afford to cover the entire costs of care out-of-pocket. Traditional employer-based health insurance or Medicare will not cover extended daily care, and in general, health insurance/Medicare only pays for doctor and hospital bills.

Long-term care insurance can cover all or some of the costs of in-home care, assisted living, long-term care in skilled nursing, adult day care, home modifications, assistance with day-to-day activities

What services are typically covered by long-term care insurance?

- Non-medical home care
- Home health
- Respite care
- Adult day care centers
- Assisted living
- Memory care
- Long-term skilled nursing
- Hospice

The cost of a long-term care insurance policy varies based on the following factors: the maximum daily benefit, he maximum number of days or years you design your policy to pay, covered services, the elimination period, the age at the time of policy purchase, health at the time policy purchase, the inflation protection selected and lastly any additional riders selected.

Assisted Living Waiver Program

The state of California recognizes that individuals who qualify for long-term care in skilled nursing care can often receive the same level and quality of care in an assisted living community at a lower cost. The Assisted Living Waiver Program (ALWP) serves older adults who need long term care assistance with personal care and household tasks.

This program is open to residents statewide. However, there are not providers available in every county. Participating counties include: Alameda, Contra Costa, Fresno, Kern, Los Angeles, Orange, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, San Mateo, Santa Clara, and Sonoma.

The California Department of Health and Human Services requires that participants in this waiver program contribute to their monthly rent. The monthly “room and board rate” is approximately $1,100, depending on one’s income.

Services that are covered:

- Assisted living within communities that take the voucher
- Assistance with activities of daily living such as bathing, grooming, or toileting, eating and mobility
- Activities of daily living such as transportation and medication administration
- Health related services including skilled nursing if necessary
- Prepared meals
- Housekeeping and laundry
- Nursing home transition care

VA Aid and Attendance Benefit and the Housebound Benefit

Veterans benefits for long-term care are an additional, monthly income that is added to the VA Pension or Survivors Pension. It's not possible to receive Housebound benefits and Aid and Attendance benefits at the same time.

What is VA Aid and Attendance?

The VA Aid and Attendance benefit provides supplemental income for eligible veterans and surviving spouses who are receiving care either at home or at a senior living community. If your loved one is unable to live independently and needs help with activities of daily living (ADLs), such as bathing or dressing, they may qualify for Aid and Attendance if they meet the eligibility requirements.

Who's eligible for Aid and Attendance benefits?

If your loved one is a veteran who has met the eligibility requirements for VA Pension or the surviving spouse of a veteran who qualifies for Survivors Pension, they may also be eligible for Aid and Attendance benefits if they:

- Need assistance with personal care
- Must spend a large portion of the day in bed because of an illness
- Live in long-term skilled care as a result of physical or mental disability, or
- Have limited eyesight

What are Housebound benefits?

VA Housebound benefits are for veterans and surviving spouses who spend much of their time at home because of a permanent disability. Those who qualify for Housebound benefits are confined to their home or need assistance when going to medical appointments.

Housebound benefits provide a monthly amount to those who qualify, which is paid in addition to VA Pension or Survivors Pension amount.

What services are typically covered by VA Benefits?

- Non-medical home care
- Home health
- Respite care
- Adult day care centers
- Assisted living
- Memory care
- Long-term skilled nursing
- Hospice

Who can I enlist for help?

- Financial Advisor
- Attorney for Trusts
- VA Benefits Specialists

Additional questions regarding what resources are available?
Contact Eskaton's Resource Navigator today: 866-375-2866.

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