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high cost of nursing home care**

LONG TERM
CARE SOLUTIONS, LLC



**Florida's Premier
Nursing Home Medicaid
Filing Company**

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LongTermCareSolutionsLLC.com

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WHO IS LONG TERM CARE SOLUTIONS, LLC

□ Who We Are

Long Term Care Solutions, LLC is a medicaid filing company assisting families throughout the State of Florida to qualify their loved one(s) to receive nursing home and/or assisted living facility Medicaid benefits. We have filed thousands of applications and work closely with you and the facility to provide complete service throughout the application approval process.

Our mission = To preserve our client's assets and obtain quick Florida Medicaid approval.

□ We Work for You

We provide **FREE** consultations to discuss the Medicaid application process in detail. We represent your loved one to the Department of Children and Families (DCF) to coordinate income, assets, insurance policies, IRAs and necessary legal documents for quick Medicaid approval. We are accessible at three convenient locations – Clearwater, Sarasota, and West Tampa. We are also available to visit you at your residence, nursing facility, hospital, or by phone for a phone consultation. We have a toll free number throughout the U.S. so family members may reach us with any questions they may have regarding this process.

□ Trusted Advisors

We are a filing company working closely with licensed professionals to give you complete information, satisfaction and protection. It has always been our practice to work closely with attorneys specializing in Elder Law, Probate, Guardianship, Tax and Estate Planning to provide the most complete and accurate information to the families and residents we file Florida Medicaid benefits for. Many of the attorneys we refer will provide **FREE** consultations and are available typically within 24-48 hours for quick appointments.

□ Community Focused

We are active within our communities and are involved in many local charities. We believe in making a difference in our senior's lives. We provide **FREE** Advance Directives (Power of Attorney, Health Care Surrogate, and Living Will) available to download from our website, as well as helpful informative links and the latest Medicaid qualifying numbers. Please ask us to speak at your organization where we can explain the involved and often cumbersome Medicaid application process.

We look forward to answering your questions and assisting you through the Medicaid benefits maze.

WHAT IS MEDICAID AND WHO CAN QUALIFY?

Medicaid is a joint Federal and State program which provides medical assistance to individuals who are 65 or older, disabled, or blind. Medicaid is the single largest payer of nursing home bills in America. Although Medicaid eligibility rules vary from state to state, Federal minimum standards and guidelines must be observed. Medicaid has several programs under its umbrella. One of the most commonly used is The Institutional Care Program (ICP). ICP pays for nursing home care. To qualify for the ICP program in Florida, the person applying for Medicaid must;

- Be at least 65 of age or disabled
- Be a US citizen
- Be a Florida resident (physically in Florida at least one day)
- Have a social security number
- File for all other benefits available to the applicant
- Notify the state of Florida of existing health insurance
- Medically determined to be in need of a nursing home
- Be placed in a nursing home that accepts Medicaid participants

To medically qualify for a nursing home, the person applying for Medicaid must be unable to perform three of the following five activities of daily living (ADL'S) determined by the physician.

- Walking and standing
- Dressing oneself
- Feeding oneself
- Bathing oneself
- Going to the bathroom (incontinence)

Further, there are financial income and asset tests to qualify for the Florida Medicaid Program. Please refer to the "Medicaid At A Glance" card or visit us online at LongTermCareSolutionsLLC.com/Medicaid/ for the latest income and asset qualifying numbers. When seeking information about obtaining Medicaid benefits, it is advisable to speak with a specialist who focuses on (Florida Medicaid eligibility).

WHAT IS MEDICAID AND WHO CAN QUALIFY?

☐ Is Medicaid planning legal?

Yes. The Medicaid laws are written with several provisions which are favorable to those individuals who are presently applying for Medicaid as well as those who are planning for the future. These provisions protect certain assets and/or income depending on the facts of each case.

☐ When Medicaid is approved, will my father receive “substandard” care in the nursing home?

No. Medicaid pays for a semi-private room. Your father could be sharing the room with a person paying privately or has long term care nursing insurance benefits. Typically, the nurses and nurse’s aides have no idea which residents are Medicaid or private pay. It’s always a good idea to visit your father frequently and at different times.

☐ Is it important to have updated Advance Directives (Power of Attorney, Living Will, Health Care Surrogate) for the Medicaid filing process?

Yes, absolutely! Depending on the specific plan of action, a comprehensive Power of Attorney is used many times to assist the nursing home resident with movement of assets, title changes, gathering documents, etc.

Please visit our website at LongTermCareSolutionsLLC.com and download the **FREE** Advance Directive forms (Power of Attorney, Living Will, Health Care Surrogate) to have notarized and witnessed.

☐ Is it a good idea to ask my neighbor who dealt with nursing home Medicaid planning a few years ago on how to qualify my mother for Medicaid now?

No. Medicaid guidelines change frequently. Everyone’s qualifying situation is different. An individual plan that is tailor-made to your mother’s specific needs is best.

CRISIS MEDICAID PLANNING

Crisis Planning is defined as planning for those who have an immediate or near immediate need for Medicaid eligibility. This stage is when the person is in the hospital, home or assisted living facility and is in the process of transitioning to the nursing facility. While Medicare part A coverage (daily therapy) in the nursing facility may be able to provide time to complete a plan, after therapy has stopped, the patient will be required to pay 8,000-12,000 a month private pay if he or she does not receive financial and legal guidance immediately. Even if someone has been paying privately for a period of time in a nursing facility it is **not too** late to protect the balance of the estate and qualify for Medicaid benefits quickly.

At Long Term Care Solutions, LLC we will assist individuals with identifying key issues, and refer families to experienced Medicaid Elder Law Attorneys to help develop and IMPLEMENT AN ASSET PRESERVATION PLAN. LTCS, LLC will present all income, assets, and legal documentation to the Department of Children and Families (DCF) for a quick approval.

☐ **My father has been in a nursing facility paying privately for six months at a cost of over \$8,000.00 a month, is it too late to protect the balance of his funds and qualify him for Medicaid benefits now?**

No, it's not too late. With asset restructuring and proper legal guidance Medicaid benefits could start as early as next month.

☐ **My mother is in the hospital and going to a skilled nursing facility for rehabilitation, can a representative from your company meet us at the hospital to discuss qualifying her for Medicaid benefits?**

Yes. We meet clients at hospitals, nursing facilities and their residence. It is our goal to answer questions from all concerned family members and the Medicaid applicant, so everyone can fully understand the Medicaid application process.



THREE TESTS TO QUALIFY FOR MEDICAID

The Florida Medicaid Institutional Care Program (ICP) looks at three criteria tests to determine eligibility, which are technical, medical and financial.

□ Technical

These criteria include age, citizenship and residency requirements.

□ Medical

To obtain nursing home Medicaid benefits a person must be disabled, blind or at least 65 years of age or older. The assessment will be completed by the Department of Elder Affairs (Cares Unit).

□ Financial

This category includes income and asset limitations. Please refer to the Medicaid at a Glance card or visit LongTermCareSolutionsLLC.com/Medicaid/ for the latest income and asset qualifying numbers. (Remember, most people may not initially fall within the income and asset guidelines without proper direction). Please call our office for a **FREE** consultation to learn more.



INCOME

Florida is an income state which means there is an income limit on Medicaid eligibility. Income is calculated by compiling **all gross** monthly income to determine the exact amount (patient liability) the nursing facility receives. Countable income includes Social Security, IRA distributions, pensions, rental properties, and annuity payments.

Even if income exceeds the income limit (refer to the Medicaid at a Glance card or visit LongTermCareSolutionsLLC.com/Medicaid/ for the latest income limit dollar amount information) applicants may still qualify for Medicaid through the use of certain legal documents.

At Long Term Care Solutions, LLC we work with several Elder Law Attorneys who can prepare the necessary Medicaid friendly legal documents for the applicant. It is important to know if there is a spouse living in the community, Medicaid allows for an income diversion from the institutionalized spouse to the "well" spouse allowing for monies to go toward the household bills of the community spouse. The Calculation of the diversion of income can be very complex. Please call Long Term Care Solutions, LLC to receive information to determine what the diversion of income can be in a particular situation.

INCOME

☐ **If my wife goes into a nursing facility, will I also have to pay part of my income toward her bill?**

No. Medicaid only requires the applicant receiving Medicaid benefits to pay their income to the facility minus \$130.00 for personal expenses.

☐ **Am I also required to have my income below Medicaid's income guidelines if my spouse is in a nursing facility?**

No. The income of the spouse living in the community can be unlimited. Medicaid does not require the community spouse to pay any of his or her income towards the bill of the spouse living in the facility. Assets are counted jointly but income is looked at individually.

☐ **I have a disabled daughter living with me in my home; will any of my income be diverted to her if I go into a nursing facility?**

Yes. If your disabled child is living in your home, there are guidelines to allow some, part, or all of your income to be diverted to your dependent.

☐ **I am a single person. If I go into a nursing facility, can any of my income be diverted to pay my home expenses?**

No. Your entire income minus \$130.00 for personal needs must be paid to the nursing facility. If you have other assets that can be legally restructured, in certain situations, you may be able to use those funds to pay existing bills.

☐ **What if I cannot pay my personal bills if all my husband's income must be paid to the nursing facility for his care?**

Medicaid has financial guidelines for the spouse at home to receive a diversion of income to help the spouse living in the community pay household bills.

ASSET TEST

To be Medicaid eligible, the applicant is only allowed to have \$2,000.00 in countable assets. However, the community spouse is entitled to keep more. All of the married couple's assets are considered whether they are held jointly or separately.

Some assets may be exempt, such as the primary residence which is usually referred to as the homestead and its contents, a vehicle, prepaid funeral expenses, cemetery lots, term life insurance, whole life insurance whose cash value does not exceed \$2,500.00 and certain types of trusts. However, it is important to evaluate each asset carefully before one can know if the asset is considered countable or exempt.

Examples of countable assets are various types of bank accounts, cash, stocks, annuities, bonds, land, minerals, non homestead property, notes receivable, collectibles, boats, and certain extra vehicles. Although most people do not qualify for Medicaid initially, with proper legal guidance, assets can be restructured to pass the Medicaid asset test.

☐ Will I lose all my assets if I go into a nursing facility?

No. there are many ways to preserve assets.

☐ Does an IRA count as a countable asset?

No. If the RMD (required minimum distribution) is set up on an automatic distribution, then the IRA will not count as an asset. The income stream will be added to the patient's monthly liability but the IRA will be exempt. The IRA must be paying a regular payment to be excluded.

☐ What if I'm younger than 70½ and not receiving IRA income?

A calculation will need to be determined so a particular dollar amount can be set up automatically and distributed as income during the year.

☐ After asset restructuring and qualifying my husband for Medicaid, will my assets continue to be looked at?

No. When applying for Medicaid for your spouse, you are only required to be below the asset limit at the time of application. In essence, there will be a "snap shot" of your combined assets. After approval, your assets will NOT be looked at again. Your husband will need to remain below \$ 2,000 during the year, but you can grow your investments, receive monies from an inheritance or win the lottery and not jeopardize his benefits.

ASSET TEST

☐ I have a disabled child living in my home, can I give him my assets?

Yes. Medicaid has a very generous policy when there are disabled children (of any age) living in the home requiring financial assistance from their parent(s).

☐ Is my winter home in another state considered a countable asset?

Yes. Any parcels of land, second homes, or investment property count as assets. There are allowable guidelines set fourth by Medicaid to permit extra properties to be temporary or permanently excluded as a countable asset.

☐ My father has a second home that is rented, Will the home count as an available asset if he should go into a nursing facility?

No. As long as it is rented for fair market value, the rental property is excluded but the income minus expenses will need to go toward your fathers' monthly patient liability at the facility.

☐ Is the cash value in my life insurance policy considered a countable asset or is it exempt?

Medicaid allows for a \$ 2,500.00 face value exemption. No cash value is counted if the total face value of life insurance is \$2,500.00 or less. If the total face value is greater than \$2,500.00, then the cash value is considered a countable asset. The cash value may be designated for burial and receive a burial exclusion which is up to \$2,500.00.

☐ What are the limitations when purchasing a pre-paid burial plan?

There is no dollar limit when purchasing a burial plan. In order for Medicaid to not view the burial plan as an asset, it must state on the contract that the plan is irrevocable. Also, only the burial services are counted. Burial property may be excluded for the individual and spouse such as burial spaces, plots, monuments, niches, etc.

ASSET TEST

☐ **My mother needs 24-hour care and moving into a nursing facility. Will the state take her home?**

No. Florida Medicaid considers the homestead to be an exempt asset. This rule does not apply in every state.

☐ **Are term life insurance policies considered to be an asset when determining cash value?**

No. All term policies are viewed as exempt because they carry **no cash value**.

☐ **Will Medicaid assess my mother's furniture and contents in her condo for value when she enters a nursing home?**

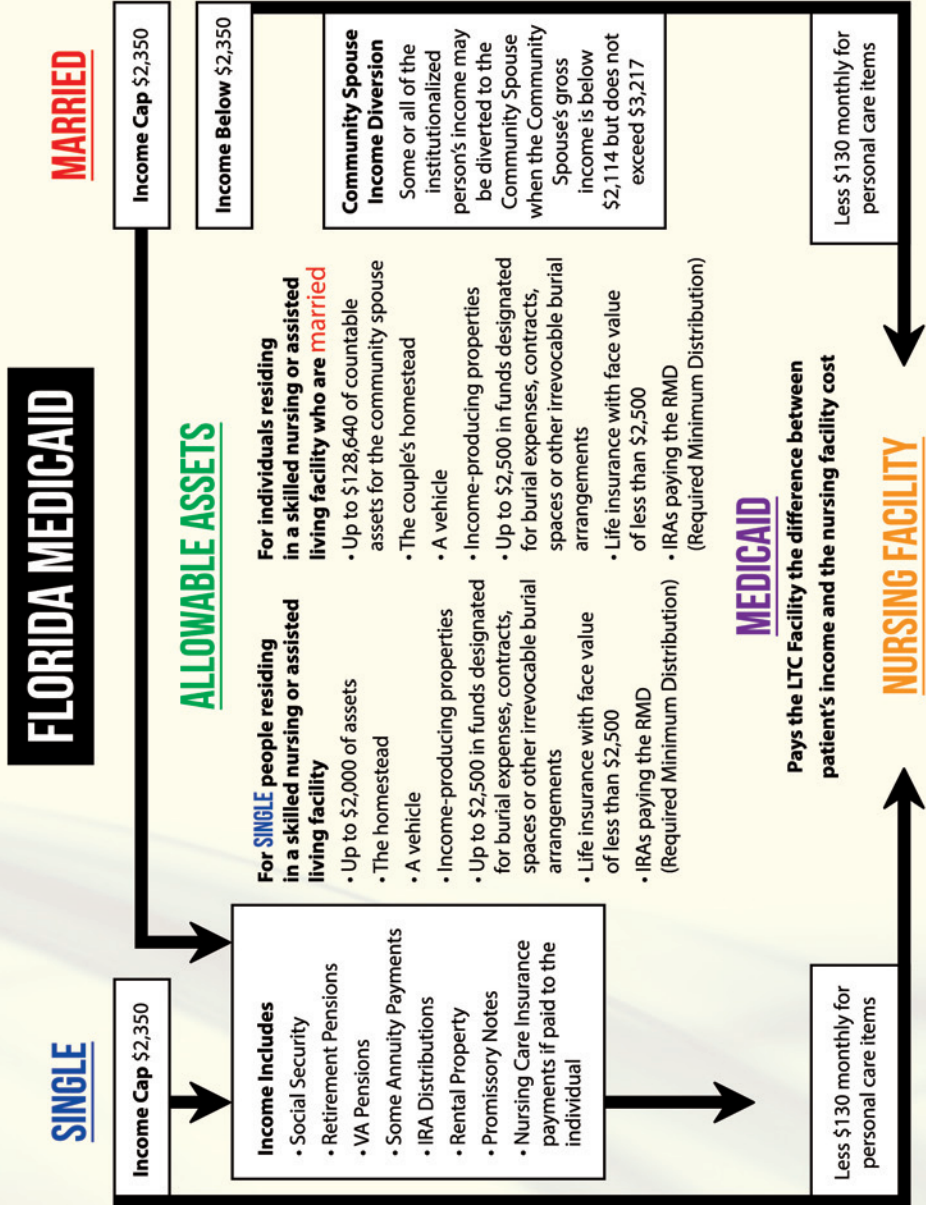
No. Personal property is considered an exempt asset for Medicaid eligibility purposes, except for certain valuable art and collectibles.

☐ **I told my financial planner about my mothers failing health and he suggested I purchase an annuity to shelter her assets. Is that true?**

Annuities are considered an asset unless they are annuitized and the applicant or applicant's spouse is taking equal monthly installments in an actuarially sound fashion. These annuities must be irrevocable and can cause a huge problem with Medicaid eligibility if not set up correctly. Annuities are commission based and can carry high costs to the purchaser.



FLORIDA MEDICAID FLOW CHART



TRANSFERS AND GIFTS

When developing a comprehensive plan for asset preservation, don't forget about the federal government and its ability to challenge transfers and gifts when administering Medicaid benefits. Often, transfers of assets within Medicaid planning are used to protect assets from the extreme high expenses of nursing home care. Nursing home care costs can range between \$90,000.00 to \$140,000.00 a year. Before transferring any assets, you should always seek professional advice. Many families who call Long Term Care Solutions, LLC do not fall within the income and asset guidelines and need the direction and planning of an Elder Law Attorney. Long Term Care Solutions, LLC works closely with several attorneys who specialize in many areas of law to develop a tailor-made plan using trusts, transfers, contracts, etc. specific to the applicant.

☐ **I am joint on my mother's checking and savings accounts. Can I remove half of the value of the account to myself since my name is also on the bank statements?**

No. Medicaid views joint accounts and investments to be moms unless you can prove you have contributed to the accounts by providing bank deposit receipts or direct deposit statements.

☐ **What is the look back period?**

Medicaid requests the information for all assets given away within the past 5 years.

☐ **Are there certain transfers that are permissible that will not trigger the look back provision?**

Yes. Transfer of assets to the extent value was received in return. Payments by the applicant for goods and services purchased have no effect on eligibility. Example: purchase of a home, car, home repairs, vacations, home health care benefits for the applicant etc.

☐ **Am I allowed to give my two children every year the allowable \$14,000.00 tax exemption?**

No. Medicaid's guidelines are different than the IRS' guidelines. Medicaid does not allow for this transfer.

☐ **Will Medicaid allow me to pay for my grandchildren's college education without breaking the transfer rule?**

No. Any money given as payment of services to anyone outside the marriage is viewed as a transfer of assets.

TRANSFERS AND GIFTS

☐ What exactly does Medicaid do if someone is penalized for recent gifts or transfers?

Medicaid has a calculation that will determine how long the penalty period will be (months) if someone has made any uncompensated transfers before Medicaid benefits begin.

☐ I gave \$20,000.00 this past Christmas to my four grandchildren and now I am in need of nursing home care. Will Medicaid require me to ask them to return the money or will Medicaid deny my request for benefits?

All gifts and transfers do need to be disclosed to the Department of Children and Families (DCF). There are legal options available to you, to allow for the gifts and transfers you have already provided without requesting repayment. At Long Term Care Solutions, LLC we work with several Elder Law Attorneys who can explain those options to you.

☐ Will Medicaid require me to provide all our bank statements for the past five years now that my husband has entered a nursing facility?

No. Typically the case worker will request the last three months.

☐ I have been living with my daughter for years and have been contributing toward her household bills. Is the money I have paid her considered a transfer of assets?

No. As long as you have paid a fair and reasonable amount for living with your daughter, the funds will be looked at as normal living expenses.

☐ If I am in the nursing home, is it too late to give away my assets and qualify for Medicaid?

No. It's never too late. In fact, depending upon a person's circumstances, it may be legally possible for him or her to give away all assets and qualify for Medicaid the same month.

Remember, there are ways explained by an Elder Law Attorney to protect gifts and transfers and not jeopardize the Medicaid application. Call Long Term Care Solutions, LLC to learn more.

— WHAT MEDICAID COVERS IN THE NURSING FACILITY —

In 2001, the Florida legislature created a new program called Statewide Medicaid Managed Care (SMMC). There are two different parts that make up the SMMC program.

The Managed Medical Assistance (MMA) program. Health care services offered through this program are:

- Physician services, doctor visits, and Physician assistant services
- Prescription drugs
- Hospital inpatient services
- Hospital outpatient services
- Emergency services
- Ambulance services

The Long – Term Care (LTC) Program. This program covers the room and board for a semi-private room in a nursing facility.

Once Medicaid is approved the state will mail the Medicaid recipient a letter notifying him/her as to whether or not he/she is required to enroll in the SMMC MMA program. Please visit AHCA@FloridaMedicaidManagedCare.com to view the various Florida Participating Managed Care providers. This website will assist on how to choose a plan, specialty plan information, various regions, and Florida's frequently asked questions.

☐ **Now that my father has been approved for Medicaid in the nursing home will he be required to drop his Medicare coverage?**

No. The SMMC (Statewide Medicaid Managed Care) program will not change his Medicare benefits at all.

☐ **Great. But what about his Medicare supplement? Will he be required to drop that?**

No. He may elect to keep it if he wishes. His patient Liability (income payment) to the facility will be reduced by the amount of his Medicare supplemental premium. In other words, Medicaid allows for his income to cover that expense while paying the balance of his gross income (minus \$130.00 for personal needs) to the facility. This is optional. If he elects to drop his supplement (or doesn't have one) the SMMC program will cover his medical and room and board expenses.

— WHAT MEDICAID COVERS IN THE NURSING FACILITY —

☐ **Is there a separate “Medicaid wing” in the nursing facility that only care for individuals on Medicaid?**

No. Absolutely not. All patients when placed long term are in semi-private rooms regardless if they are Medicaid, paying privately or have Long Term Care Nursing insurance.

☐ **If I move my mother to another nursing facility in Florida will she have to go through the application process again?**

No. Just make sure the facility she is moving to has a female Medicaid bed available.

☐ **How often does Medicaid review income and asset balances after approval?**

Typically, there is a one-year review. Usually the nursing facility can provide this information to the Medicaid case worker. Remember, there should be no build up of assets. The income flows through the bank account (Social Security can be directly deposited to the nursing facility) monthly then paid to the facility so there is no opportunity for monies to add up unless an exempt piece of property is sold or an inheritance has been received. If this should occur, please call LTCS, LLC as soon as possible, so Medicaid benefits are not jeopardized.

☐ **Will I receive an itemized bill from the nursing facility for the items not covered by Medicaid for my wife’s care, such as diapers, aspirins, bandages etc.?**

No. Medicaid covers all auxiliary expenses related to your wife’s care in the facility.

☐ **My father has been in a nursing facility for a year under Medicaid. My brother and I just sold his home for \$90,000.00, will he now be bumped off Medicaid?**

Yes. Without immediate planning to protect his funds, he will be bumped off Medicaid. Call the Long Term Care Solutions, LLC team to avoid jeopardizing his monthly Medicaid benefits. The same situation is true if your father should receive money from an inheritance. These assets need to be addressed as soon as possible so not even one month of Medicaid is lost.

— TRANSITIONING FROM SKILLED NURSING FACILITY — — TO AN ASSISTED LIVING FACILITY —

If you have a loved one being cared for in a skilled nursing facility (SNF) under Medicaid but he or she is better suited for an assisted living facility (ALF) they may be able to transfer to an ALF and qualify for Medicaid benefits without having to be on a waiting list. Unfortunately, the Medicaid program that pays for the ALF has a long wait list but individuals applying for the nursing home (ICP) Institutional Care Medicaid Program has no wait list. So, the ability to qualify for Medicaid benefits in a SNF and then move to an ALF under Medicaid is significant.

This rule is called the “60-day Transition Rule”. As long as an individual in a SNF is on Medicaid for at least 60 days he or she can move to an ALF who accept Medicaid and maintain the Medicaid benefits in the ALF. If the rules for this program are not followed exactly, the Medicaid services can be lost and the individual placed on a wait list for the Medicaid diversion programs. For this program to work, the applicant must have been in a SNF for 60 consecutive days. Next, the applicant (or his or her representative) must contact the Cares Unit (comprehensive assessment and review for Long Term Care services http://elderaffairs.state.fl.us/doea/elder_helpline.php) in their area to open the transition case. The cares case worker will determine whether the person can safely be discharged to an ALF. The Medicaid application must be approved in the SNF before the person can transition to the ALF and avoid being placed on a waiting list.

An ALF provides room and board and personal care services such as, help with dressing, moving, bathing, taking medication and general care of the physical and mental wellbeing. An ALF can be covered by Florida’s Statewide Medicaid Managed Care Program. Each SMMC Program will contract with its own providers, so not every ALF will be covered under every plan. It’s important to choose the SMMC Program that covers the facility you are interested in.

— TRANSITIONING HOME FROM SKILLED NURSING FACILITY — — LIMITED HOME HEALTH CARE UNDER MEDICAID —

When working with the Statewide Medicaid Managed Care Program (SMMCP) it is also possible to coordinate limited home health care benefits as well. The home health care provided is NOT 24-hour care, but it can offer some nursing assistance to the Medicaid recipient, as well as relief to any caregivers/family members providing care to their love one.

TRANSITIONING FROM SNF TO ALF

☐ Are Medicaid qualifying guidelines “income and asset limitations” the same for nursing home and ALF’s?

Yes. The most recent Medicaid qualifying numbers, (refer to the Medicaid At A Glance card or visit <http://longtermcaresolutionsllc.com/medicaid/>) income and asset limits are the same guidelines to pass whether looking to qualify for the nursing home Institutional Care Program (ICP) or ALF diversion program.

☐ What is the best way to move my father into an ALF from the SNF?

First, he will need to meet a certain physical and mental level of care. ALF’s usually offer different levels of care and service, which reflect the monthly price to the individual. As more care is rendered by the facility the cost goes up. If your father meets the health level required to move into an ALF you will want to make sure he transitions under the “60-day transition program” so he does not lose his Medicaid benefits. Before making a move into an ALF review the participating managed care providers and communicate with the ALF admissions coordinator to ensure a smooth transition.

☐ Is it possible for my husband to come home from the nursing facility with home health care assistance under Medicaid?

Yes. The same rules apply under the “Transition Program” (See page 17.) You will work with a case manager from the Statewide Medicaid Managed Care Program you have chosen from the nursing facility, to transition home with limited home health care to assist your husband’s health needs.

Call our office today and we can recommend a home health care agency working with the Statewide Medicaid Managed Care Program providing health care at home under Medicaid.

HOW TO GET STARTED

□ Step 1

Call 727-240-0750 or 1-844-252-1336 to request a phone consultation, office appointment (Tampa, Clearwater, or Sarasota) or meeting at the hospital, nursing facility or residence to discuss the Medicaid filing process specific to your loved one's situation.

□ Step 2

After you speak with the Medicaid filing specialist you will understand each party's role in the Medicaid application process. In many instances, depending on over income and/or over asset cases, you will also have the opportunity, during the initial **FREE** consultation, to discuss asset planning strategies with an Elder Law Attorney. LTCS, LLC focuses on nursing home and assisted living facility Medicaid qualifications and work closely with a team of attorney's specializing in various legal fields to answer your Medicaid, estate planning, financial, tax and other legal areas of concern that many affect the Medicaid applicant and/or loved ones.

□ Step 3

LTCS, LLC charges a one-time flat fee for the Medicaid application process based on the complexity of the case. LTCS, LLC does "not" charge a percentage of the estate as part of the Medicaid filing fee.

□ Step 4

The Attorney'(s) charge a fee for their legal services and typically provide a **FREE** consultation to answer the Medicaid planning and asset restructuring options.

HOW TO GET STARTED

□ Step 5

Once LTCS, LLC is hired to qualify your loved one for Medicaid benefits, services consist of:

- Assist family member with the documentation collection.
- Assist community spouse with obtaining diversion of income (if applicable)
- Coordinate necessary legal documents and provide to the Department of Children and Families (DCF).
- Complete the Medicaid "Request for Assistance" form and submit to (DCF).
- Work closely with the (DCF) case worker until the case is approved.
- Continue relationship with clients to answer additional questions that may arise in the future at "no additional cost."

□ Step 6

If searching for a Florida nursing home, please visit us online to view a list of nursing facilities throughout the state, and their phone numbers.

<http://longtermcaresolutionsllc.com/facilities/>

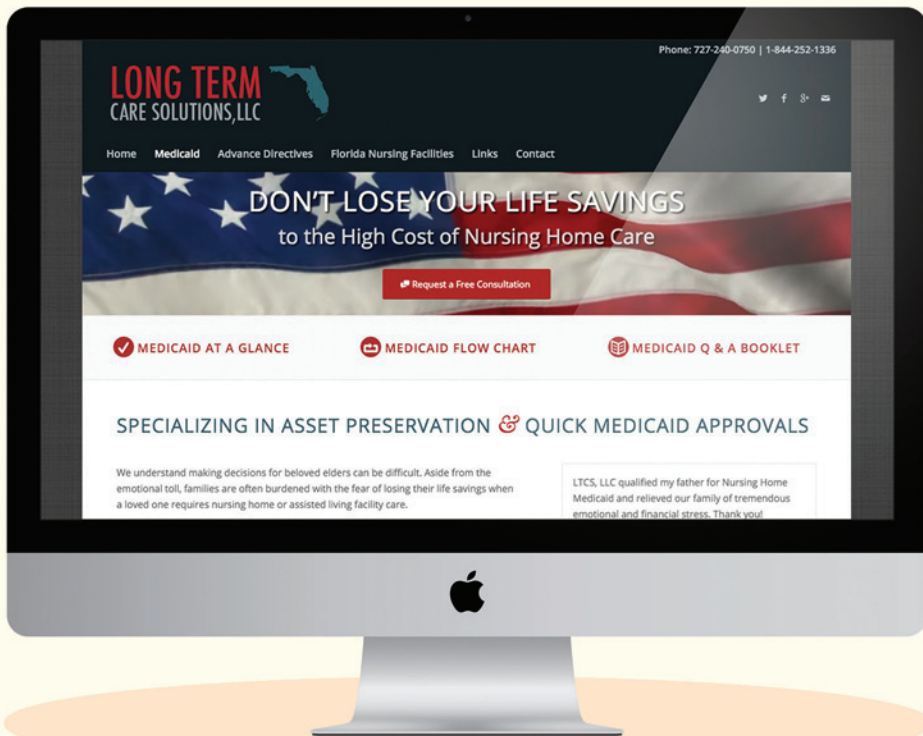
Call or visit us online at <http://longtermcaresolutionsllc.com/consultation/> to submit information for one of our Medicaid filing specialists to contact you, or fill in the request form attached and mail or fax back to our main office at:

Long Term Care Solutions, LLC
1421 Court St. Suite F
Clearwater, Florida 33756

727-240-0750 Phone
844-252-1336 Toll Free
727-240-0752 Fax

We look forward to answer your questions and qualify your loved one for the Florida Medicaid Program.

OUR WEBSITE

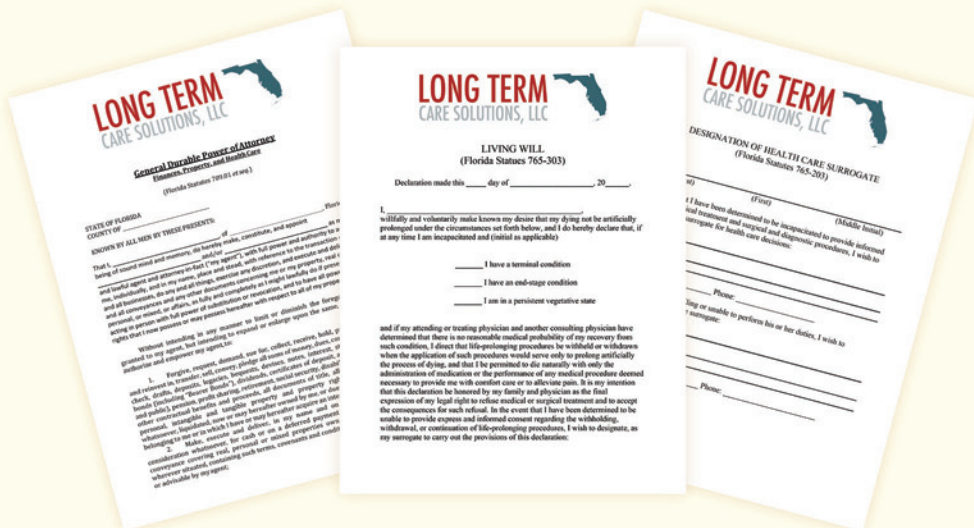


Visit Us Online at www.longtermcaresolutionsllc.com

There are many useful tabs to assist you:

- Advance Directives (power of attorney, health care surrogate & living will)
- Medicaid at a Glance (updated Medicaid qualifying numbers)
- Medicaid flow chart
- Medicaid questions and answer booklet
- List of skilled nursing facilities throughout Florida
- Useful links
- Contact information

ADVANCE DIRECTIVES



□ Power of Attorney

A Power of Attorney gives someone you choose the power to act in your place, in case you ever become mentally incapacitated, you'll need what are known as "durable" powers of attorney for medical care and finances. A durable power of attorney simply means that the document stays in effect if you become incapacitated and unable to handle matters on your own. (Ordinary, or "nondurable," powers of attorney automatically end if the person who makes them loses mental capacity.)

□ Living Will

A Living Will is the oldest type of health care advance directive. It is a signed, witnessed (or notarized) form called a "declaration" or "directive." Most declarations instruct an attending physician to withhold or withdraw medical interventions from its signer if he/she is in a terminal condition and is unable to make decisions about medical treatment.

□ Health Care Surrogate

A Healthcare Surrogate, is someone who is appointed to make healthcare decisions for you when you become unable to make them for yourself. Healthcare decisions include but are not limited to, medical and surgical treatments, life-prolonging interventions, psychiatric treatment, nursing care, hospitalization, treatment in a nursing home, home health care and organ donation.

LONG TERM CARE SOLUTIONS, LLC



With a loved one moving to an Assisted Living Facility or Skilled Nursing Facility, having a specialty mattress to accommodate their health and comfort needs is extremely beneficial.

At Therapy Beds Direct, Inc., we specialize in matching sleep surfaces to fit the needs of your loved one while they are away from their private home.

We have wonderful, comfortable, specialty mattresses designed to fit the beds in any nursing facility or home care bed frame - at a reasonable cost - to fit nearly anyone's budget.

You can get a FREE consultation, request a brochure, or simply ask a question by calling Ken Keys at (727) 314-2468.

Therapy Beds Direct, Inc. - owned and operated by a Specialty Sleep Surface Pioneer, Since 1988.



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