



**Medicaid** provides a critical safety net not only for low-income people, but also for formerly middle-income people who have spent their life savings paying for long-term services and supports (LTSS). Most older people will need some LTSS during their lifetimes, and nearly a third of people turning age 65 will deplete their savings and will need to rely on Medicaid assistance.

*Excerpt from "Medicaid: A Program of Last Resort for People Who Need Long-Term Services and Supports" by: Wendy Fox-Grage, AARP, Donald Redfoot, AARP | from: Public Policy Institute | May 2011*

**Q: Does Medicare pay for long-term care? A: NO!**

**Unfortunately, many people mistakenly think that Medicare pays for long-term care.** Under certain limited conditions, Medicare will cover nursing home care when there is a need for skilled nursing care or rehabilitation services. But it does not cover the ongoing, daily custodial care that's most commonly needed by people who have physical or mental disabilities. That's called "custodial care" and is non-skilled, personal help with tasks like bathing, dressing and eating.

More specifically, Medicare coverage is limited to up to 100 days (with copays for days 21-100) in a Medicare-certified skilled nursing facility if your doctor says you need skilled nursing care or rehabilitation. You must have had a three-day hospital stay for a related condition prior to going to the nursing home and you will generally need to go within 30 days of the hospital discharge.

*Excerpt from "Financial FAQs for Long-Term Care" by: AARP Education & Outreach | from: AARP | Oct. 2010*