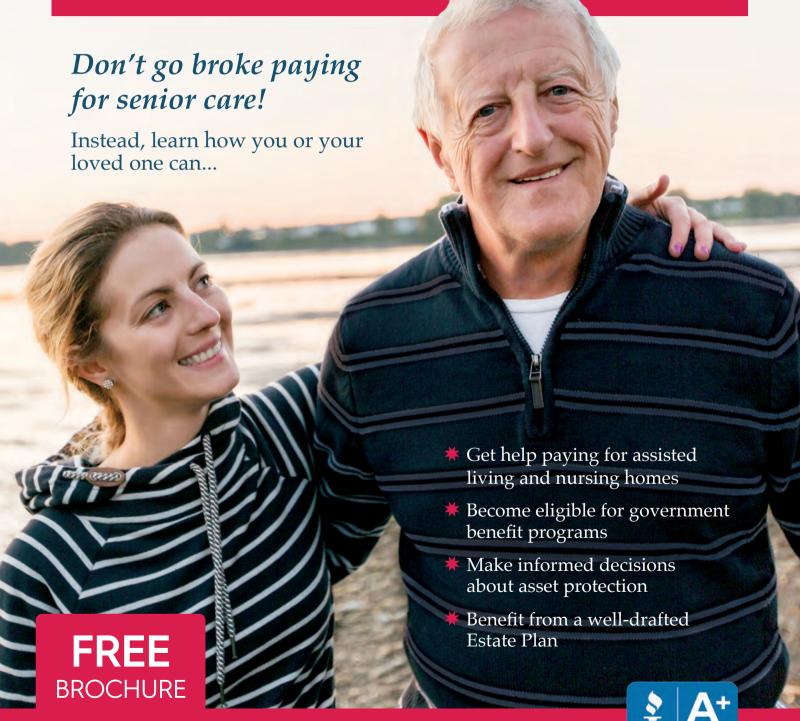


Helping Families Overcome the Challenges of Elder Care

CRISIS PLANNING for SENIORS



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2 Testimonials

QLS has helped many of our residents, and in fact, they are the only company I recommend. Everyone in the office is extremely professional. When I send over a referral, I know the family will be taken care of compassionately, knowledgeably and sensitively.

George Kutnerian

CEO, Fresno Guest Homes, CA

Planning for long-term care is a complicated and overwhelming process for families and their elder loved ones. The staff at Quality Life Solutions are experts who simplify this process, and offer clients solutions that provide peace of mind.

When it comes to planning long-term care, it's essential to be able to trust who you're working with. Phil and his staff have earned the trust of so many because of their uncompromising quality and efficiency – that combination is what expertise is all about, and what you can count on receiving from QLS.

Lori Buwalda

Director of Billing at Hacienda Healthcare Center

We are glad we are able to refer to a great company like QLS. We know our families are in good hands when sent your way. Thank you for your wonderful service.

Josephine Martinez

Social Services Coordinator, Genesis Healthcare, Willow Creek, CA

Our experience with Quality Life Solutions was a bright spot when our mother passed. All dealings were handled with compassion and a high degree of professionalism. Everyone we dealt with exhibited such a high level of service — it was refreshing, and much appreciated. I will definitely recommend QLS to anyone that is in need of their services.

The Hein Family

Fresno, CA

Thank you for doing your very best to take care of my mom and dad's Medi-Cal needs. I don't know what we would have done without you.

Sheryl A.

Santa Monica, CA





What's Inside...

answers to elder care puzzling questions.

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Quality Life Solutions



Managing care needs and making the right decisions requires professional guidance on many fronts: legal, financial, and most importantly, medical. Care is the most critical factor in deciding the financial and legal plan of action.



Protect Your Assets

One of the biggest issues dealt with at Quality Life Solutions (QLS) is that most people aren't aware of the different types of care options, let alone the costs. They've never faced these decisions before, and are often overwhelmed and stressed. Our goal at QLS is to help the patient afford to get better. This can be done in many ways: liquidating assets, creative budgeting, moving somewhere less expensive, investments that generate additional income to help pay for care, or qualifying for Medi-Cal or Veteran's pension benefits.

Whether you are in the middle of a crisis and faced with decisions that have to be made quickly, or you are planning ahead for an elderly or special needs person, or you are taking a pro-active approach to your own future needs, you will benefit from a free consultation with a QLS Senior Care Planner today. Piece of mind is just a phone call away (877) 773-3535.

Formulate the Right Solution for Your Situation

The thing to remember is that there is no "one-size-fits-all" approach when it comes to paying for long-term care. There are often multiple options available if you know where to look. At QLS, our trained professionals rely on decades of experience to examine the overall situation and find the best solution for the patient and their family.

Quality Life Solutions has assembled a highly qualified group of legal and financial professionals who can provide the necessary guidance and situation-specific direction you need to make informed decisions, save precious time and money, and reduce stress.

Our experts provide free consultations to:

- * determine eligibility of Long Term Medi-Cal and/ or Veteran's benefits;
- help patients avoid spending life savings on healthcare by qualifying for Long-Term Medi-Cal;
- * accelerate Medi-Cal eligibility while preserving assets for future needs;
- * review living trusts, irrevocable trusts, wills, and (importantly) powers of attorney documents to ensure affairs are in order and prevent an estate recovery.

Our team works to surround both patient and family with the resources, support, and guidance needed to make decisions with confidence.

Medicare Does NOT Pay for Long-Term Care

Do not believe that Medicare will pay for your nursing home costs!

38% of people wrongly think that Medicare and their health insurance will pay for long-term services.

- * Medicare **does** pay for short-term rehabilitation care.
- * Medicare **does not** pay for long-term care.

Medicare requires that a patient's condition either improve or worsen in order for the individual to receive rehabilitation benefits. Once his or her condition has stabilized, the patient is responsible for all costs.

Medicare pays for rehabilitation (up to 100 days) after a senior has been in the hospital for at least three days and then goes to a nursing home for rehabilitation.

The first 20 days of rehabilitation care are completely paid for by Medicare.

For days 21-100, Medicare will pay a majority of the bill, but not all. On day 21, the patient is required to pay \$167.50 daily, either out of pocket, through HMO insurance, or by Medicare supplement. If the patient stays the full 100 days and pays out-of-pocket the daily

rate of \$167.50, the patient will have paid \$13,400 (\$167.50 x 80 days) to the facility.

Even though the maximum period Medicare will pay for rehabilitation is 100 days, most families will find themselves receiving a notice of termination of Medicare benefits around week three or the 21st day. The nursing home's business office will inform you when Medicare will stop paying.

Did you know? Government programs are not always the answer when it comes to paying for long-term care. In some cases the reimbursement isn't high enough or it simply will not cover the care that is required. With life expectancy increasing, and the cost of long-term care rising, there is a better-than-average chance that you or a loved one will need some level of assistance in the future. Selfinsuring gives you flexibility and freedom when it comes to deciding the kind of care you receive, and where you receive it. Insurance will allow you to stay in your own home, or possibly in an assisted living facility, which in many cases will not be covered by government programs. Protect yourself and your loved ones today!



What if you cannot go home and need long-term care?

Once Medicare stops paying, the patient has three options:

- **1.** Pay out-of-pocket pay the nursing home monthly for costs.
- **2.** If the patient has long-term care insurance use that to pay the costs.
- **3.** Qualify for the "Long-Term-Care Medi-Cal Program" a process which can be confusing, and if applied for inaccurately can have long-term negative consequences.

According to the Genworth 2018
Cost of Care Survey, a private room
in a nursing home in the Central
Valley costs \$8,882 per month. In
Los Angeles, it is \$9,277 per month,
and in Sacramento, \$10,159 per month.

How long can you pay that?

The average monthly cost for assisted living residences across California is \$3,405 monthly. But wait — is home care cheaper? No! At an average of \$25 per hour, home care services can cost \$600 a day. That's \$4,200 a week or \$16,800 a month!

Medi-Cal Long-Term Care Program

Medi-Cal offers several different programs, and probably the most misunderstood is the Medi-Cal Long-Term Care Program.



Most people first learn about Medi-Cal Long-Term Care coverage when a loved one has been hospitalized and then discharged to a rehabilitation or skilled nursing facility. Medicare may pay for this extended care for a while — but not for long.

For those who do not have long-term care insurance, the choice then becomes to pay the cost themselves, **over \$8,500 per month**, or apply for Long-Term Care Medi-Cal.



Qualifying for Medi-Cal can be confusing and overwhelming. We do not recommend trying to become eligible yourself, since improper transfer of assets can cause a period of ineligibility of up to five years. Quality Life Solutions has the experts and the strategies to do the planning necessary to get you eligible for Medi-Cal Long-Term coverage benefits quickly.

Few people can afford to pay private for long without seriously impacting the financial security of their spouse and family. Married or single, anyone would worry, watching the estate they intended to pass to their children or heirs being rapidly eaten up by nursing home bills.



Common Myths About Medi-Cal



MYTH

FACT

You have to be broke to qualify for Medi-Cal Long-Term coverage.



than \$2,000 in countable assets. If a couple is married and one spouse is applying, together they can have no more than \$123,600 in countable assets. As an example: a 76-year-old retired engineer with \$300,000 dollars in his IRA rollover account applies for Medi-Cal. Because the retiree is over 70 ½, he is required by the IRS to take a minimum distribution. Because he takes the required minimum distribution, Medi-Cal does not count the \$300,000 IRA rollover account as a "countable" asset.

A single person applying for Medi-Cal can have no more

Medi-Cal will take your home as payment for receiving nursing home care. Not if you plan ahead. There are ways to protect your home so it won't be subject to Medi-Cal recovery. In fact, no one should ever lose their home due to a Medi-Cal recovery claim.

There is a 30-month ineligibility penalty for any transfers or gifts.



That 30-month period is the "look-back" period, from the date of the application, during which the Medi-Cal worker is permitted to "look-back" and ask the applicant to disclose any transfers made within that time. If the applicant, or the spouse, transferred assets during the 30-month "look-back" period, they may need to provide a reason for the transfer. Furthermore, they may be ineligible due to the transfer. The experts at QLS can guide you in the proper way to transfer assets.

You can only give away up to \$15,000 dollars in a calendar year.

While the annual exclusion amount for gifts not subject to gift tax is \$15,000 per person per year, over \$11 million can be gifted tax-free during a person's lifetime.

2018 Assisted Living Waiver (ALW) Program

The Assisted Living Waiver program gives Medi-Cal eligible adults the opportunity to live in an approved assisted living facility.



It is an alternative for people who need long-term care but not a nursing home. Assisted living offers residents more independence, privacy, opportunities for social interaction, and services more tailored to their needs.

The ALW program is designed to assist Medi-Cal beneficiaries to remain in their community as an alternative to residing in a skilled nursing care facility. The program provides specified benefits to eligible seniors and persons with disabilities. Medi-Cal reimburses for the services provided to residents enrolled in the ALW



DETERMINING MEDI-CAL **ELIGIBILITY**

Assisted Living Waiver (ALW) eligible individuals are those who are enrolled in Medi-Cal and meet the level of care provided in the nursing facility due to their medical needs. This is a very complicated program. Quality Life Solutions is one of the only companies in California with substantial experience and success in helping individuals qualify for this program.

program; however, the resident is responsible for paying his or her own room and board.

The ALW program is presently available in the following California counties: Alameda, Contra Costa, Fresno, Kern, Los Angeles, Orange, Riverside, Sacramento, San Bernardino, San Diego, San Joaquin, San Matteo, Santa Clara, and Sonoma.

The ALW program is currently enrolling beneficiaries residing in skilled nursing facilities and in the community, to licensed Residential Care Facilities (RCF) and Public Subsidized Housing (PSH). Call Quality Life Solutions today for more information.



2018 In-Home Supportive Services (IHSS)

IHSS is aimed at helping seniors remain safely in their homes by paying for in-home care services that provide personal care and household assistance. IHSS services often include domestic chores, personal care, and accompanying clients to medical appointments.



Individuals can either qualify for free in-home care services or may qualify for subsidized services with a share of cost. In order to qualify, individuals must meet three requirements:

First, the applicant must need help in order to live safely at home.

Second, the applicant must be blind, or disabled, or at least 65 years of age.

Third, the applicant must qualify under specific financial eligibility guidelines.

All individuals who are recipients of supplemental security income (SSI) automatically qualify.

Are You Eligible?

To participate in the IHSS program, the applicant's nonexempt assets must be below \$2,000 for an individual or \$3,000 for a couple. Exempt property includes the home you own and in which you live, and one automobile needed for transportation to medical appointments or work. Income does not determine eligibility; however, having income in excess of the limit would trigger the share of cost. For those with high income, it may not make sense to apply for in-home supportive services.

Asset/Income Limits

	Non-exempt asset	Income
Individual	\$2,000	\$1,235
Married	\$3,000	\$1,664

QLS CAN APPLY FOR YOUR IHSS BENEFITS.

Veterans Pension Benefits

VA Pension with Aid & Attendance (A&A) is a benefit paid in addition to the basic monthly pension.

This benefit may not be paid without eligibility for pension. A veteran may be eligible for pension with A&A under specific circumstances:



- ★ When the **veteran requires the aid** of another person in order to perform personal functions required in everyday living, such as bathing, feeding, dressing, attending to the wants of nature, adjusting prosthetic devices, or protecting himself/herself from the hazards of his/her daily environment.
- **★** When the **veteran is bedridden**, in that a disability or disabilities requires that he/she remain in bed apart from any prescribed course of convalescence for treatment.
- * When the **veteran is a patient** in a nursing home due to mental or physical incapacity.
- When the veteran is blind.

Surviving Spouses of Deceased Veterans

You may be eligible for benefits if:



The deceased veteran has been discharged from service under other than dishonorable conditions, AND



The deceased veteran served at least 90 days of active military service, one day of which was during a war time period. If he or she entered active duty after September 7, 1980, generally he or she must have served at least 24 months or the full period for which called or ordered to active duty. (There are exceptions to this rule.)

Documents We ALL Need

Who will manage your finances if you become unable to do so yourself?

Who will make healthcare decisions for you if you become incapacitated?

Would you prefer to die a natural death or be kept alive by artificial means?

Who will be the guardian of your minor children?

Who will administer your estate after your death?

Who will inherit your property and assets?

These are just a few of the many issues you can control with the right estate planning documents. Without a well-drafted estate plan, these and other important decisions will be made by courts, legal statutes, or individuals who may not be the people you would have selected.

These may be some of the most important decisions in your life, which can affect your loved ones even after your death. Consult with an estate planning attorney experienced in elder law and get your affairs in order!



Durable Power of Attorney — Durable power of attorney is a document granting someone the ability to speak or act for another in important matters, such as finances, medical or legal issues. QLS can provide financial powers of attorney.*



Will — A will directs who will inherit your property upon your death, and can simplify the probate process. Furthermore, in a will you can nominate guardians of your minor children. However, a will doesn't cover everything: it only affects those assets that are titled in your name at time of death for which there is no designated beneficiary. If you die without a will, California law determines how your assets are distributed. This may or may not match your intentions.



Trust — A trust is an arrangement under which one person, called a trustee, holds legal title to property for another person, called a beneficiary. The main advantage of making a living trust is to spare your family the expense and delay of probate court proceedings after your death. There are often other good reasons for establishing a trust: desire for public benefits planning options; desire to specify how you will be cared for if disabled; "blended" families; special needs or disabled family member.

QLS CAN PROVIDE FINANCIAL POWERS OF ATTORNEY AND ANSWER YOUR ESTATE PLANNING QUESTIONS.

^{*}All legal services are provided by the law offices of Philip M. Flanigan, an attorney licensed in the state of California.

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10 Reasons to Hire Quality Life Solutions



- 1 We provide a FREE Medi-Cal planning and assistive protection consultation.
- We complete, submit and process your Medi-Cal application.
- **3** QLS guarantees the approval of Medi-Cal benefits.
- We serve as your advocate in dealing directly with the county to answer any questions or concerns.
- We process and submit Veterans Aid & Assistance applications.
- 6 Our legal partners assist you with Estate Planning, preparing all necessary documents.
- Our staff are all trained professionals with decades of expertise in the elder care field.
- We help you put together all the pieces of the long-term care puzzle, so you can fully understand the big picture.
- 9 We believe in time-honored traditions of compassion, courtesy and dignity.
- **10** QLS is licensed to provide services across California.



Rate & Cost Increases

Effective 1/1/2018

Social Security RatesSee the Social Security Administration website: www.ssa.gov There will be .2% cost of living increase

(COLA) in 2018.

2018 Medicare Rate Increases

See the Medicare website: www.medicare.gov

Medicare Part A		
Hospital deductible: Day 1-60	\$1,340.00 (up from \$1,316.00)	
Coinsurance per day: Day 61-90	\$335.00 (up from \$329.00)	
Day 91-150	\$670.00 (up from \$658.00)	
All cost for each day beyond 150 days.		
Skilled Nursing Facility (SNF) Coinsurance:	\$167.50 per day for days 21-100 (up from \$164.50)	

Medicare Part B	
Premium per month	\$130.00-\$428.60 (based on modified adjusted gross income)
Deductible per year	\$183.00 dollars (up from \$166.00)

2018 Medi-Cal Resources Rates		
Community Spouse Resource Allowance (CSRA)	\$123,600.00 (effective 1/1/2018)	
Minimum Monthly Maintenance Needs Allowance (MMMNA)	\$3,090.00 (effective 1/1/2018)	
Average Private Pay Rate (APPR)	\$8,841.00	

SSI Non-Medical Board and Care Rate	
Total payment	\$1,173.37 (up from \$1,158.37)
Amount Payable to RCFE for Basic Services	\$1,039.37 (up from \$1,026.37)
Personal and Incidental Needs Allowance	\$134.00 (up from \$132.00)

Aged and Disabled Federal Property Level Program		
Individual	\$1,246.00	
Couple	\$1,682.00	

Benefit from a **FREE** consultation with a QLS Senior Care Planner today if you:

- are in the middle of a crisis and faced with decisions that have to be made quickly
- * are planning ahead for an elderly or special needs person
- * are taking a pro-active approach to your own future needs



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