

**Understanding Long-Term Care Insurance**  
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As described by the Susan G. Komen organization, Long-Term Care Insurance (LTCI) covers any help needed if a client has a chronic illness or disability and is unable to care for him- or herself. A client may get this care in a nursing home or in his/her own home. Long-term care insurance covers a wide range of services beyond medical and nursing care, including:

- Visiting nurses
- Meal delivery
- Help with chores
- Help for caregivers

**What are the key characteristics of LTCI?**

- What is covered?
  - Homecare, hospice care, assisted living, respite care, nursing home care, etc.
- How much is covered?
  - Benefit amount
- When will it be covered?
  - Elimination period before benefits begin
- How long will it be covered?
  - Length of benefit period
- What triggers a claim for coverage?
  - Activities of daily living and /or cognitive impairment

**Can a cancer patient qualify for LTCI?**

It depends on the cancer type, stage and treatment. Generally, if the cancer was diagnosed in the early stages and there is no recurrence, a client is insurable after one year.

The number of long-term care claims has increased in the last few years, prompting insurers to look more closely at underwriting standards for long-term care insurance. Insurers assess the risk they may be taking if the applicant currently lives with a condition, or is likely to develop one in the future, that may impact his/her ability to function independently. Certain medical conditions can increase being declined coverage. For example, if a client needs help with any of the six activities of daily living {eating, bathing, dressing, toileting, walking and continence}, he/she will likely not qualify for a policy.

While long-term care underwriting standards vary by provider, state, and the inaugural year, some factors tend to be universal: your client's known health is the most impacting factor in the insurance company's decision.

### **What does Medicare cover?**

Medicare Part A covers skilled nursing care in a skilled nursing facility under certain conditions for a limited time. Medicare Part A covers 100 percent of the first 20 days of a covered stay. Copayments are required for days 21-100.

Medicare Part A covers hospice care if your client meets all conditions; doctor certifies he/she is terminally ill and is expected to have less than six months to live.

Skilled Nursing Care is covered IF your client:

- Has a qualifying hospital stay, and the doctor decided that he/she needs daily skilled care
- Receives services in a facility that is certified by Medicare and he/she needs these skilled services for a medical condition that was either a hospital related medical condition OR a condition that started while he/she was receiving care in the skilled nursing facility for a hospital related medical condition

### **If a client already owns LTCI, what triggers a benefit claim?**

Inability to perform activities of daily living (ADLs). Usually an inability to perform at least two ADLs will trigger a policy benefit. If your client needs assistance and has a policy, make a claim. The claim process is pretty straight forward - call the insurance company claim department, the insurance company will send your client a claim package, the insurance company will send out a nurse for an exam, and then a determination will be made if he/she qualifies for care. Utilize the care coordinator, understand what your client's policy will pay for, let your client's LTCI provider help him/her with the claim process and utilize their knowledge of home health care, skilled care, and other necessary services provided.



**Are there other funding alternatives?** If personal resources or LTCI or Medicare resources have been exhausted, a client may have access to a life insurance policy with an accelerated benefit available for terminal illness; or eligibility for Social Security disability or Medicaid federal benefits.

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