
FREQUENTLY ASKED QUESTION
ABOUT NURSING HOME COSTS
AND MEDICAID ELIGIBILITY

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In a multiple part series, Mr. Longstreet will discuss the most common questions he encounters regarding nursing home costs and the Medicaid program. He can be reached at 269-945-3495 or rlongstreet@siegelhudson.com.

Most families are amazed and frightened to learn that the average cost of a nursing home in the State of Michigan is \$5,043 per month. Because of the escalating costs of long term care and the stress most families feel when dealing with a loved-one entering a nursing home, it is no surprise that misconceptions about the Medicaid program abound in an already confusing situation.

Frequently Asked Question: I thought I already qualified for Medicaid because I have a Medicare card?

Although similar in name, Medicare and Medicaid are two very different programs. Medicare is a federal program that requires you to be at least 65 years old and a U.S. citizen. There is no financial needs test to qualify. Medicare Part A pays for hospital care and Medicare Part B helps pay doctor bills. Medicare is NOT designed to pay for a long term stay in a skilled nursing facility, although under certain circumstances (i.e. rehabilitation) Medicare may pay for up to 100 days of skilled nursing care.

Medicaid is a program run by the State of Michigan and administered by the various offices of the Family Independence Agency (located in Hastings for Barry County). Michigan Medicaid rules are different in many respects to the rules of other states. Medicaid eligibility is based in significant part on financial need. You must be both income and asset eligible to qualify for Medicaid. Once eligible, not only will Medicaid pay for almost all of your uncovered medical bills, but, more importantly, it will fund your long-term care costs in eligible nursing homes for an unlimited period of time.

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