

Long-Term Care

Resource Guide



Majlis Ansarullah USA

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A message from Sadr Majlis Ansarullah USA

Dear respected Ansar brothers

Assalamo Alaikum.

Our complete trust is in the One and Only Allah the Almighty. He is all Capable and the ultimate Healer (Ash Shafi). We look towards Him and have complete trust in Him.

However, He has taught us to utilize means for our betterment. Afterall, the means are also provided by Him through His Grace.

All of us will have to face the consequences of aging. Although, we hope for the best and desire to stay healthy and fit till our last breath, we know that “hope is not a plan”. We must prepare for the possibility of dealing with a long illness or prolonged periods of frailty. This could be painful for us as well as a significant burden on our loved ones physically, emotionally and financially.

The concept of “long term care” is real and consequential. Majlis Ansarullah USA discussed a proposal on this important topic in last year’s Majlis-e-Shura. I had requested Qaid sahib Publications to take a lead in implementing the approved recommendations. He has been able to put a team of experts together that came up with this document for our benefit.

Please pray for the entire team (names are attached) for their time and effort in putting this together.

May Allah keep each one of us healthy and useful. May He not make us a burden on our families and Jama’at. Ameen

Sincerely

Mansoor Qureshi

Sadr Majlis Ansarullah, USA.

Executive Summary

This Long-Term Care (LTC) Resource Guide will help you get started on your personal journey for awareness and preparation. This guide is designed to demystify Long-Term Care, offering clarity on essential topics that impact our future well-being and financial stability.

1. Understanding Long-Term Care: Dive into what LTC truly entails—from personal care to supervision for cognitive impairments. Learn about conditions that necessitate LTC, the risk factors influencing its need, and how different factors like age, lifestyle, and financial status play a role.

2. Dispelling Myths: We tackle common misconceptions about LTC—such as the belief that it's only for the elderly or that Medicare covers all needs. By debunking these myths, we provide a realistic picture of LTC and the importance of early and informed planning.

3. Exploring LTC Options: Discover various care settings, including Home Health Care, Senior Living, Assisted Living, Skilled Nursing, and Hospice Care. Understand how Medicare and Medicaid contribute to LTC services and what to expect in terms of coverage and eligibility.

4. Navigating Medicaid: Gain crucial insights into qualifying for Medicaid, including financial and functional eligibility criteria. Learn about estate recovery and the importance of proper planning to avoid unexpected financial strain.

5. Planning and Preparation: Tailored advice for different age groups and circumstances—from those in their earning phase to retirees and newly migrated individuals. This section emphasizes the importance of proactive financial planning and available resources to navigate LTC effectively.

6. Funding Strategies: Explore various funding options, including self-funding, LTC insurance, Health Savings Accounts (HSAs), and Roth IRAs. This section provides a comprehensive look at managing LTC costs through strategic financial planning and insurance solutions.

7. Essential Resources: Get connected with valuable resources from Majlis Ansarullah, federal agencies, and local services. This section guides you in preparing your home for LTC and provides access to support systems that can make a difference in your care journey.

This guide is not just an informational resource but a call to action for proactive LTC planning. With up-to-date insights and practical advice, it equips Ansar members to face the future with confidence and clarity. Embrace the knowledge and tools provided to make informed decisions and ensure peace of mind for you and your loved ones.

Take charge of your Long-Term Care planning today!

1: What is Long-Term Care

Long-Term Care (LTC) involves personal care and related services to meet an individual's physical, mental, or emotional needs over an extended period. It is provided to people who need help with either activities of daily living (ADLs) or supervision due to severe cognitive impairment.

Activities of daily living (ADLs) include eating, dressing, bathing, toileting, transferring (such as from bed to chair), and maintaining continence (controlling bowel or bladder functions). Cognitive impairment refers to a deficiency in one or more areas such as awareness of place, people, time, or season, remembering shared experiences, important dates, or recent events, engaging in deductive or abstract reasoning, or judging conditions or circumstances that present danger.

Conditions Requiring Long-Term Care

Long-Term Care may be required for temporary situations like rehabilitation after a lengthy hospital stay or recovery from illness, injury, or surgery. Permanent conditions requiring Long-Term Care include severe, chronic pain; senile dementia or Alzheimer's disease; multiple sclerosis; Parkinson's disease; heart disease; stroke; head injury; the need for supervision or assistance with ADLs; and chronic or terminal medical conditions.

Risk Factors for Long-Term Care

Several risk factors affect the need for Long-Term Care. Age is a primary risk factor, with fewer than 10% of LTC claims made before age 70, increasing to 25.8% between ages 70-79 and 69.7% at ages 80 and older. Marital status also influences risk, as single individuals have a higher likelihood of needing LTC due to the lack of an informal caregiver, with an average nursing home stay of 1.6 years for married individuals compared to 3.8 years for single individuals.

Family and friends often provide care, but this comes with real costs. On average, family members devote 21 hours per week to caregiving, with 65% missing work and some giving up jobs altogether, and 58% reporting they had to cut family spending due to caregiving obligations. Gender plays a role, as women live longer and are often left without a spouse to care for them, leading to higher LTC service usage. (Reference: Family Caregiver Alliance at <https://www.caregiver.org/resource/caregiver-statistics-work-and-caregiving/>).

In a 2014 survey, 43% of respondents ages 40-70 estimated that they had no more than a one-in-five chance of entering a nursing home (Wiener et al. 2015). (nursing home use is much more common.) Nonetheless, many older adults worry about the financial consequences of needing care. In a 2017 online survey, 59% of retirees reported that they were very or somewhat concerned about being able to pay for nursing care, 54% were concerned about their ability to pay for health care, and 57% were concerned that their savings and investments might not keep up with inflation (Greenwald and Associates 2018). (Reference: US Department of Health and Human Services).

In terms of the difference in care and outcomes for those with a long-term care (LTC) plan, having such a plan can significantly impact the quality and accessibility of care received. For example, individuals with LTC insurance or specific LTC plans are more likely to access and afford quality care services that might otherwise be financially out of reach. This can lead to better management of health conditions and potentially improved overall outcomes in their quality of life.

Moreover, planning for long-term care is crucial as more than half of older adults will experience serious long-term services and support (LTSS) needs after turning 65. Interestingly, the likelihood of developing serious LTSS needs and the use of paid services does not significantly differ across higher income quintiles, suggesting that even wealthier individuals are just as likely to need such care. (Reference: ASPE - US Department of Health and Human Services).

Lifestyle factors, such as unhealthy habits and chronic stress, increase the risk of needing LTC. Some of the unhealthy habits include smoking, poor diet, physical inactivity, excessive alcohol consumption and inadequate sleep.

Medical history also affects LTC needs, with chronic conditions like COPD, Parkinson's, diabetes, and arthritis increasing the risk. Family history of severe mental or physical illnesses may predispose individuals to conditions requiring LTC. Financial factors also come into play, with wealthy individuals able to pay for LTC outright, those with limited means relying on Medicaid, and middle-income individuals depending on savings and LTC insurance.

2: Demystifying Ten Common Myths & Misconceptions

Understanding LTC is crucial for future planning, yet many are misled by misconceptions, leading to inadequate preparation. Misinformation about who needs LTC, how it is financed, and what it entails can result in unexpected challenges and financial burdens. To better prepare individuals and families, it's essential to dispel common myths and clarify the realities of Long-Term Care. Here, we address some prevalent misconceptions to help clarify what LTC involves and how to plan for it.

You Don't Need to Plan for LTC

Myth: It's unnecessary to plan for Long-Term Care.

Reality: A significant number of individuals (70%) will require some form of Long-Term Care after age 65. Ignoring this possibility can lead to severe financial and emotional strain. Planning ahead allows individuals and families to make informed decisions about care preferences and financing.

LTC is Only for the Elderly

Myth: Long-Term Care is only necessary for seniors.

Reality: While older adults are more likely to need Long-Term Care, anyone can require these services due to unexpected illnesses (such as disabling stroke and debilitating heart failure), disabling injuries, or chronic conditions like multiple sclerosis or early-onset Alzheimer's. Preparing for the possibility of needing Long-Term care is prudent for adults of all ages.

Medicare Covers Long-Term Care

Myth: Medicare will cover all Long-Term care needs.

Reality: Medicare provides very limited coverage for Long-Term care. It covers short-term skilled nursing care or rehabilitative services following a hospital stay, but not custodial care, which includes assistance with daily activities like bathing and dressing. This type of care, constituting the bulk of Long-Term Care services, must be paid for through other means such as out-of-pocket, Medicaid, or Long-Term care insurance.

LTC is Only for Nursing Homes

Myth: Long-Term Care means residing in a nursing home.

Reality: Long-Term care includes a broad range of settings and services beyond nursing homes. Many individuals receive care at home, in assisted living facilities, or through

adult day care centers. These services often aim to maintain an individual's independence as long as possible.

Family Will Always Be Able to Provide Care

Myth: Family members will be able to handle any necessary Long-Term Care.

Reality: Depending on the intensity and nature of care needed, family members might not be equipped to provide necessary support. Professional care might be required for complex medical needs, and caregiving can be physically and emotionally taxing, leading to caregiver burnout.

LTC Insurance is Too Expensive

Myth: The cost of LTC insurance is prohibitively high.

Reality: While premiums can be significant, especially if purchased later in life, various plans and riders can adjust coverage and costs. Purchasing a policy earlier in life often results in lower premiums, and some insurance strategies involve shared care options or shorter benefit periods to reduce costs.

Medicaid Will Cover All LTC Costs

Myth: Medicaid will automatically cover all expenses related to Long-Term Care.

Reality: While Medicaid covers Long-Term Care costs for those who qualify, eligibility often requires individuals to have income and assets below certain thresholds. Many need to "spend down" their assets to qualify, impacting the financial legacy they might wish to leave.

All LTC Services are of the Same Quality

Myth: All Long-Term Care services offer similar quality.

Reality: The quality of Long-Term Care can vary greatly depending on the provider, the facility, and the specific caregivers involved. It's important to research options thoroughly, visit facilities, and read reviews to ensure that the care meets expected standards.

LTC Insurance Only Benefits the Individual

Myth: Long-Term Care insurance only helps the person insured.

Reality: LTC insurance can greatly benefit families by reducing the financial and emotional burdens associated with Long-Term Care. It can also preserve family savings and assets for future needs or inheritances.

You Can Wait Until You're Older to Get LTC Insurance

Myth: It's better to wait until later in life to buy LTC insurance.

Reality: Waiting too long can result in higher premiums and increased risk of health issues that could disqualify you from getting coverage. Buying LTC insurance when younger and healthier can lead to more favorable terms and lower costs.

3: Long-Term Care Options & Role of Medicaid & Medicare

Long-Term Care can be provided in various settings, starting with home and community-based services and moving to institutional settings.

Option 1: Home Health Care (HHC)

Home Health Care offers numerous benefits that enhance the quality of life and well-being of the elderly. It allows them to remain in the comfort and convenience of their home, which positively impacts their mental health and overall well-being. HHC provides personalized care and reduces the risk of infections common in healthcare facilities. Technology plays a significant role in HHC through remote monitoring, telehealth services, medication management, and emergency response systems, promoting convenience, safety, and improved health outcomes.

HHC services range from basic assistance with Activities of Daily Living (ADLs) to complex medical care. The level of care required affects the cost, which varies depending on geographic location and caregiver qualifications. National average hourly costs include:

- ❖ Companion Care: \$15 - \$25
- ❖ Personal Care: \$18 - \$30
- ❖ Skilled Nursing Care: \$25 - \$50
- ❖ Medical Care (e.g., infusion therapy): \$50 - \$100

For specific rates, visit the National Council on Aging (www.ncoa.org) or the National Institute on Aging (www.nia.nih.gov).

Option 2: Senior Living/Group Homes Facilities

Senior living or community living offers various care options for seniors, generally aged 55 and older, including independent living, assisted living, retirement communities, and memory care facilities. These facilities provide flexibility and can be tailored to suit different lifestyles and medical care needs. Downloadable resources for seniors are available at resourcesforseniors.org.

Option 3: Assisted Living Facilities (ALFs)

Assisted Living Facilities help residents maintain independence while providing varying degrees of assistance, from personal care to mobility support. Additional resources are available at:

- ❖ American Health Care Association
- ❖ Assisted Living
- ❖ Elder Care Locator
- ❖ National Council on Aging

Option 4: Skilled Nursing Facilities (SNFs)

Skilled Nursing Facilities provide higher levels of care than ALFs, including extensive medical care and rehabilitation for chronic and complex needs. SNFs offer rehab services to help patients regain independence after hospital stays.

Option 5: Hospice Care

Hospice care, covered by Medicare, is for individuals with a life expectancy of six months or less. The focus is on symptom and pain management and maintaining the quality and dignity of life. Hospice care includes:

- ❖ Routine Home Care
- ❖ Continuous Home Care
- ❖ General Inpatient Care

❖ Respite Care

Hospice care can be provided in private residences, nursing homes, hospice care centers, or community living arrangements. It includes bereavement care and is covered by Medicare, Medicaid in every state, and most private health insurance plans. Hospice resources are available through the Hospice Foundation of America (www.hospicefoundation.org) and the Centers for Medicare and Medicaid Services (www.cms.gov).

Role of Medicare in Providing LTC Services

Medicare does not cover Long-Term or custodial care. For Medicare Part A to pay for a stay in a Skilled Nursing Facility (SNF), it must follow a hospital stay of more than three inpatient days. Medicare covers 100% for the first 20 days in an SNF, with a copayment of up to \$204/day from days 21-100, only if Medicare approves the stay. For more information, visit Medicare.

Role of Medicaid in Providing LTC Services

Medicaid pays for over half of all Long-Term Care in the US. Coverage and eligibility vary by state, with specific income and resource thresholds to qualify. Most states have a "look-back" provision of at least five years to prevent wealth transfers to meet eligibility. Comprehensive information on Medicaid's coverage for Long-Term nursing home care is available at AgeWays, Commonwealth Fund, and Medicaid.

4: Guidance for Medicaid Qualification

Medicaid provides a broad range of services for LTC patients, including nursing home care, home and community-based services, assisted living, and medical services such as physician services, hospital care, prescription drugs, various therapies, and hospice care. Qualifying for Medicaid to cover LTC services involves meeting specific eligibility criteria, which can vary by state. Here's a concise guide to help individuals understand how they might qualify for Medicaid for LTC services:

Financial Eligibility

- **Income Limits:** Medicaid has strict income limits that vary by state, often tied to the federal poverty level. Some states allow you to "spend down" by deducting medical expenses from your income to qualify.

For example here are some income eligibility limits for States such as New York, Illinois, and Texas:

New York: Institutional/Nursing Home Medicaid: A single applicant can have a monthly income up to \$1,732.

Illinois: Institutional/Nursing Home Medicaid: For a single applicant, the income limit is \$1,133 per month.

Texas: Institutional/Nursing Home Medicaid: A single applicant can have an income up to \$2,829 per month.

- **Asset Limits:** There are also asset limits. Typically, an individual can hold only a limited amount of countable assets. Primary homes, cars, and personal belongings might not count towards this limit. It's important to understand what counts as an asset and what exemptions apply. For example:

New York: For a single applicant, the asset limit is \$30,182.

Illinois: The asset limit for a single applicant is \$2,000.

Texas: The asset limit for a single applicant is \$2,000. For married couples where only one spouse is applying, the non-applicant spouse (community spouse) may retain up to \$148,620 as a Community Spouse Allowance.

Functional Eligibility

- **Medical Necessity:** To qualify for Medicaid-funded LTC, you must demonstrate a need for substantial assistance with daily living activities such as bathing, dressing, eating, and mobility. This is often verified through a health assessment.

Estate Recovery

- **Medicaid Estate Recovery:** Be aware that states can recover costs from the estate of a deceased Medicaid recipient for LTC services provided. Planning with a knowledgeable attorney can help mitigate potential impacts.

Application Process

- **Documentation:** Prepare to provide comprehensive documentation, including income, assets, medical records, and proof of residency.
- **Local Medicaid Office:** Contact your local Medicaid office for specific application steps and guidance tailored to your state's rules and regulations.

Consulting with a Medicaid planner or elder law attorney can provide valuable assistance in navigating the complexities of Medicaid eligibility and planning for LTC needs effectively. This professional advice is particularly crucial given the potential financial implications and the need for detailed documentation.

5: Planning and Preparation Considerations

In our assessment, it's crucial for Majlis to address Long-Term Care (LTC) planning for individual circumstances. We foresee four key member groups within our Majlis that need attention regarding LTC needs and costs:

Saf-e-Dom Ansar (ages 40-55): This group is generally healthy and in their earning phase. They should be educated about the importance of saving and investing for LTC costs, similar to retirement planning. Early preparation will allow them to self-fund LTC needs effectively.

Saf-e-Awwal Ansar (ages 56-65): Members in this group may be nearing retirement and considering Medicare or Medicaid. They should explore LTC insurance options through their employer or business. If they can obtain LTC insurance, it is advisable to maintain it through retirement. Those with financial resources might also consider private LTC insurance.

Saf-e-Awwal Ansar (ages 65+): Retired members may need to focus on setting aside financial resources for self-funding LTC. Some members with a military background may qualify for VA benefits, which covers LTC needs. They should review their VA coverage options.

Recently Migrated: This group often faces the greatest challenge with LTC planning. While some may have financial resources or supportive family members, others may require assistance. In such cases, Majlis Ansarullah can provide guidance on government resources (assisted living, skilled nursing facilities, hospice care) or offer financial assistance on a case-by-case basis if immediate needs arise. Please reach out through your local Zaim. You can also call the Ansar hotline (1-716-800-1889) to discuss your options.

For new immigrants, navigating the U.S. healthcare system can be particularly challenging due to potential language barriers and unfamiliarity with the system. If new immigrants to the U.S. suddenly find themselves in need of long-term care (LTC) services, there are a few options they might consider, depending on their immigration status, financial resources, and the urgency of their healthcare needs:

1. **Private pay:** If they have the financial means, they can pay out-of-pocket for LTC services. This is often the most straightforward method but can be prohibitively expensive.

2. **Health Insurance:** If they have health insurance that includes LTC coverage, they should review their policy details to understand what services are covered and any associated costs like deductibles or copays.
3. **Medicaid:** In some cases, immigrants who have been lawful permanent residents for five years or more might be eligible for Medicaid, which can cover LTC services for those who meet the financial and medical requirements. However, eligibility varies by state and can be complex; consulting with a Medicaid planner or an attorney who specializes in elder law might be beneficial.
4. **Community and State Programs:** Some states and communities offer programs that provide or subsidize care for older adults or those with disabilities, regardless of immigration status.
5. **Charitable Organizations and Nonprofits:** Some charitable organizations provide healthcare services to immigrants and may offer sliding scale fees based on income. Organizations such as local chapters of the United Way, Salvation Army, or faith-based groups might have programs or can direct individuals to appropriate resources.

6. Funding Options and Strategies

One crucial aspect to consider is that Long-Term Care (LTC) combines both health care and ordinary living expenses. Typically, insurance covers health care but not living expenses. However, if living expenses increase due to sudden or gradual physical or mental disabilities, traditional health insurance often falls short. This limitation is why Long-Term Care insurance (LTCI) exists.

Self-Funding

Self-funding for LTC can be a viable option for individuals who want to maintain control over their care decisions and planning flexibility. Although it requires significant financial resources, careful planning and strategic investment can make self-funding practical. Here's how to approach it:

Understanding the Costs:

The first step in self-funding is understanding potential costs. LTC expenses can vary widely based on care type, duration, and location. For example, the annual cost of a private room in a nursing home can exceed \$100,000, while in-home care might cost around \$50,000 per year. With costs expected to rise due to inflation, planning for future increases is crucial.

Building a Plan:

- **Assess Your Financial Situation:** Begin by evaluating your savings, investments, income sources, and other assets to gauge your capacity to self-fund LTC.
- **Estimate Future Needs:** Estimate the amount of money you might need for LTC based on your health, family history, and personal care preferences. Consider scenarios where you might need care for a few years versus longer periods.
- **Create a Dedicated LTC Fund:** Set up a fund specifically for LTC expenses. This could be a separate savings account, a trust, or a designated investment account. Ensure these funds are earmarked solely for future care needs.

Investment Strategies:

- **Emergency Fund:** Maintain an emergency fund to cover unexpected expenses and protect your LTC fund from depletion.
- **Diversified Investment Portfolio:** Invest in a diversified portfolio to grow your LTC fund. Include a mix of stocks, bonds, and other investment vehicles that

align with your risk tolerance and time horizon. Regularly review and adjust your portfolio to ensure it is tracking towards your desired goals.

- **Tax-Advantaged Accounts:** Utilize tax-advantaged accounts like Health Savings Accounts (HSAs) if eligible. If one can grow this HSA account without pulling funds out of it during their earning years, it can be very handy for healthcare expenses later in life.
- **Real Estate:** Leverage real estate investments, such as rental properties, to generate ongoing income. Alternatively, consider a reverse mortgage to access home equity for LTC expenses while continuing to live in your home.

Insurance Alternatives:

Even if you plan to self-fund, explore insurance products like hybrid life insurance policies with LTC riders. These policies offer additional coverage and protect your assets in case of extended care needs.

Health Savings Accounts (HSAs):

HSAs, paired with High Deductible Health Plans (HDHPs), offer significant tax advantages but have limitations. To be eligible, you must be employed or self-employed and cannot contribute to an HSA once enrolled in Medicare at age 65. HSAs can still be leveraged for retirement healthcare costs, including LTC. Contributions can be made by you, your employer, or others, with annual limits set by the IRS. For 2024, the limit is \$4,150 for individuals and \$8,300 for families, with an additional \$1,000 catch-up contribution for those aged 55 and older.

HSAs offer triple tax benefits:

- **Contributions are Tax-Deductible:** Reduce your taxable income by deducting your contributions.
- **Earnings Grow Tax-Free:** Interest and investment earnings are not subject to taxes.
- **Tax-Free Withdrawals:** Withdrawals for qualified medical expenses are tax-free.

HSA funds can be used for various medical expenses, including doctor visits, prescription medications, dental and vision care, and certain over-the-counter medications. HSAs are portable, meaning you own the account and can take it with you if you change jobs or retire. Unlike flexible spending accounts (FSAs), HSA funds roll over year to year, providing long-term savings potential. HSA funds can also be used for Medicare premiums and a wide range of medical expenses in retirement. After age 65, non-medical withdrawals are penalty-free but subject to ordinary income tax.

Roth IRA Accounts:

Roth IRAs offer unique tax benefits compared to traditional IRAs. Contributions are made with after-tax dollars, and for 2024, the annual limit is \$7,000 (\$8,000 for those aged 50 and older). Roth IRAs have income limits; for 2024, individuals with a modified adjusted gross income (MAGI) up to \$146,000 (\$230,000 for married couples) can contribute fully. Roth IRAs provide tax-free growth and withdrawals and do not require required minimum distributions (RMDs) at age 72 or 73. Contributions (but not earnings) can be withdrawn at any time without taxes or penalties, offering flexibility before retirement. Roth IRAs also support tax diversification, as a mix of taxable, tax-deferred, and tax-free accounts can manage tax liabilities more effectively.

Acquiring Long-Term Care Insurance:

Acquiring LTC insurance involves several steps:

- **Assess Your Needs:** Consider your age, health, family history, and financial situation to determine the type of care you might need.
- **Research Insurance Carriers:** Look for reputable insurance companies with strong financial stability and good customer service. Use ratings from agencies like A.M. Best, Moody's, or Standard & Poor's.
- **Compare Policies:** Review various policies, focusing on coverage options, benefit amounts, elimination periods, and duration of benefits. Compare standalone LTC policies with LTC riders on life insurance policies (hybrid policies).
- **Decide on Coverage Features:** Choose features like inflation protection to keep benefits in line with rising costs and a non-forfeiture option to retain some benefits if you stop paying premiums.
- **Get Quotes:** Obtain quotes from multiple providers. Premiums can vary based on age, health, and policy specifics.
- **Apply for a Policy:** Complete the application, providing detailed information about your health and medical history.
- **Undergo Medical Evaluation:** Most providers require a medical evaluation, which may include a physical exam and medical records review.
- **Review the Policy:** Carefully review the policy terms, coverage details, and exclusions before signing.
- **Consult a Financial Advisor:** Seek professional advice to ensure the policy fits your overall financial plan.
- **Regularly Review Your Policy:** Periodically review and update your policy as needed.

Additional Tips:

- **Buy Early:** Premiums are generally lower when purchased at a younger age and in good health.
- **Understand the Benefits:** Know the daily or monthly benefit amount, maximum benefit period, and total lifetime benefit.
- **Inflation Protection:** Consider adding an inflation protection rider to your policy to keep pace with the rising cost of care.

Summary:

Self-funding for LTC requires foresight, discipline, and proactive financial management. By understanding the costs, building a solid financial plan, investing wisely, and managing risks, you can ensure that you are well-prepared to cover Long-Term Care expenses. This approach not only provides financial security but also gives you peace of mind that you have control over your future care needs.

7. Additional resources

In this section, we highlight essential resources for managing Long-Term Care (LTC), including those provided by Majlis Ansarullah, as well as federal, state, and local options. Use this as a starting point and continue exploring additional community resources and staying updated on relevant legislative changes.

Ansar Helpline with LTC Expert Access

- Majlis Ansarullah USA now offers LTC guidance through their 24x7 helpline (1-716-800-1889).
- This service provides information on medical services, health care facilities, job search assistance, and financing options.

Preparing Your Home for LTC phase

To prepare a home for the LTC phase, consider the following adjustments:

- **Safety and Accessibility:** Widen doorways, install ramps, update bathroom facilities, improve lighting, and use slip-resistant flooring.
- **Technology:** Install medical alert systems, smart home devices, and remote monitoring systems.
- **Maintenance:** Remove clutter, perform safety checks, adjust storage, and prepare an emergency kit.
- **Professional Assessment:** Hire an occupational therapist or aging-in-place specialist for personalized recommendations.

Government Resources

Federal Resources:

- Medicare ([medicare.gov](https://www.medicare.gov)). Covers short-term health needs but not Long-Term custodial care.
- Medicaid ([medicaid.gov](https://www.medicicaid.gov)). Provides assistance with medical costs for individuals with limited income, including Long-Term Care.
- U.S. Department of Health and Human Services (HHS) ([hhs.gov](https://www.hhs.gov)). Offers information on health conditions and Long-Term Care resources.
- Administration for Community Living (ACL) ([acl.gov](https://www.acl.gov)): Supports independent living and community participation for older adults and those with disabilities.
- Social Security Administration (SSA) ([ssa.gov](https://www.ssa.gov)): Provides benefits like SSDI and SSI for disabled individuals.

- National Council on Aging (NCOA) ([ncoa.org](https://www.ncoa.org)): Offers resources for benefits access, health, and economic security.

State-Level Medicaid Programs:

- State Health Insurance Assistance Program (SHIP): Provides unbiased Medicare counseling.
- State Medicaid Websites: Offer specific information on eligibility and benefits.
- Area Agencies on Aging (AAA): Provide local advocacy and services to help older adults remain in their homes.

Concluding Thoughts - Take Charge of your LTC Planning

This guide is developed to not only inform but also empower Ansar members in their Long-Term Care journey. It aims to dispel myths, provide practical insights on care options and funding, and offer essential guidance on legal and financial planning. By equipping Ansar with this knowledge, the guide enables them to make informed decisions that enhance both their well-being and financial security.

As the landscape of Long-Term Care evolves—through changes in laws, emerging funding options, and shifting personal circumstances—ongoing education and adaptation of your care strategies are crucial. Whether planning for yourself or a loved one, proactive management and foresight are key. By following the steps outlined in this guide, you can approach the complexities of Long-Term Care with confidence and clarity, ensuring peace of mind for the future.

Appendix 1: Shura Proposal

2023 Shura proposal# 2 (As approved by Hazrat Khalifatul Masih V (aba):

Rising costs of Long-Term Care (LTC) in the U.S. have become a significant concern for many individuals and families (including our senior Jamaat members). The aging population, increasing longevity, and the high costs associated with institutional care, in combination with the lack of adequate savings and insurance for many, have contributed to this issue. Many Jamaat members are either experiencing it or worry about their aging parents and themselves later on in life. What can we do as a community?

Scope: for Majlis Ansarullah USA members (LTC related issues faced by elderly members)

Background information: Long-term Care (LTC) refers to a range of services and supports needed by individuals who have lost some or all capacity to function on their own due to a chronic illness, disability, or cognitive impairment like dementia. LTC is not just medical care, but also assistance with the basic personal tasks of everyday life, sometimes referred to as Activities of Daily Living (ADLs), such as bathing, dressing, eating, transferring (getting in and out of a bed or chair), toileting, and continence.

- **Aging Population:** The U.S. Census Bureau projects that by 2034, older adults will outnumber children for the first time in U.S. history.
- **High Costs:** As of 2021, the median cost for a private room in a nursing home is over \$100,000 annually. Assisted living and in-home care can also be costly.
- **Lack of LTC Insurance:** Most Americans don't have Long-Term Care insurance. Medicare covers only limited periods of skilled nursing care following hospitalization, not Long-Term custodial care. Medicaid does cover Long-Term Care but primarily for those with low incomes and limited assets.
- **Economic Strain on Families:** Many families face the burden of paying out of pocket or providing care themselves, which can lead to financial strain, and physical and emotional challenges.

Recommendations:

The committee agreed that one of the first steps should be to focus on raising awareness among Ansarullah members about this topic. The needs and the possible solutions vary based on various factors such as health levels, age, financial resources, social setup for Ansar. The committee recommended the following:

1) Awareness about LTC related issues and preventive measures

The subcommittee suggested forming an Ansar LTC committee chaired by Dr. Anas Mirza who is a medical director at multiple nursing homes and has experience in this area. The other key members of the committee would be Dr. Irfan Alladin (experienced in pain medicine), Nadim Faizi Sahib (experienced in various governmental programs e.g., Medicaid, Medicare and social security etc.) and Iftikhar Ahmed Sahib (experienced in financial planning and LTC insurance), Dr. Asad Chaudhary (dentist) and Dr. Tanvir Ahmad (to explore the feasibility of a future LTC facility). The charge of the committee will be the following:

- a. **Publish LTC Resource Guide:** The Ansar LTC committee should gather and publish a resource guide for our Ansar containing information about awareness and preventive measures.
- b. **Explore group LTC coverage for Ansar members:** The committee discussed the possibility of getting group LTC coverage and tasked Ansar LTC committee to explore availability and eligibility of Majlis Ansarullah group insurance and cost model.
- c. **Study how other nonprofits have done for their elder members and what we can learn from their experience:** Research locations around the US where LTC costs are lower than average.
- d. **Assess a feasibility study** of what would be the best use of funds if Majlis Ansarullah were to build and operate an LTC facility in a few years.

2) Social support groups: (Local Majlis)

The subcommittee recommended exploring Majlis Ansarullah infrastructure to assess the needs of our members over 60 years of age/retired seniors. Zaim Majlis can be instrumental in this task. Based upon the needs, Majlis should develop specific programs in various Majalis e.g., adult day care at Mosques or post-Jumma activities where a shuttle could provide transportation to older Ansar so that they can have some social activity after Jumma. Majlis Ansarullah should also develop a buddy system where a senior Nasir could be paired up with an active younger Nasir for Jumma transportation and social support

3) Provide financial support for immediate needs:

The committee proposed that some funding should be provided for urgent needs to deserving Anar families facing LTC issues. The committee decided to use Ithar grants budget to provide grants to deserving families upon the recommendation of Zaim Majlis.

Committee members who participated in the deliberation

Abdul Hadi Ahmed (Chairman), Iftikhar Ahmed (Secretary), Nadeem Faizi, Moen Ahmad, Dr. Atta Ahmad, Zafar Basith, Dr. Nadeem Ahmad Alpha Bah, Muthair Ch, Dr.

Anas Mirza, Saeed Saud, Nasir Davis, Dr. Zubair Latif, Murrabi Mubashar Ahmad, Ijaz Qamar, Abdul Latif Balanta, Naveed Malik, Dr. Hafeez Rehman, Naeem Janjua, Abdul Nasir, Khalid Kark, Anwar Opal, Dr. Waqar Ahmad, Amir Sultan, Muhammad Antwi, Mahmood Qureshi, Dr. Faizan Abdullah, Dr. Asad Chaudhry, Dr. Kamal Ahmad, Khalid Asad.

Appendix 2: Summary of Implementation Steps

The Shura implementation sub-committee was tasked to focus on four aspects of LTC needs of our members. The following section provides a brief summary of these tracks and how the sub-committee approached each one of them.

Publish LTC Resource Guide

The LTC resource guide is now available online and will be updated with feedback and additional resources. We plan to print and distribute hard copies as needed and will follow up with webinars on this topic.

Explore Group LTC Coverage for Ansar Members

The sub-committee, led by Nadeem Faizi Sahib, explored group LTC coverage for AMC members in the US. Despite outreach to several insurance carriers, they found that the AMC membership does not qualify for group coverage due to affiliation concerns and state-specific regulations. Therefore, this option is not feasible for further research.

Study of Other Nonprofits' LTC Solutions

The sub-committee, led by Abdul Latif Balanta Sahib, researched LTC services provided by the Catholic Church and the Mormon community. The Catholic Church offers extensive LTC facilities for both the public and clergy, providing insurance coverage and facility placements. The Mormon Church emphasizes self-sufficiency and individual responsibility for LTC, with church assistance available through a committee review process. The Mormon approach includes numerous nonprofit entities to support their mission. While insightful, these models are not currently replicable for Majlis Ansarullah.

Feasibility Study for Majlis Ansarullah LTC Facility

The sub-committee, led by Iftikhar Ahmed Sahib, held a session with Ahmadi brothers running privately owned group homes. They learned about the qualification process for seniors, services provided, cost and revenue models, and Medicaid reimbursement. Setting up group homes requires meeting regulatory requirements, including renovations, administrator certification, and a lengthy application process.

The group home model is effective for seniors needing day-to-day health-related assistance, with advanced services brought in as needed. The increasing demand and shortage of group homes present a potential opportunity for Majlis Ansarullah.

Establishing group homes could provide essential services to seniors, be profitable, and offer entrepreneurial opportunities for community members in the healthcare sector.