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# LongTermCare.gov

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## Who Pays for Long-Term Care?

### COSTS & WHO PAYS

### The facts may surprise you.

Consumer surveys reveal common misunderstandings about which public programs pay for [long-term care services](#). It is important to clearly understand what is and isn't covered.

### Medicare:

- Only pays for [long-term care](#) if you require skilled services or rehabilitative care:
  - In a [nursing home](#) for a maximum of 100 days, however, the average [Medicare](#) covered stay is much shorter (22 days).
  - At home if you are also receiving skilled home health or other skilled in-home services. Generally, [long-term care services](#) are provided only for a short period of time.
- Does not pay for non-skilled assistance with Activities of Daily Living (ADL), which make up the majority of long-term care services
- You will have to pay for long-term care services that are not covered by a public or private insurance program

### Medicaid:

- Does pay for the largest share of long-term care services, but to qualify, your income must be below a certain level and you must meet minimum state eligibility requirements
- Such requirements are based on the amount of assistance you need with ADL
- [Learn more about Medicaid coverage for long-term care](#)
- Other federal programs such as the **Older Americans Act** and the **Department of Veterans Affairs** pay for long-term care services, but only for specific populations and in certain circumstances

### Good To Know

Like public programs, **private sources of payment have their own rules**, eligibility requirements, copayments, and premiums for the services they cover.

### Health Insurance:

- Most employer-sponsored or **private health insurance**, including health insurance plans, **cover only the same kinds of limited services as Medicare**
- If they do cover long-term care, it is typically only for skilled, short-term, medically necessary care

There are an increasing number of **private payment options** including:

- [Long-term care insurance](#)
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