Your report

Sample report for a fictional couple. These are not a real person's answers. This report is educational. It is based only on the answers selected on this page. It does not determine eligibility, calculate costs or savings, or review any financial statement or legal document.

What your answers suggest you investigate

Investigate care at home before costs become harder to manage

Why this appears: You answered “At home” and “Care has already started and the bills are becoming difficult”.

Investigate both financial eligibility and access to services. Medicaid home-care services involve screening and enrollment requirements, and they may not cover every hour of care your family needs. Enrollment in community services is generally offered from a wait list, so timing matters.

Next action: Ask about the appropriate screening pathway and prepare a list of current care tasks, hours, and costs.

Protecting the spouse at home is part of the review

Why this appears: You answered “Yes, and the spouse lives in the community” and “Protecting the spouse at home”.

A care-funding review should consider the continuing living expenses of the spouse at home as well as the care recipient's needs. Medicaid has spouse-protection rules, but this tool has not calculated an allowance for your household.

Next action: Gather both spouses' income information and the household's regular expenses.

Retirement accounts deserve a closer look

Why this appears: You answered “IRA, 401(k), or other retirement accounts” and “We were told there are too many assets”.

A retirement account is not automatically an asset that must be spent on care. Under Florida's rules, a retirement fund providing regular payments can be excluded as an asset, while its payments count as income. Ownership, availability, and payment arrangements matter; none was collected here. A spouse's fund follows a separate rule. These accounts are only one part of a “too many assets” question.

Next action: Gather recent statements and distribution information for each spouse's retirement accounts.

What if the healthier spouse dies first?

If the spouse providing support or managing finances dies first, who will take over? Your wills, trusts, powers of attorney, account ownership, and beneficiary designations should work together to provide continuing financial support and address potential benefits eligibility.

Questions to review

- Who is available and authorized to manage finances?
- Are successor agents and trustees identified?
- Where will the community spouse's assets and retirement accounts go?
- Does the plan address a surviving spouse who needs care?

This tool has not reviewed any of these documents. These are questions to review, not findings.

What to do next: Request a care-funding and planning review

A review looks at how care could be paid for and how that fits with the estate plan, using your actual income, accounts, and documents. **Call 239-345-4545 or visit zacfreylaw.com/contact.**

What to gather

Gather these so they are ready for a review. There is nothing to upload or send from this page.

- [ ] Income sources and amounts for the person needing care and for their spouse.
- [ ] Recent account statements, including any retirement accounts.
- [ ] Current care arrangements and recent care bills.
- [ ] Wills, trusts, powers of attorney, and beneficiary information.
- [ ] Records of prior gifts or transfers: dates, amounts, and recipients.

About the continuity questions: Who manages a trust, whether its assets count for Medicaid, and who makes medical decisions are separate questions. A revocable trust does not by itself protect assets from the cost of care, and a trustee or financial agent does not make health-care decisions merely because they manage assets.

How Florida pays for long-term care

General program information, not a finding that any route is available to you.

Care at home Statewide Medicaid Managed Care, Long-Term Care **Your reported setting**

What it may cover: Services authorized in a care plan, such as personal care, homemaker help, adult day care, respite, and some home modifications.

What families may still pay: Care beyond the services and hours authorized. Do not assume the program will provide continuous caregiving.

Important requirements and limitations: The same program as assisted living, and generally the same wait list, so being eligible does not mean services begin immediately. Authorized hours depend on an assessment.

At home, through one organization — Program of All-Inclusive Care for the Elderly

Another home-care pathway to investigate

What it may cover: Medicare- and Medicaid-covered services, and additional services the PACE care team determines are needed, coordinated by one organization. These can include medical care, prescriptions, therapy, adult day services, transportation, and in-home support.

What families may still pay: It depends on Medicare and Medicaid coverage: generally no monthly premium for the long-term-care portion with Medicaid, a monthly premium for that portion and for drug coverage with Medicare alone, and private pay with neither.

Important requirements and limitations: Available only where a PACE organization serves the participant's address; Florida coverage is partial, not statewide. Age 55 or older, certified as needing a nursing-home level of care, and able to live safely in the community with PACE support.

Nursing home — Institutional Care Program

An alternative to understand if care needs change

What it may cover: Nursing-home care for a resident who meets the program's requirements, less the resident's own contribution (patient responsibility).

What families may still pay: Most of the resident's monthly income goes to the facility, after a personal needs allowance, health-insurance premiums, and any income allowed for a spouse at home.

Important requirements and limitations: Medical, income, and asset tests apply. Income above the cap can be addressed with a properly established and operated qualified income trust. Confirm that the facility accepts the program.

Assisted living or memory care — Statewide Medicaid Managed Care, Long-Term Care

An alternative to understand if care needs change

What it may cover: Help with the care portion of an assisted living or memory-care stay. Generally not room and board.

What families may still pay: Room and board, from the resident's own income, and any charges above what the program covers.

Important requirements and limitations: The facility must participate, and not every facility does. Being eligible does not mean services begin immediately: enrollment in community services is generally offered from a wait list, in order of a screening priority score and as funding allows.

> **For married households, a facility's price and what the household pays are different numbers**
>
> For some married households, a higher-priced setting may leave more income available to the spouse at home. Compare the actual household costs and appropriate level of care. The answer turns on both spouses' income and on the care that is actually needed. A setting should not be chosen only because it could cost the household less.

Other subjects your answers raise

Prior gifts need review—not assumptions

Why this appears: You answered "Prior gifts or transfers".

The dates, amounts, recipients, and purposes of prior gifts or transfers matter. A five-year look-back is not a blanket requirement that everyone wait five years, but some transfers can create a period when Medicaid will not pay for long-term-care services.

Next action: Collect records before making additional gifts or transfers.

"Too many assets" is rarely the whole analysis

Why this appears: You answered "We were told there are too many assets" and "Savings or investments".

Retirement accounts are only part of an asset review. Savings, investments, and other property are looked at too, and Florida does not count everything a person owns. This tool has not reviewed what is owned or how it is titled.

Next action: List what is owned and how each item is titled, and note who said the assets were too high, before spending down or transferring anything.

Privately paid care may raise a tax question

Why this appears: You answered "Monthly income, Social Security, or pension" and "Savings or investments".

Some unreimbursed long-term-care costs can count as medical expenses for a taxpayer who itemizes, subject to tax-law conditions this tool has not evaluated. Which account pays for care can also matter for Medicaid, so the tax question and the benefits question should be looked at together.

Next action: Keep care invoices and proof of payment, and raise the question with a qualified tax professional.

What you told us

Where care is provided: **At home**

Marital status: **Yes, and the spouse lives in the community**

Present need: **Care has already started and the bills are becoming difficult**

Paying for care with: **Monthly income, Social Security, or pension · Savings or investments**

Told about Medicaid: **We were told there are too many assets**

Veteran, or spouse of one: **No**

Resources and concerns: **IRA, 401(k), or other retirement accounts · Prior gifts or transfers**

Wanted help understanding: **How to pay for care · Protecting the spouse at home**

Important qualifications

Reviewed by Carl B. Zacharia, October 2026

This report reflects only the answers selected on this page. It is general educational information from Zacharia Frey PLLC, not legal advice about your situation, and it does not create an attorney-client relationship. It is not a determination that anyone qualifies for Medicaid, PACE, veterans benefits, a tax deduction, or insurance coverage,

and no statement, policy, or legal document was reviewed. Program rules and service areas change, and some financial standards change annually, so any figure should be checked against the current year. Tax matters should be coordinated with a qualified tax professional.

Florida's Medicaid long-term-care programs are administered by the Department of Children and Families, the Agency for Health Care Administration, and the Department of Elder Affairs.

Supporting materials. General authorities, not an analysis of your situation.

42 U.S.C. § 1396p(c)(1)(B)–(E), (2) (transfers and the look-back)

42 U.S.C. § 1396p(d)(4)(B) (qualified income trusts)

42 U.S.C. § 1396r-5; Florida DCF ESS Program Policy Manual, § 1640.0314.01 (spouse at home)

§§ 409.978–409.985, Fla. Stat. (long-term-care managed care)

§ 409.979(2)–(3), Fla. Stat. (funding-dependent enrollment and the wait list)

Fla. Admin. Code R. 65A-1.712, 65A-1.713 (resource and income rules)

Florida DCF ESS Program Policy Manual, §§ 1640.0505.04 (Retirement Funds) and 1640.0505.05 (Retirement Funds of Spouses), printed pp. 16–17 (when a retirement fund is excluded and its payments counted as income)

26 U.S.C. §§ 402(a), 408(d), 408A(d) (taxation of 401(k) and IRA distributions)

42 C.F.R. pt. 460 (PACE)

26 U.S.C. §§ 213, 7702B (the medical-expense deduction)