



**Medicaid In A Minute** .com

SCREEN ELIGIBILITY • PLAN TO QUALIFY • SAVE ASSETS

## Your Personalized Medicaid Eligibility Assessment & Planning Report

*Protecting What You've Earned. Securing the Care You Deserve.*



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Pennsylvania • Florida

**IMPORTANT:** *This report is provided for informational and educational purposes only. The strategies described herein involve complex legal, financial, and regulatory considerations and should only be implemented with the guidance and supervision of an experienced elder law attorney. Do not attempt to execute any portion of this plan without professional*

## Welcome to Medicaid In a Minute

If you or a loved one is facing the prospect of long-term care, you are not alone. The financial burden of nursing home costs can feel overwhelming, and the rules governing Medicaid eligibility are complex and unforgiving. One misstep can result in costly delays, penalties, or the unnecessary loss of assets that took a lifetime to build.

That is why we created *Medicaid In A Minute* — a guided, step-by-step system designed to take the confusion out of Medicaid planning. Our approach combines decades of elder law experience with a structured process that identifies your unique situation, highlights potential issues, and builds a clear, actionable plan to achieve eligibility while protecting as much of your hard-earned assets as the law allows.

**Our Promise:** We do not hide assets. We do not bend the rules. Every strategy in this report uses legally approved methods, fully disclosed to the Medicaid agency. Our goal is to help you preserve every dollar the law entitles you to keep — and not a penny less.

## How Our Three-Step Process Works

The report that follows is organized around our proprietary three-step methodology. Each step builds on the one before it, moving you from assessment through analysis to action.

### Step 1: The Intake Assessment

#### *Building Your Complete Financial & Family Portrait*

Everything begins with information. Using our comprehensive intake questionnaire, we gather the details that Medicaid requires and that smart planning demands: your income sources, assets, debts, family structure, marital status, prior financial transactions, existing estate planning documents, insurance policies, burial arrangements, and more.

This is not a generic checklist. Our system asks the questions that experienced elder law attorneys know to ask — the ones that uncover hidden issues before they become costly problems. We examine the full five-year look-back window and beyond, identifying past transactions that could trigger penalty periods and opportunities you may not realize you have.

### Step 2: The Eligibility Analysis

#### *Identifying Issues, Opportunities & Your Path Forward*

Once your information is gathered, our system performs a detailed analysis of your financial picture against your state's Medicaid eligibility rules. This analysis identifies:

- **Countable vs. Non-Countable Assets** — Which assets count toward Medicaid's limits and which are protected by law, such as your primary residence (within equity limits), one vehicle, pre-paid burial arrangements, and certain personal property.
- **Income Issues** — Whether your income exceeds Medicaid's limits and whether a Qualified Income Trust (Fla only) or other income diversion strategy is needed.

- **Look-Back Violations** — Any transfers or gifts within the past 60 months that could trigger a penalty period of Medicaid ineligibility, along with the calculated length of any resulting penalty.
- **Spousal Protections** — For married couples, the Community Spouse Resource Allowance (CSRA) and Minimum Monthly Maintenance Needs Allowance (MMMNA) that protect the at-home spouse from financial ruin.
- **Missing Arrangements** — Whether essential pre-planning items are missing, such as irrevocable funeral and burial trusts, proper titling of assets, or necessary estate planning documents (powers of attorney, health care directives, updated wills or trusts).
- **Asset Protection Opportunities** — Strategies available under the law to preserve additional assets for you and your family.

The result is a clear, plain-language summary of where you stand today and exactly what needs to happen to achieve Medicaid eligibility.

### Step 3: Your Medicaid Action Plan

#### *Turning Analysis into Action — The Required & Strategic Spend-Down*

This is where planning becomes action. Based on the findings from Steps 1 and 2, we develop a detailed, time-sensitive plan with a target date for completing all required actions and submitting your Medicaid application. The plan has two parts:

#### **Part A: Required Spend-Down**

##### *Paying What Must Be Paid*

Before the Medicaid application can be filed, certain obligations must be settled and certain exempt purchases must be made. The Required Spend-Down addresses the “must-do” items to bring your countable assets within Medicaid’s limits:

- ✓ **Outstanding Nursing Home Bills** — Paying the facility for care already received, ensuring a clean billing record for the Medicaid application.
- ✓ **Existing Debts** — Paying down or settling outstanding debts such as credit cards, medical bills, loans, or property taxes, which both reduces countable assets and relieves the financial burden on you and your family.
- ✓ **Pre-Paid Funeral & Burial Arrangements** — Purchasing irrevocable funeral and burial plans, which convert countable assets into Medicaid-exempt arrangements while ensuring your final wishes are planned and funded.
- ✓ **Home Repairs & Improvements** — Making necessary repairs, accessibility modifications, or improvements to the family home (an exempt asset), protecting the community spouse’s living situation while reducing countable resources.
- ✓ **Vehicle Replacement** — If needed, replacing an aging vehicle for the community spouse with a reliable car, using excess countable funds on an exempt asset.
- ✓ **Essential Personal Property** — Purchasing household goods, personal items, or other needs that ensure the community spouse can maintain their standard of living.
- ✓ **Legal Fees & Planning Costs** — Attorney fees for Medicaid planning, estate document preparation, and application filing are legitimate spend-down expenses.

## Part B: Strategic Asset Protection Plan

### *Preserving Every Dollar the Law Allows*

Beyond the required spend-down, the law provides opportunities to protect additional assets for you and your family. This is where experienced elder law counsel makes the greatest difference. Our Strategic Asset Protection Plan may include some or all of the following strategies, tailored to your specific circumstances:

**Maximizing Community Spouse Protections.** For married couples, federal and state law provide important protections against spousal impoverishment. We ensure the at-home spouse retains the maximum allowable share of the couple's combined assets (the CSRA), along with adequate monthly income through the MMMNA. In many cases, we can increase these protected amounts beyond the standard calculations through administrative or judicial appeals.

**Permissible Gifts & Transfers.** Certain asset transfers are specifically exempt from Medicaid's five-year look-back rule and can be made without triggering any penalty. These include transfers to a spouse, to a blind or disabled child, to a caregiver child who lived in the home and provided care that delayed nursing home placement, and other qualifying transfers. We identify every available exemption.

**Planned Transfers with Penalty Coverage.** In certain situations, making a gift that does trigger a look-back penalty can be a powerful planning tool — when done intentionally, with a plan to cover the resulting penalty period using the applicant's own remaining resources. This technique, sometimes called a "half-a-loaf" or "gift-and-cure" strategy, allows families to protect a significant portion of assets that would otherwise be spent entirely on nursing home costs. We structure these transfers carefully, calculating the exact penalty period and ensuring funds are available to privately pay for care during that time.

**Medicaid-Compliant Annuities.** Converting a lump sum of countable assets into a stream of income for the community spouse through a Medicaid-compliant annuity can achieve eligibility while preserving resources for the at-home spouse's living expenses.

**Conversion of Countable Assets to Exempt Assets.** Strategic purchases that convert countable assets into exempt categories — such as home improvements, a new vehicle, household furnishings, or pre-paid burial plans — reduce your countable estate while providing tangible benefits to you and your family.

**Estate Planning Document Updates.** Ensuring your powers of attorney, health care directives, wills, and trusts are current and properly structured to support your Medicaid plan and protect your family's interests going forward.

### **Your Target Date**

Every plan includes a target completion date — the date by which all spend-down actions should be completed and the Medicaid application filed. We work with you and your family to establish a realistic timeline, coordinating with the nursing facility and any other parties involved to keep the process on track.

## What to Expect in This Report

The pages that follow contain your personalized Medicaid Eligibility Assessment & Planning Report. Here is what you will find:

1. **Your Financial Snapshot** — A summary of your income, assets, and family situation as reported in your intake questionnaire.
2. **Issues & Findings** — A detailed breakdown of eligibility issues identified, including excess assets, income concerns, look-back issues, and any missing arrangements.
3. **Your Required Spend-Down Plan** — A specific list of payments and purchases needed to bring your countable assets within Medicaid's limits.
4. **Your Strategic Asset Protection Plan** — Recommended strategies to preserve additional assets for you and your family, with clear explanations of each approach.
5. **Your Action Timeline** — A target date and step-by-step checklist for completing your plan and filing for Medicaid benefits.

## A True Story

Mary Beth had always been the caretaker in the family. She was the one who looked after her mother, Elizabeth — running her errands, managing her bills, handling her affairs. She held her mother's power of attorney and took care of everything as Elizabeth aged. It was simply what Mary Beth did, and she did it well.

Then one afternoon, Elizabeth fell. She had broken her hip, and after surgery, the hospital discharged her to a skilled nursing facility for rehabilitation. Mary Beth assumed her mother's Medicare coverage would handle it. For a few weeks, it did.

About three weeks later, Mary Beth received a call from the facility's billing office. Elizabeth's Medicare coverage had been exhausted. She was now on private-pay status — at a rate of roughly \$325 per day. That was nearly \$10,000 a month, coming directly out of Elizabeth's savings.

After about a year, Elizabeth's funds were gone. Mary Beth did what she thought was the next logical step: she applied for Medicaid on her mother's behalf. She gathered the paperwork, filled out the forms, and submitted the application herself.

When the determination came back, Mary Beth was confused. The letter showed a **two-month penalty period**. Medicaid was not going to pay for Elizabeth's care for two full months. Mary Beth had no idea what that meant, so she called the caseworker.

That is when she learned, for the first time, that three years earlier her mother had given \$20,000 to Mary Beth's brother. He had been out of work. He was struggling to feed his family and keep up with his mortgage. Elizabeth did what any mother would do — she helped her son.

Mary Beth was furious. She argued with the caseworker: "What was my mother supposed to do? Let her son lose his house?"

The caseworker was sympathetic but firm. "I understand," she said. "But the rule is clear. Any transfer for less than fair market value, for any reason, is subject to a penalty. I'm just following the rules."

And she was. Mary Beth had to reach into her own pocket and pay the nursing facility for two months of her mother's care — roughly \$20,000.

But the problems did not end there. When tax season arrived the following year, Mary Beth discovered that the money Elizabeth had withdrawn from her IRA to pay for care was fully taxable as income. Elizabeth now owed income taxes on money that was already gone.

About a year later, Elizabeth passed away. And because no money had ever been set aside for her final arrangements, Mary Beth paid for her mother's funeral out of her own pocket as well.

## It Did Not Have to Be This Way

### **Every dollar Mary Beth paid out of her own pocket could have been paid from her mother's funds — if there had been a plan.**

With proper Medicaid planning, Elizabeth's own money — the money that ended up going entirely to the nursing facility — could have been used to address every one of these problems before the application was ever filed. The \$20,000 gift to her son triggered a penalty, but that penalty could have been covered using Elizabeth's remaining assets as part of a structured spend-down plan. The income taxes on her IRA withdrawal could have been paid from her funds. An irrevocable pre-paid funeral and burial plan could have been purchased, sparing Mary Beth that final burden. And the professional fees for an elder law attorney or Medicaid planning specialist? Those are themselves a legitimate spend-down expense.

Instead, because there was no plan, every available dollar went to the nursing facility. Nothing was set aside. Nothing was protected. And when the problems surfaced, it was Mary Beth — not her mother's estate — who paid the price.

**A Medicaid In A Minute screening and plan would have changed everything.**

There are many stories like Mary Beth's. Some are worse. Families lose homes, drain retirement accounts, and exhaust their own savings paying for problems that could have been anticipated and addressed with proper planning. None of it is necessary.

### **The Time to Plan Is Now**

Do not wait until the money is gone and the problems have already taken root. Have your Medicaid application screened, your eligibility analyzed, and a plan put in place **now** — while there is still time to protect what matters. Start early. Have your plan. Follow it through to a successful, stress-free Medicaid eligibility determination.

### **Ready? Let's Review Your Report.**

The following pages contain your personalized analysis and plan. If you have questions at any point, our team is here to guide you every step of the way.

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*This report is prepared for informational and planning purposes and does not constitute a guarantee of Medicaid eligibility. Medicaid rules vary by state and are subject to change. The strategies discussed are based on current law at the time of preparation. Consult with your attorney before taking any action.*