MILENIS HOME CARE

Adult & Senior Home Care Funding Checklist

A practical checklist to help families identify resources that may help support private home care.

Step 1 - Clarify the Care Need

[ ] How many hours of support are needed each week?

[ ] Which activities need help: bathing, dressing, transfers, meals, supervision, transportation, companionship, housekeeping, overnight or live-in support?

[ ] Is there a recent hospital or rehab discharge plan, physician note, or care plan?

[ ] Is the client a Veteran or surviving spouse of a Veteran?

[ ] Does the client have long-term care insurance, a trust, HSA/FSA, life-insurance benefits, or other designated care funds?

Step 2 - Review Potential Funding Resources

Funding source	What to review	Check
Long-Term Care Insurance	Policy benefits, elimination period, ADL/cognitive triggers, daily/monthly benefit, required documentation, reimbursement process.	[ ]
VA Aid & Attendance / Housebound	Veteran or survivor pension eligibility, need for help with daily activities or housebound status, required VA application and medical documentation.	[ ]
Qualified Long-Term Care / Medical Expense Rules	Whether the individual is chronically ill and services are provided under a qualifying plan of care; confirm with tax professional or plan administrator.	[ ]
Trust / Estate / Family Funds	Trustee or responsible-party authority, permitted distributions, billing contact, and payment schedule.	[ ]
Life Insurance Benefits / Cash Value	Policy provisions, living benefits or cash value, surrender/loan consequences, insurer requirements.	[ ]
Community / Respite Programs	Area Agency on Aging, caregiver support, disease-specific programs, respite grants, eligibility and waitlists.	[ ]
Home Equity / Reverse Mortgage	Only after careful review of cost, repayment, occupancy and estate implications with an appropriate adviser.	[ ]

Step 3 - Understand Medicare's Role

Medicare and Milenis can serve different needs. Medicare may cover qualifying intermittent skilled home health services when eligibility rules are met and the care is ordered and provided through a Medicare-certified home health agency. Medicare generally does not pay for ongoing non-medical long-term or custodial care when that is the only care needed.

Step 4 - Bring These Items to Your Milenis Consultation

[ ] Long-term care insurance policy or benefit summary, if available.

[ ] VA benefit or pension information, if applicable.

[ ] Power of attorney, guardianship, trustee, or authorized representative documents when applicable.

[ ] Hospital/rehab discharge papers or current care plan, if available.

[ ] A list of current care gaps, preferred schedule, and family priorities.

[ ] Contact information for the person who will approve services and payments.

Your Next Step

Call Milenis Home Care at (561) 231-2767 or schedule a complimentary consultation. We will first clarify the care need, then help your family identify which funding pathways are worth reviewing and what documentation Milenis can provide within our non-medical home-care scope.

Important

Funding eligibility is never guaranteed. Coverage, tax treatment, pension eligibility, trust distributions, grants, insurance benefits, and lending options depend on individual circumstances and third-party rules. Milenis Home Care does not provide legal, tax, insurance, VA-accreditation, or financial advice. Confirm eligibility with the applicable insurer, VA-accredited representative, plan administrator, trustee, attorney, tax professional, lender, or government program.

Official references: Medicare.gov - Home Health Services and Long-Term Care | VA.gov - Aid & Attendance / Housebound | IRS Publication 502 - Qualified Long-Term Care Services