VEYL ADVISORS

VEYL RESOURCE GUIDE

Long-Term Care Conversation & Planning Guide

A practical guide for understanding what long-term care includes, where care may happen, what Medicare generally covers, what care can cost in Oregon, and conversations worth having before health changes.

Planning early gives families more time, more clarity, and more choices.

A PRACTICAL GUIDE FOR UNDERSTANDING

- Long-term care basics
- Care settings
- Medicare limits
- Oregon costs
- Funding options
- Family decisions

Veyl Advisors
Retirement clarity, guided.

Long-term care often begins before anyone calls it “long-term care.”

Many people hear long-term care and immediately picture a nursing home. In reality, it often begins with help at home.

Someone may need assistance with:

- ✓ Bathing or dressing
- ✓ Eating or preparing meals
- ✓ Using the bathroom
- ✓ Moving between a bed and chair
- ✓ Managing medications
- ✓ Transportation and household tasks
- ✓ Remaining safe because of memory loss or confusion

70%

Federal estimate of adults who survive to age 65 who will develop severe long-term-services-and-supports needs at some point before death.

48%

Estimated to receive some paid care; many rely partly or entirely on family and friends.

Long-term care—also called long-term services and supports—includes ongoing medical and non-medical assistance for people who can no longer manage parts of everyday life safely on their own.

One question worth considering
If you needed regular help tomorrow, who would be the first person expected to provide it?

Source note: U.S. Department of Health and Human Services, ASPE.

Long-term care is not limited to one setting.

The appropriate setting depends on the person's safety, health, mobility, memory, finances, preferences, and available support.

Care at home

Help from relatives, paid caregivers, home-care agencies, meal programs, transportation services, or community organizations. Home care may begin with a few hours each week and increase as needs change.

Adult foster care

Oregon adult foster homes provide care in smaller, home-like residential settings. Services and number of residents vary by home.

Assisted living or residential care

These communities may provide housing, meals, supervision, medication assistance, and help with daily activities. Additional care levels may increase monthly cost.

Memory care

Memory-care communities provide structured support and additional safety for people living with dementia or other cognitive impairments.

Skilled nursing

Skilled-nursing facilities provide nursing, rehabilitation, and higher levels of personal care. Some stays are temporary; others involve ongoing support.

Oregon recognizes several long-term-care settings, including adult foster homes, assisted-living and residential-care facilities, memory-care communities, and nursing facilities.

The important question
Would the setting you prefer still be safe and realistic if your needs increased?

Source note: Oregon Department of Human Services.

Medicare and long-term care are not the same thing.

Medicare primarily covers healthcare—not ongoing help with everyday living.

It generally does not pay for long-term custodial care when the main need is assistance with:

- ✓ Bathing
- ✓ Dressing
- ✓ Eating
- ✓ Toileting
- ✓ Mobility
- ✓ Household activities
- ✓ Ongoing supervision

What Medicare may cover

Medicare may cover qualifying short-term skilled care, such as skilled nursing, rehabilitation, physical or occupational therapy, speech-language therapy, and certain home-health services.

Up to 100 days

Under Original Medicare, skilled-nursing-facility care may be covered in a benefit period when all eligibility requirements continue to be met.

“Up to 100 days” does not mean every person automatically receives 100 covered days. Medicare does not generally cover a long-term nursing-home stay when custodial care is the only care needed.

Medicaid may help eligible Oregon residents receive services at home, in the community, or in a facility. Eligibility depends on financial requirements and the level of assistance the person needs.

A useful question
If short-term Medicare coverage ended, how would the remaining care be provided and paid for?

Source note: Medicare.gov and Oregon Department of Human Services.

The cost depends heavily on where and how care is provided.

CareScout's 2025 survey reported the following annual median costs in Oregon:

$91,520
Non-medical caregiver at home
Based on 44 hours per week

$52,000
Adult day health care
Based on five days per week

$82,494
Assisted-living community

$201,115
Semi-private nursing-home room

$221,373
Private nursing-home room

These figures are statewide medians—not quotes. Actual costs can vary based on location, provider, care level, hours required, and additional services.

The financial impact may extend beyond the care bill itself. A spouse or adult child may also reduce work hours, travel more often, modify a home, coordinate appointments, or contribute unpaid care.

The planning question is not only "Could we afford care?"
It is also: "What would paying for care change about the rest of our retirement and family?"

Source note: CareScout 2025 Cost of Care Survey, Oregon statewide medians.

There is no single funding approach that fits every family.

A plan may involve one option or a combination of several.

Personal income and assets

Some families use Social Security, pensions, retirement accounts, savings, investments, home equity, or other assets. The central concern is how care spending could affect a spouse, income needs, housing, and long-term financial security.

Traditional long-term-care insurance

Traditional policies are designed to help pay for qualifying long-term-care services. Oregon policies may include benefits for care at home, assisted living, adult foster care, and nursing-home care, and must also cover qualifying care related to Alzheimer's disease and other forms of dementia.

Hybrid or linked-benefit products

Some life-insurance policies and annuity contracts include long-term-care benefits or riders. The available benefit, guarantees, surrender provisions, eligibility triggers, and effect on other contract benefits can vary significantly.

Public programs and family assistance

Medicaid and certain Oregon programs may provide assistance to people who meet requirements. Family may also contribute time, housing, transportation, supervision, hands-on care, or money.

Benefits generally become available when the insured cannot perform at least two covered activities of daily living or has a qualifying cognitive impairment, subject to the contract's terms and elimination period.

Which of these resources is your current plan actually expecting to use?

Source note: Oregon Division of Financial Regulation, NAIC, and Oregon Department of Human Services.

Family caregiving is valuable—but it is not effortless.

A family caregiver may be responsible for:

- ✓ Transportation
- ✓ Meals and household tasks
- ✓ Medication reminders
- ✓ Personal care
- ✓ Medical appointments
- ✓ Insurance paperwork
- ✓ Financial administration
- ✓ Communicating with relatives
- ✓ Responding during evenings or emergencies

These responsibilities may begin gradually, making it difficult to recognize when occasional help has become a demanding caregiving role.

A spouse may become the primary caregiver while managing their own health. An adult child may reduce work hours, travel repeatedly, or balance care with raising children. Siblings may have different expectations about who should provide time, money, or hands-on support.

Families benefit from discussing

- ✓ Who would help first
- ✓ Who lives close enough to assist regularly
- ✓ What professional care may be needed
- ✓ Who could manage appointments and paperwork
- ✓ Who could serve as a backup
- ✓ How responsibilities would be shared

A thoughtful question
If family members became part of the care plan, would they know what was expected of them—and have they agreed to it?

Some decisions are easier before they become urgent.

Families do not need to predict every possible health change. They do benefit from having a shared understanding of the most important issues.

Where would care preferably happen?

Would the preference remain realistic if overnight supervision, memory support, or physical assistance became necessary?

Who should make decisions?

Who should have legal authority to make healthcare or financial decisions if the person cannot?

Are important documents current?

This may include powers of attorney, healthcare directives, insurance information, medication lists, and emergency contacts.

How would the first stage of care be funded?

Which income, insurance, benefits, or assets would be used first?

Who would coordinate everything?

One person may need to communicate with providers, arrange transportation, manage records, and update the rest of the family.

What could cause the plan to change?

Falls, memory loss, caregiver exhaustion, medication errors, or increasing medical needs may make the original plan less workable.

One final question

Which of these topics would create the most uncertainty for your family today?

NEXT STEP

Planning early does not mean expecting the worst.

It means making important decisions while there is still time to consider the options.

Long-term care can connect with several parts of retirement:

- ✓ Medicare
- ✓ Retirement income
- ✓ Insurance
- ✓ Housing
- ✓ Family responsibilities
- ✓ Legal decision-making
- ✓ Estate and legacy goals

A plan should help clarify:

- ✓ Where care may happen
- ✓ Who may provide support
- ✓ How costs could be handled
- ✓ How a spouse may be affected
- ✓ Who should have decision-making authority
- ✓ Which conversations should happen now

Recommended next step

The Veyl Retirement Assessment can help identify areas of a retirement plan that may deserve further consideration, including long-term care, Medicare, income, and family decision-making.

Take the Retirement Assessment

A low-pressure way to see where additional planning may be helpful.