



THE COMPREHENSIVE GUIDE FOR PAYING FOR HOME CARE SERVICES IN 2026



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In February 2022 we wrote “The Ultimate Guide for Paying for Home Care Services in St. Louis, MO in 2022.” In June 2023 we published an updated version called, “The Complete Guide for Paying for Home Care Services in St. Louis, MO 2023”. Here is the 2026, “Comprehensive Guide”, we have updated information, added some new resources and answered additional questions.

You have many options to **pay for in [home care](#)** and private duty services in St. Louis, MO. Some of the options you might consider for covering your home care cost are listed below!



WILL MEDICARE COVER MY HOME CARE COST?

Medicare pays for a little over forty (40) percent of in-home care services. Medicare is the federally funded health insurance available to individuals that are 65 or older. Sometimes persons with disabilities might qualify for Medicare prior to turning age 65. Medicare currently has no income eligibility limits. A senior living in poverty or a multi-millionaire are eligible for coverage. Seniors can choose to subsidize their federally provided Medicare coverage with private insurance plans. Medicare pays for “home health care” that is for rehabilitation (improvement) purposes. Rehabilitation services include physical therapy (PT), occupational therapy (OT), and speech therapy (ST). Medicare home health services are also known as “intermittent”, “skilled”, or “rehab”. The therapist must document that the patient is improving for the services to continue. Medicare home health care is delivered with the “visit” model. Medicare home health care is generally delivered after a hospital visit or a short stay in a rehabilitation center.

When being discharged seniors frequently require additional assistance when they return home. Seniors and their families are often surprised and dismayed to discover that Medicare does NOT cover hourly private duty or “custodial” home care services to help them with this transition home. I cannot tell you how many times in a month, a family calls seeking “custodial care” or hourly assistance, thinking that their senior’s Medicare benefits will cover this cost. It does not.

During the 2024 presidential campaign, Vice President Kamala Harris, proposed Medicare changes that would have addressed this need and this gap. I am not certain that the majority of Americans understood the proposal because, I am not certain that the majority of Americans understand that Medicare does not provide long-term custodial or hourly assistance to seniors. Most Americans do not understand this gap in Medicare benefits exist until they are in the midst of pulling together a care plan for a senior family member.

We make no judgement regarding whether Vice President Harris’ proposal was a good idea or not. We are simply noting that this was the gap in care that her proposal would have addressed.

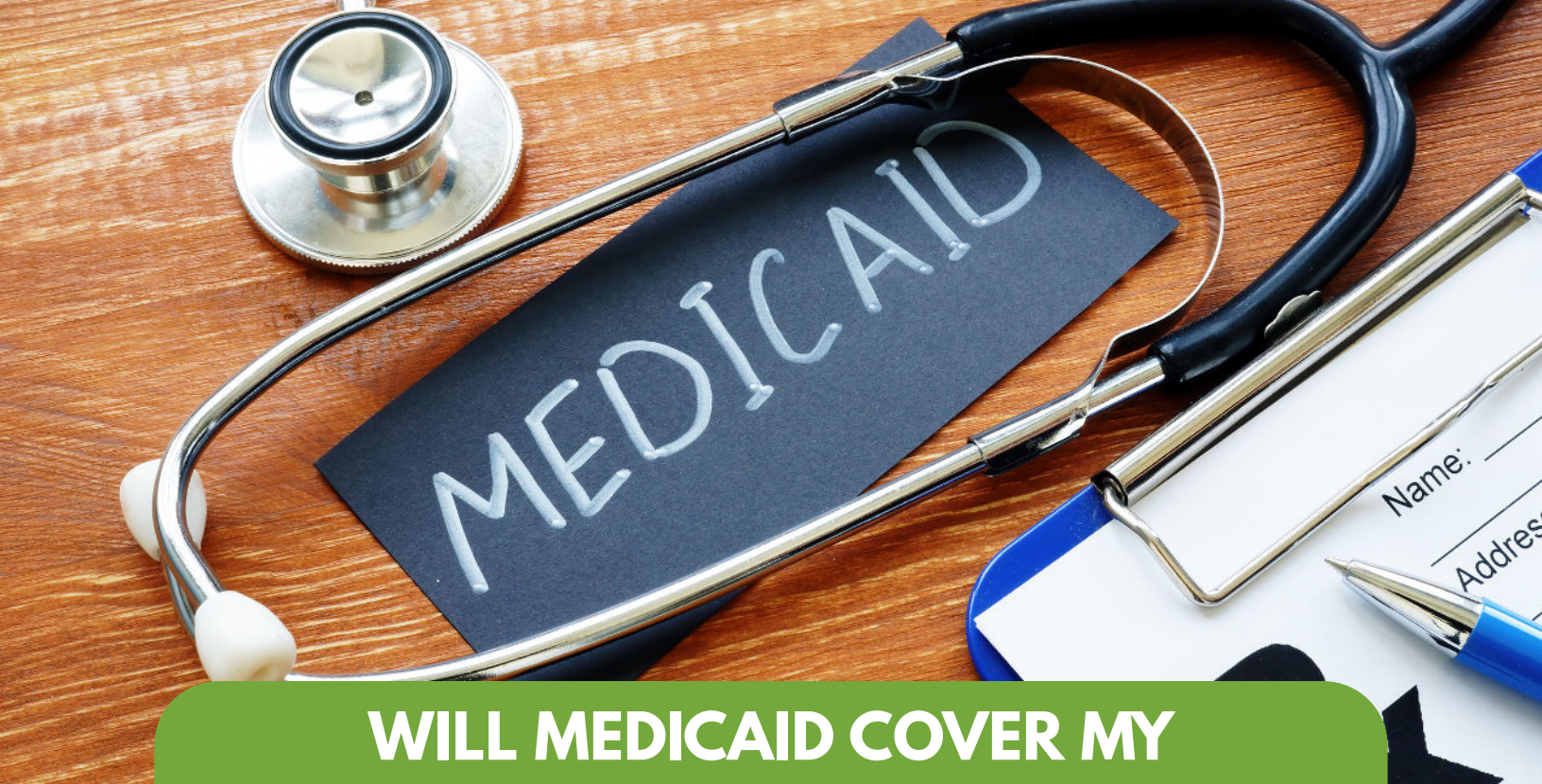
There are other methods to pay for long-term custodial or hourly assistance. If you or a family member need hourly in-home assistance, you will need to pay for the care by one of the methods listed in the following sections.



WILL MY MEDICARE ADVANTAGE PAY FOR MY HOME CARE?

Medicare Advantage (MA) is one of the private plans that a senior can choose to augment their Medicare benefits. Medicare Advantage does pay for home health rehabilitation (PT, OT & ST) visits as discussed above. In recent years, Medicare Advantage plans have been federally authorized to provide hourly home care services by a home care aide. MAs make a big deal of this in their TV advertising about their benefits. Most MAs in the St. Louis region have moved to offer this added benefit.

This assistance is currently federally capped at 120 hours per year. Those hours will help for a short time, two to four weeks for several hours per day. These hours will not help in providing long-term care for yourself or a family member who needs ongoing assistance and wants to age in place for an extended period.



WILL MEDICAID COVER MY HOME CARE COST?

Medicaid is for individuals that cannot afford to pay for health care out of pocket or are not covered by private insurance or Medicare. Under special circumstances, a person can qualify for both Medicare and Medicaid. To be eligible for Medicaid you must meet strict financial parameters. Nearly twenty-five (25) percent of home care in the United States is paid for by Medicaid. Medicaid is a state-funded payer source that is partially funded by the federal government.

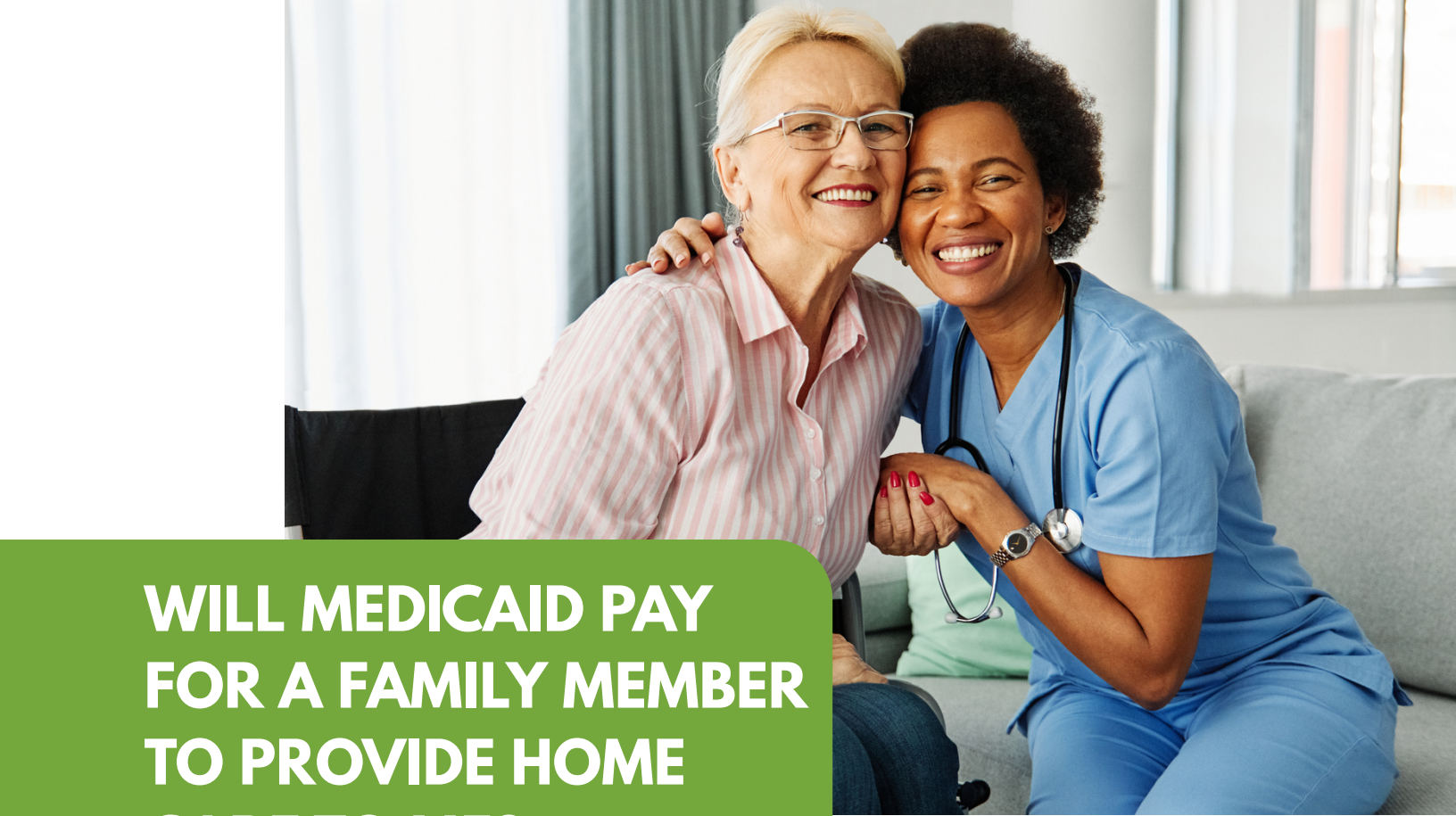
You will hear the custodial care provided through Medicaid frequently called “in-home” or “chore worker” services.

Hourly services through Medicaid are usually capped at 12-25 hours weekly. On a rare occasion one will be authorized to receive 40 hours weekly. One should not expect Medicaid to cover the hourly cost of care of 24/7 in home care. If you or a family member are in need of around-the-clock caregiving assistance, you can seek out available placement in a “Medicaid bed” at a local nursing home.

StaffLink works closely with the State of Missouri in helping clients get authorization for Medicaid services. We have been a vendor of the State of Missouri for Medicaid since 1989, thereby making us one of the oldest providers of this service in the state of Missouri. With advanced legal and financial planning you or a family member can become eligible for future Medicaid benefits.

You should consult an Estate Attorney regarding how to become eligible for Medicaid benefits. If you are considering seeking Medicaid eligibility, I am going to caution that Medicaid has had long-term funding issues and that their services are generally not reimbursed at a competitive market rate. There can be inherit services issues associated with Medicaid funding.





WILL MEDICAID PAY FOR A FAMILY MEMBER TO PROVIDE HOME CARE TO ME?

Yes, Medicaid will pay for a family member to provide in-home caregiving services to you. In Missouri the program is called Consumer Directed Services (CDS). If you live in another state, the program may be called by another name. The same hourly parameters discussed in the paragraph above apply. The expected hours that will be approved per week will be between 12-25 weekly.

You might consider Consumer Directed Services (CDS) under the Missouri Medicaid umbrella if the person receiving the services meets the following qualifications:

- ◆ You are receiving or are eligible for Medicaid
- ◆ You are at least 18 years old

- ◆ You have a physical disability
- ◆ You must be living in an independent living situation
- ◆ You must be able and willing to recruit, hire and manage your own caregiver
- ◆ You must be capable of directing your services by the caregiver (one's cognitive ability is evaluated by a state employee)

Limitations regarding who you can choose to hire are:

- ◆ The caregiver must be at least 18 years old
- ◆ Must have a totally clean criminal record
- ◆ Your spouse cannot be hired as your caregiver

Once you recruit your own caregiver, you must select a company, like StaffLink-Consumer Directed Services, Inc, who is approved by the state of Missouri to “manage and oversee” these services.

***TO LEARN MORE PLEASE
[CLICK HERE TO VISIT OUR CDS PAGE.](#)***



CAN I FIND OTHER STATE OR LOCAL GOVERNMENT AGENCIES TO PAY FOR MY HOME CARE SERVICES?

Yes, in the state of Missouri, some of the organizations under this umbrella are known as the Triple A's or Area Agencies on Aging. In St. Louis, organizations like Aging Ahead (formerly called the Mid-East Area Agency of Aging) or the St. Louis Area Agency on Aging (SLAAA) would fall under this category. If you live in another state, they should have a similar Triple A program. Aging Ahead offers a respite care program and SLAAA offers a chore services program. They do provide some assistance in the home but neither of these programs provides "hands-on" care. It has been our experience that they are limited to 6-10 hours per week.



HOW MIGHT A LONG-TERM CARE INSURANCE (LTC) PAY FOR MY HOME CARE?

Private insurance pays for eight (8) percent of home care services. LTC insurance is one of several private insurances we will discuss.

More and more people will pay for home care and private duty services with LTC insurance. Typically, you can utilize your LTC benefits when there are ADLs (Activities of Daily Living) that you are no longer able to perform.

Examples of ADLs include walking, toileting, dressing, and feeding oneself. If you or a family member has an LTC insurance policy and have questions about when you can tap into your benefits, please call us immediately. Our Care Managers are very familiar with utilizing LTC benefits to pay for your needed care. Sometimes there is a waiting period before you can use your policy, however days spent in a rehabilitation center may count towards the waiting period.

If you need hourly home care and you have a LTC policy in place, you are very, very fortunate. The cost of these policies have recently risen significantly.

The best time to buy an LTC policy is between the ages of 30 to 55. The monthly premiums for LTC policies increase sharply in one's 60s. It is almost impossible to be eligible or to qualify for a reasonably priced policy in one's 70s and beyond. It is also difficult to qualify or afford the insurance, after the onset of any chronic health condition or significant health episode.

The cost of premiums have increased sharply since the pandemic. LTC policies vary from policy to policy, from insurance company to insurance company. Policies generally are purchased to cover a specific dollar amount of long-term care per month. Many policies have an automatic inflation clause so the value per month increases year to year from the date of the purchase.



A caregiver in a light blue uniform is assisting an elderly woman in a living room. The caregiver is leaning over, holding the woman's hand, and helping her stand. The woman is wearing a grey sweater and is looking up at the caregiver. The background shows a modern living room with a sofa, a coffee table, and a window.

HOW CAN I USE SHORT-TERM HOME CARE INSURANCE TO PAY FOR MY HOME CARE SERVICES?

A relatively new and exciting option to pay for **home care** services is what is known as “short-term home care” insurance. These new policies, unlike long-term care insurance, generally have no waiting period before they kick-in to pay for care.

For that reason, these plans are also known as "recovery care", because they can be used immediately after hospitalization to assist with paying for needed care.

The other great thing about these plans are that many of them only require your physician to confirm that assistance in the home is necessary, and not that you cannot perform a specific number of ADLs.

Like long-term care insurance, these policies have to be purchased when the person who will be covered, is in relatively good health and has no significant health issues currently, or in their recent history. The best time to buy a short-term home care policy is between the ages of 40 to 55.



WILL MY GENERAL HEALTH INSURANCE COVER MY HOME CARE COST?

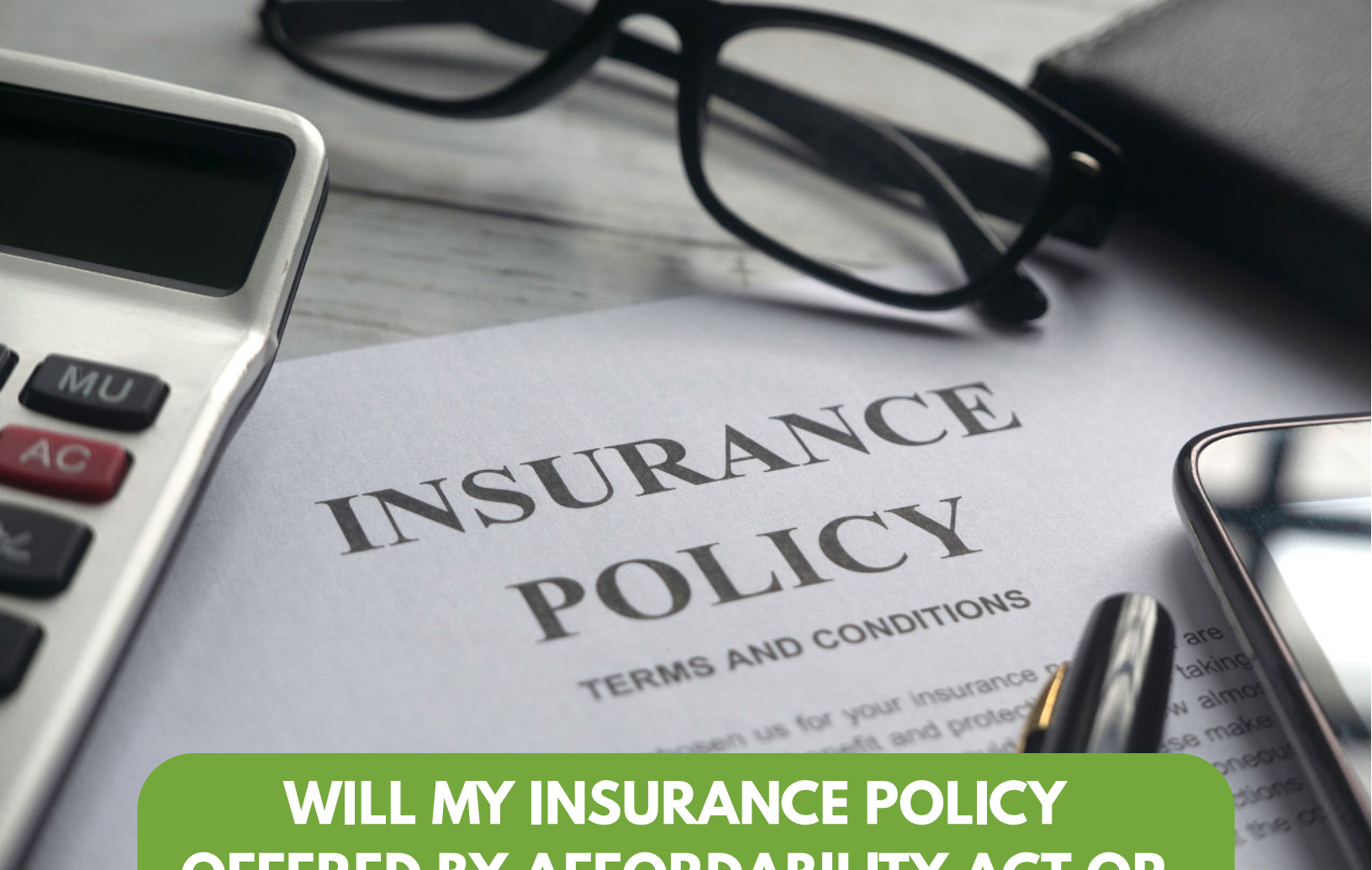
Generally, individual or employer health policies will ONLY pay for home care that is related directly or indirectly to rehabilitation services, such as physical, occupational or speech therapy.

This care is always on a limited visit basis and is usually VERY short term. We have RARELY found exceptions to that rule.

You should not expect your general health care policy pay for hourly private or custodial care.

If you have an insurance policy that states that it provides “home care” or “home health care” coverage, we will gladly speak with the claims department prior to initiating service to clarify the parameters of coverage, at no charge to you.

We speak their lingo and know what questions to ask to make sure you are not out of pocket for services that you believed were being reimbursed or paid for by your insurance plan.



WILL MY INSURANCE POLICY OFFERED BY AFFORDABILITY ACT OR OBAMA CARE COVER HOME CARE?

Insurance policies offered via the Affordability Act or Obama Care, are very similar to a general health insurance plan offered via an employer.

These insurance plans will primarily pay for home care that is related directly or indirectly to rehabilitation services, such as physical, occupational or speech therapy that are delivered on a per visit basis for several weeks.

Like a traditional employer health insurance plan, they will typically not cover any custodial or hourly home care services for an individual.



WILL THE VETERANS ADMINISTRATION HELP ME PAY FOR MY HOME CARE SERVICES?

If you are a Veteran, you and your spouse might be eligible for home care benefits under TWO different programs offered by the Veterans Administration. The **Veterans Administration Home and Community Based (HCB)** OR the **Veterans Administration Aid and Attendance Benefit or Pension**.



HOW DO I KNOW IF I QUALIFY FOR VETERANS ADMINISTRATION AID AND ATTENDANCE BENEFIT OR PENSION?

- ◆ You or your spouse must be a veteran.
- ◆ You must be paying for care at the time you submit an application for the pension. This is known as the “care in place” requirement.

Here are some of the other qualifying requirements for the Aid and Attendance Pension. Some call these the three (3) M’s of qualifying:

- ◆ **Military Requirement**-The veteran must be considered a “wartime veteran”.
- ◆ **Medical Requirement**-The veteran must require help with “activities of daily living”.
- ◆ **Money Requirement**-The value of your home and the car ownership are generally not eligibility hinderances. Assets that are not considered “excessive” are also not problematic.

The 2025 annual pension is capped as follows and covers an estimated hours of care per week:

Solo Veteran	\$28,300	15 hrs per week
Two Veterans/Spouses	\$44,886	24 hrs per week
Veteran with Spouse	\$33,548	18 hrs per week
Surviving Spouse	\$18,187	10 hrs per week

There are 3rd party companies that assist you in applying for the Aid and Attendance Benefit. I recommend that you bypass these companies and seek assistance directly from an Accredited Veteran Service Officer. These individuals are trained and employed directly by the Veteran's Administration (or sometimes your state) and do not charge you a fee. The 3rd party companies do take a percentage (15-25 % indefinitely) of your benefits to cover their initial and annual administrative cost. Here is the link that you can use to find a VSO in your area. [Find A VA Accredited Representative Or VSO | Veterans Affairs](#)



HOW DO I KNOW IF I QUALIFY FOR THE VETERANS ADMINISTRATION HOME AND COMMUNITY BASED (HCB) HOME CARE PROGRAM?

The Veterans Administration Home and Community Based (HCB) Home Care Program is not as well-known as the Veterans Administration Aide and Attendant program.

If you are a veteran that is currently receiving your health care from the VA Health Care System and have a VA primary care doctor, you could qualify to receive immediate in-home assistance from the VA directly.

A veteran can be eligible for both the Aid and Attendance Pension and the Home and Community Based program.

*TO LEARN MORE PLEASE
[CLICK HERE TO VISIT OUR VETERANS PAGE.](#)*



WILL HOSPICE SERVICES COVER THE COST OF MY END-OF-LIFE AROUND-THE-CLOCK HOURLY HOME CARE?

In-home hospice support is offered on an around-the-clock basis, however hospice agencies are NOT able to provide 24/7 hourly coverage of caregivers or volunteers.

Hospice services are delivered in the home on a “visit model”. The nurse, the bath aide, the social worker, music therapist, and the chaplain all come to the home on a visit basis.

The hospice agency is “on-call” 24/7 to take a phone or to make an urgent visit to the home. It is a common misunderstanding that hourly, around-the-clock, hands-on caregiving services are offered or covered by in-home hospice agencies.

Some in-home hospices might provide individuals that can provide hourly, in-home support or assistance in the final hours. If more in-home caregiving assistance is required, you and your family will need to schedule and pay for that assistance through your own resources.

StaffLink is a proponent of the benefits of engaging hospice care. StaffLink does provide around-the-clock, hourly caregiver support and assistance to families as required.



CAN I PAY FOR HOME CARE OUT-OF-POCKET?

Yes, this care is frequently called “private duty home care” because it is privately paid for out of pocket directly by the client.

Services are generally provided 2 to 24 hours daily as required. Amongst industry professionals, you may hear private duty or private duty services referred to as “custodial” services.

Most people that are receiving around-the-clock home care are paying for it out-of-pocket or via a combination of out-of-pocket, combined with a long-term care insurance policy.

On a rare occasion, the term “private duty services” is used to describe services covered by some public funding sources, such as Medicaid home care for children.

You can secure private duty home care via a home care agency, like StaffLink, or by hiring individuals to provide these services directly to you.

Remember, if you are paying for services out-of-pocket, you do NOT want to pay under-the-table. You want to use a legitimate, tax-paying provider of services, so that they can give you documentation of what you paid for at the end of the year. Remember, if your home care cost exceeds more than ten (10) percent of your income for the year, you can claim that as a tax deduction. Talk to your accountant or tax preparer about that possibility.

If the provider you are using for services wants to be paid under-the-table and does not want you to report their earnings to the IRS, you will not be able to claim the cost on your taxes.

Ten (10) percent of all home care is paid for “out-of-pocket”.





CAN I SECURE MONEY FROM A LIFE INSURANCE SETTLEMENT TO PAY FOR MY HOME CARE?

Yes, you might consider requesting a settlement on your life insurance policy. Many insurance policies will allow you to claim your settlement before death. If you take your settlement early, it will be less than the full policy amount. The settlement amount is usually taxable.

You might consider seeking out a qualified life settlement broker. They will get you quotes from multiple providers. This helps you get the best offer. You can also seek out multiple quotes directly without the use of a broker.

If you have a terminal illness with a life expectancy of less than 24 months, you may be eligible for a viatical settlement. A viatical settlement can provide a higher settlement. In addition, they are typically not taxable.



CAN I SECURE MONEY FROM A REVERSE MORTGAGE TO PAY FOR MY HOME CARE SERVICES

Yes, you can secure money from a reverse mortgage to pay for home care services.

Think of a reverse mortgage as a conventional mortgage where the roles are reversed. In a conventional mortgage, you take out a loan in order to purchase a home and then you repay the loan over time. In a reverse mortgage, you already own your home, and you borrow against your home, getting money from a lender that you can use on expenses of your choice, including home care cost.

Hear is what else you should know about this option.

To qualify for the most common reverse mortgages, you must

- ◆ You should be 62 years old or older
- ◆ You should live in the property that you want to consider for the reverse mortgage and it should be where you reside most of the time

- ◆ You should have paid off a substantial balance of your mortgage
- ◆ You should have enough funds and income to continue paying expenses related to the property because you are still responsible for taxes, insurance, and maintenance
- ◆ You should not have any outstanding federal debt, like unpaid taxes
- ◆ You should know that typically, the money you get from a reverse mortgage is tax-free

You are required to participate in a counseling session with a financial counselor approved by the Department of Housing and Urban Development (HUD).

The loan from the reverse mortgage is usually paid back after the home is sold by the homeowner or their heirs.



ARE THERE OTHER SOURCES THAT MIGHT HELP COVER MY HOME CARE COST?

The sources listed above are the primary sources for covering the cost of home care services. The list above is not all-inclusive. There are numerous other payment sources offered by non-profit and public sources that might help cover some costs of care services in your home. Call the StaffLink office to talk to a professional about your individual situation at 314-997-8833.

- [How to sell your life insurance policy](#)
- [Before Death Do Us Part: Selling Your Life Insurance Policy - NerdWallet](#)
- [Reverse Mortgages | Consumer Advice \(ftc.gov\)](#)
- [Reverse Mortgages: How They Work And Who They're Good For](#)
- [Find A VA Accredited Representative Or VSO | Veterans Affairs](#)



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