



ANSWERING YOUR QUESTIONS ABOUT MEDICAID CUTS

Tuesday, July 1, 2025 at 11:31 p.m.



ANCHOR ROOP RAJ: Joining us now to answer your questions about possible Medicaid cuts is elder law attorney Pat Simasko. Always good to talk to you, thanks for joining us here.

PAT SIMASKO: Roop, I'm not going to say thank you for having me. I'm going to say thank you for giving me the questions in advance this time.

ANCHOR RAJ: Well we have viewers that actually wrote into us. These are on social media and we handed these to Pat a few minutes ago right before he came out and we said, 'Hey, we want to get to your questions at home.' Look, my questions are important. Your questions are important and we want to get yours on as a priority. So let's begin right away with Barb. What will happen to nursing home patients when they lose their Medicaid subsidies?

SIMASKO: The people that are on Medicaid in nursing homes will keep getting

their benefits while they're in the nursing home. They'll have to report twice a year instead of once a year. That's not a big deal. They're going to keep getting the benefits. The issue is if the nursing home is going to get less money then the services may be cut down. They still have to have the right ratio of people watching your mom there, but the food may not be as good or they may not be able to buy that wheelchair. One of the big problems here is these people go into the nursing homes and their clothes are invested with bugs or fleas and the Medicaid budget doesn't provide clothes for them. It's going to be interested to see how the nursing homes start reshifting the money and services to make sure people are cared for.

ANCHOR RAJ: And I think that's lost in this conversation. We talk about people losing Medicaid, but you're talking about a facility losing funding through these cuts, which is different.

SIMASKO: Yeah, they're not going to lose Medicaid. It's the nursing homes that are going to get less pay.

ANCHOR RAJ: Important distinction and an important question. Dawn, you have a question, thanks for writing in. You say here: I have a 30 year old adult disabled son who received both Medicare and Medicaid. The way I read this is he won't be affected since he is not an 'able bodied' person to work. Is this true?

SIMASKO: That's true. And that's something that Dave was saying. People look at what's going on today. Back in 2005 they had the Deficit Reduction Act. It was a 50/50 on the Senate and the vice president had to come in and vote. Everyone thought it was the end of the world and everybody kept getting their benefits. They'll keep getting the benefits including Dawn's son. They might have to report a little more but that person fits within those Medicaid requirements.

ANCHOR RAJ: The second question is: I work part time since a lot of my time is taking care of my son. I am a single 57 year old woman eligible for Medicaid myself since I am primarily my son's caretaker. How will this affect me? So mom is asking about her.

SIMASKO: Right. You have to work 80 hours a month whether it's going to school or working, or charitable-type stuff, but she may be considered an exempt caregiver. You can't hire someone



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to replace her so she will be still getting the same benefits and she's probably one who won't be affected at all.

ANCHOR RAJ: Sonya, we thank you for your question here on The Pulse. You're asking: IS there anything that states will be able to do in order to bridge the gap? My mom needs around the clock specialized care. We pay handsomely every last penny that we can afford while Medicaid covers some of the expenses. But without it, we have no idea what to do nor will the facility that she lives in probably be able to stay open. What are your thoughts on what Sonya asked?

SIMASKO: The facilities, again, will be able to stay open, but they're going to have to shift around how they're going to be spending money. She's asking what the states can do. The problem is this is proportionate. The state pays some and the federal pays some. The state is either going to have to raise taxes or cut programs in another area and that's the real challenge. Where do you prioritize the tax dollars. She'll get it. Call your congressman. But more importantly, for the next generation, this is not going to get any better. You have to start planning for yourself. Long-term care insurance, start saving for your long-term care. The average length of stay in a nursing home is 32 months and a third of us will be in the nursing home.

ANCHOR RAJ: You know, it's interested because the conversation about funding

Medicaid, about funding Social Security, you and I have been talking for years about this. It's been a big existential question about whether we'll have money.

SIMASKO: And that's the thing, too. Who is going to pay for it? Is my son going to pay for it because they're going to be the one that's picking up the bill with all the increases so that is a hard political question.

ANCHOR RAJ: Monica has probably another tough one as well. Monica says: My mother is on Medicaid. She has a heart condition and can't work. She can't collect disability due to being a stay at home mom for the past 22 years—so she doesn't qualify. She's not old enough for Social Security. Will she be affected? Her medications alone are over \$2,000. Will they exempt her from the working mandate?

SIMASKO: She probably won't be affected. There are two types of Social Security. If you've never worked, you get a form of welfare Social Security. It has the same type of rules that we have here. She'll be the one who will be able to get Medicaid. If she can't work they're not going to make her go and do the charity

things or the working and things like that. One thing is that if your income is higher than the poverty level, they may charge a copay of \$35 to go to specialists and things like that. Again, for all the people who are watching, you're not going to lose your benefit necessarily, but they're going to make it harder for you where you might say, 'You know what, I'd rather go back to work and make the couple grand or so than stay on the Medicaid.'

ANCHOR RAJ: And that is in turn what some lawmakers are trying to do here anyways.

SIMASKO: Another thing that is funny is that they're doubling the work to get approved for Medicaid and they're cutting the budget for the staff to do the reporting. I mean, what the hell is going on here?

ANCHOR RAJ: So maybe it's an ancillary way of being cut. Maybe not the person themselves but the facility and employees. Pat Simasko, thank you so much for your time. Please come back again. And as the House takes on the bill, we will talk again.

SIMASKO: Anytime, I'm always here.

Patrick Simasko, principal of Simasko Law, has dedicated his legal career to the practice of elder law. Over the past 20 years, he has helped hundreds of families plan for their futures, protect their assets and receive the financial and medical benefits available to them.

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