

SOCIAL SECURITY DISABILITY INCOME (SSDI)

- MUST have paid enough quarters into FICA
- MUST be disabled for 12 months or more
- Does NOT look at assets
- SUBSTANTIAL GAINFUL ACTIVITY (SGA): for non-blind
 - 2010 = \$1000
 - 2009 = \$980
- Watch ONSET DATE – Medicare -> 29 months from onset date (or 24 months from first check)
- Will pay up to one year retro benefits

SUPPLEMENTAL SECURITY INCOME (SSI)

- MUST be 65 years or older, or, blind in both eyes, or, disabled
- LOOKS at income AND assets AND where you live
- There is “deeming” spouse for spouse. If the applicant is under 18 years old, there is “deeming” of parents’ income and most parent assets.

INDIVIDUAL IN OWN HOUSEHOLD:	2010	\$ 674.00
INDIVIDUAL IN HOUSEHOLD OF ANOTHER:	2010	\$ 449.37
COUPLE	2010	\$ 1011.00
INDIVIDUAL IN AN INSTITUTION:	2010	\$ 30.00
STUDENT YEARLY MAXIMUM	2010	\$ 6600.00

Family Benefit Solutions 1110 W. Lake Cook Road #150 Buffalo Grove, IL 60089
847-279-8506

MEDICARE

- Medicare was developed by the Federal Government to provide BASIC health coverage to people age 65 and over and to disabled people. There are currently six populations of people who may be eligible to receive Medicare:
 - Age 65 and over and receive Social Security
 - Age 65 and over and receive SSI
 - Age 65 and over and were federal employees
 - Any age on renal dialysis for end stage renal disease
 - Any age and receiving SSDI payments for 24 months
 - Any age with ALS

- Medicare was never designed to pay all health care bills. There are deductibles and co-payments.

- There are currently four types of Medicare coverage:
 - Part A – HIB – Inpatient hospital and skilled nursing.
 - Part B- SMIB – Medical doctors, surgeons, outpatient care.
 - Part C – Medicare Advantage (combines A+B & sometimes D)
 - Part D – Drug benefit

MEDICARE PART A – HIB – (Hospital)

- Usually charged no premiums by the federal government
- Provides Coverage for:
 - Hospital stays (semi-private room & board charges and general in-hospital expense)
 - Skilled Nursing Facility Stays – when most commonly used for rehabilitation and recommended by a doctor
 - Home Health Care – services provided in the home by an RN or LPN, therapist, or home health aide when recommended by a doctor. Medicare pays 100% of approved charges for medically necessary services; 80% for durable medical equipment.
 - Hospice Care – for treatment of the terminally ill. Doctor must certify need for care. Medicare pays all but limited costs for outpatient drugs and inpatient respite care.
 - Blood – received during hospital or skilled nursing facility stay. Medicare does not cover the first three pints.

MEDICARE PART B – SMIB - (Doctor – Out Patient)

- Recipient **MUST** sign up for Part B coverage.
- There is a monthly premium to be paid to the federal government for Part B coverage.
- **PART B PREMIUM FOR 2010 = \$ 96.40 or \$110.50**
 - More if income over \$85,000
- Payments will be deducted from the recipient's monthly Social Security check.
- 2010 deductible is \$155 annual deductible. After deductible is met, coverage is 80% for covered services
- Provides coverage for:
 - Doctor's care
 - Surgery
 - Outpatient care
 - Lab test and X-rays
 - Home Health Care
 - Durable medical equipment (DME)
 - Other medically necessary services and supplies

WHAT IS NOT COVERED BY MEDICARE PART A AND PART B?

- Acupuncture
- Certain Chiropractic services
- Cosmetic Surgery
- Certain Custodial care
- Deductibles, co-insurance or copayments
- Dental Care & Dentures (with a few exceptions)
- Eye Care (routine exams), eye refractions and most eyeglasses
- Foot Care (routine) – cutting of corns or calluses (few exception)
- Hearing aids and hearing exams for the purpose of fitting a hearing aid
- Hearing tests not ordered by your doctor
- Laboratory tests (screenings) – some exceptions
- Long-term care – custodial care in a nursing home
- Orthopedic shoes – some exceptions
- Physical exams (routinely or yearly) -> **MEDICARE WILL COVER** a one-time Physical exam within the first six months you have Part B.
- Prescription drugs (few exceptions) Most covered under Part D
- Shots (preventative vaccinations) – few exceptions
- Syringes or insulin. Insulin used with an insulin pump is covered by Part B. Syringes or insulin may be covered by Part D.
- Travel (Health care you get while traveling outside of the US) – few exceptions

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MEDICARE PART C (Medicare Advantage Plan)

- Health plan options that are approved by Medicare and run by private companies.
- Provides all Part S and Part B coverage and must cover medically-necessary services.
- These plans generally work in networks which means you may have to see doctors who belong to the plan or go to certain hospitals to get covered services
- Medicare pays an amount of money for your care every month to these private health plans – whether or not you use services
- You can join IF:
 - You live in the service area of the plan you want to join
 - You have Part A AND Part B
 - You DON'T have end-stage renal disease (few exceptions)
- You don't need to buy Medicare Supplement Insurance
- Your costs could be higher than Original Medicare if you see a doctor that doesn't belong to the plan

MEDICARE PART D (DRUGS)

- Under the Medicare Modernization Act (MMA) of 2003. Signed into law December 8, 2003. Began 1/1/06. Largest expansion of Medicare since 1965
- Offered by private plans contracted with Medicare. Each plan will have a list of drugs it covers and a list of pharmacies you may use
- 2 types of plans to choose from:
 - A plan that only covers drugs – Prescription Drug Plan (PDP)
 - OR
 - A managed care plan (HMO or PPO) – Medicare Advantage (MA-PD) – Medicare health coverage plus prescription drugs.
- Plan sponsors may offer “enhanced” coverage for a higher premium
- Some of the gaps may also be filled by coverage provided by state programs
- Can change plan yearly (unless “dually entitled”)

*******If your drugs are through Part B – they will remain through Part B**

- Coverage will begin the first day of the month after the month you signed up.
- Everyone with Medicare will be eligible to purchase a plan
- There is a PENALTY if you don't join a plan when you are first eligible (1 exception)
 - If you wait and enroll later, you will pay higher premiums (for each month you wait, add 1%)

- If you have coverage (like retiree) that is as good as the Medicare plans, you may be able to stay in it with no penalty.

BASIC BENEFIT:

- Average monthly premium – about \$ 35.99 monthly
- First \$310 in drugs – you pay 100% = deductible
- Between \$311 and \$2830 in drugs – you pay 25%
- Between \$2831 and \$4550 in drugs – you pay 100% ☹
This is sometimes called the “donut hole”
- After \$4550 in drugs until the end of the year – you pay a small co-payment

WHAT WILL PEOPLE PAY?:

- Medicare Part B premium – already being deducted from their Social Security check
- Original Medicare with PDP plan – Part D premium and co-payments for drugs
- Medicare Advantage – MA-PD – Premium that includes health benefits and prescription drug coverage and any co-pays required when you use services

PLANS & EXCEPTIONS:

- Each plan will have it’s own list of drugs for which they will pay – however – certain drugs will be on ALL plans (extended release may not be included):
 - Antidepressants
 - Antipsychotics
 - Anticonvulsants
 - Antiretrovirals
 - Antineoplastics
 - Immunosuppressants

SOME TELEPHONE NUMBERS:

- Family Benefit Solutions: 847-279-8506
- Social Security: 800-772-1213
- Medicare Part A – 877-602-2430
- DME Claims – 800-270-2313
- Medicare Part B – 800-642-6930
- Medicare in general – 1-800-MEDICARE
- Coordination of Benefits Hotline: Medicare & other insurance: 800-999-1118

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NEED HELP DECIDING OR APPLYING?

- SHIP Counselors
800-548-9034

- Progress Center for Independent Living
708-209-1500

- HealthCare Choices Resource Center
(Suburban Area Agency on Aging)
800-789-0003

- Chicago Department on Aging
312-744-4016

- Senior Help Line (IL Dept on Aging)
800-252-8966

HOW DOES WORKING AFFECT MEDICAL BENEFITS?

Medical coverage, both Medicaid and Medicare, are extremely important to a large number of people with disabilities. **It is critical for them to understand that going to work does not mean that their medical coverage will immediately end.** Unfortunately, this is a myth that has long been prevalent in the disability community.

- Work does NOT automatically cause loss of health care benefits.

For individuals who receive SSI:

- There is a safety net called 1619(b) that protects from the loss of Medicaid when an individual goes to work.
- 1619 (b) is available to SSI recipients whose SSI decreases to zero due to their work earnings.
- In order to be eligible for 1619(b), it must be earned income or wages that force the SSI check to zero.
- In addition, the individual must continue to meet all of the other SSI eligibility requirements.
- He or she must continue to be disabled according to SSA standards and have resources less than \$2000.
- Individuals can keep their Medicaid through 1619(b) until they earn what is called their state threshold. This is an amount that varies from state to state and can range from \$15,000 per year to \$49,000. The threshold for Illinois in 2010 is \$26,298
- Some individuals who receive SSI have extremely high medical costs and the state threshold amount for the state in which they live is not an incentive to return to work. For these individuals, it is possible for them to receive what is called an individualized threshold through the local SSA office.

For Individuals who receive SSDI:

- If they have never worked while on benefits, they will have at least eight and a half years of Medicare coverage when they do begin working.
- The first nine months of Medicare would be covered under what is called a Trial Work Period.
- The following 93 months are called Extended Medicare Coverage.
- Even after the Extended Medicare Coverage ends, it does not mean that the individual will lose this medical benefit.
- Following Extended Medicare, individuals are able to purchase their Medicare coverage. This means that they would pay a premium to keep their Medicare.

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PUNS - THE BASICS
From The Arc of Illinois
Family to Family Health Information & Education Center

- ⌚ PUNS stands for Prioritization of Urgency of Need for Services.
- ⌚ PUNS is a list of the people in Illinois with developmental disabilities who need services.
- ⌚ PUNS is for everyone who may need help from the government to pay for developmental disability services now or in the future.
- ⌚ PUNS is the first step toward getting services in Illinois. If you are not on the PUNS list, you are not on the waiting list for services.
- ⌚ To get on PUNS, you need to set up a date to meet with a Pre-Admission Screener. These screeners will ask questions about you and your needs. These questions are part of the PUNS survey. All screeners work for Independent Service Coordination Agencies or ISC's. To get on the PUNS list, you must have a developmental disability. If you don't know if you have a developmental disability, the screener will help you.
- ⌚ To find your ISC, you can call Illinois Life Span at 1-800-588-7002. You can also call DHS at 1-888-DD-PLANS.
- ⌚ When your PUNS survey is done, you are on the list. This doesn't mean that you will get the services you need. It just means that you have made the first step.
- ⌚ Some of the services that people may need are:
 - In-Home Supports
 - Respite Care
 - Job Coaches
 - Group Homes
 - And many others
- ⌚ There is not enough money to give everyone in Illinois the services they need. Right now, many people are working on a fair way to choose who gets services.
- ⌚ Don't forget to update your PUNS form every year. Only people (families) who have completed the PUNS - and keep it updated - have a chance of getting "picked" to receive services.
- ⌚ If you have questions or need help, you can call Illinois Life Span at 1-800-588-7002.
- ⌚ If you want more information about PUNS or Home-Based Services, go to the Family Support Network website at www.familysupportnetwork.org

SPECIAL NEEDS TRUSTS

THREE TYPES:

--15.1 ---

- funded with other people's money
- anyone can set this up for an individual who has disabilities
- individuals can be any age
- has a trustee – the individual with disabilities cannot access the funds
- after the individual with disabilities expires, the heirs keep the remaining balance

--D4A, OBRA 93, Payback Trust---

- funded with the claimant's own money
- only: parents, grandparents, courts or guardians can set this up
- can only be used for the benefit of the individual with disabilities
- individuals with disabilities must be under 65 years of age
- has a trustee – the individual with disabilities cannot access the funds
- after the individual with disabilities expires, Medicaid is reimbursed for past Medicaid expenses – PRIOR to any other disbursement of the balance.

--D4C, Pooled Trust---

- funded with the claimant's own money – “pooled” with other people
- own money can only be used for the benefit of the individual with disabilities
- individuals can be any age
- already set up and comes with a trustee – the individual with disabilities cannot access the funds
- payback provision
- ongoing fee

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SPECIAL NEEDS ALLIANCE
OR
QUESTIONS FOR POTENTIAL SPECIAL NEEDS TRUST ATTORNEY

- 1) How many Illinois special needs trusts have you done? 15.1? D4a/OBRA 93?
- 2) Do you keep up with the rule changes? If yes, how?
- 3) Do you let your clients know when their trust needs updating?
- 4) Has your trust been denied by SSI or Medicaid? If yes, why?
- 5) If mine gets denied, will you file the appeal and will the appeal cost me more money?
- 6) Has your trust been submitted with an actual case for someone applying for SSI and/or Medicaid or have they mostly been prepared for younger clients?
- 7) Has your trust been pre-approved by SSI? By Medicaid?
- 8) Is your trust compliant with the clarified POMS 1/1/09 and 2010?

EXTRA-HELP

- For individuals with limited income and resources, extra help will be available to pay for the costs of the drug plans.
 - To qualify, one must have less than the guideline for Income and Assets.

HOW TO APPLY:

- Some people will be automatically enrolled in the program (dual-eligibles – Medicare & Medicaid)
- Many ways to apply
 - Written application
 - Phone
 - On-line
- Help will also be available at community events or agencies
- Social Security may call a person if they need more information

PEOPLE WITH BOTH MEDICARE AND MEDICAID

(dually-entitled)

- Prescription drugs currently paid for by Medicaid
- Starting January 1, 2006, coverage for drugs will come from one of the new Medicare plans – instead of Medicaid
- Medicaid will still cover other medical expenses
- Automatically qualify for Extra-Help – no need to apply
- No premiums, no deductibles, no gaps
- Will pay \$0, \$1 for generic drugs, \$3 or \$5 for name brand drugs
- Pay \$0 if in a nursing home
- They may select and join a different plan to better meet their needs as often as they choose – with no penalty.

ILLINOIS CARES RX

- The nation's most comprehensive wraparound program with Medicare Part D
- Combines SeniorCare and Circuit Breaker Pharmaceutical Assistance programs under one name
- Began 1/1/06.
- \$2.50 generic drugs co-pay, \$6.30 name brand preferred
- Pays Medicare Part D: premium, deductible, “donut hole” expenses
- HAS TWO “FLAVORS”:
 - GROUP ONE – (new & improved SeniorCare0
 - Available to people 65 years old +

- Income guideline
 - No asset test
 - US citizens or qualified non-citizens
 - Covers all classes of medically necessary prescription drugs
 - Covers premiums
- GROUP TWO – (new & improved Circuit Breaker)
 - Available to people either 65 years old+ or disabled
 - Income guideline
 - No citizenship rules
 - Covers premium
 - Covers prescription drugs for specific illnesses to include: alzheimers, arthritis, cancer, diabetes, glaucoma, heart & blood pressure, lung & smoking related, osteoporosis, parkinson's and multiple sclerosis, HIV, AIDS if you have Medicare

ILLINOIS CARES RX & MEDICARE

- Pays 100% of the premiums
- Pays co-insurance
- Out of pocket: \$2 generic \$5 name brand \$15 non-preferred
- MUST APPLY for Extra Help
- Must enroll in Medicare Part D – basic plan

ILLINOIS CARES RX WITHOUT MEDICARE

- \$2 for generic
- \$5 for name brand \$15 non-preferred

RETIREE/OTHER INSURANCE PLANS – HOW THEY WILL WORK

- Former employer or union will send information each fall explaining options. It will say whether the value of the existing coverage is as good as the new Medicare plans
- If it is as good, a choice will need to be made whether to enroll in a Medicare drug plan OR stay in the current plan.

- If the retiree plan changes in the future, you will be able to enroll in a Medicare plan with NO penalty – as long as you saved the initial letter. You will have to enroll in the new plan within a certain period of time
- If it is not as good, you may stay in it but you will pay a PENALTY if you join a Medicare plan later.

ILLINOIS RX BUYING CLUB

- State discount card program
- 65 years old or on disability
- Also mail order option
- \$10 yearly fee to join
- 10-30% discounts on medications
- Income must be under their guidelines
- Call 1-866-215-3462

ILLINOIS COMPREHENSIVE INSURANCE PLAN ICHIP

- Person with a pre-existing condition who is unable to acquire coverage through private insurance or employer sponsored group health plan
- There are several levels of coverage and areas
- Premiums range from \$150 - \$1800 per month

VETERAN'S ADMINISTRATION

- Veterans may be eligible for drug benefits from Department of Veterans Affairs
- Must enroll with the VA and be seen by VA physician once each year
- Income guideline for new enrollees
- You pay a flat amount for a 30 day supply

RX OUTREACH ST. LOUIS

****very good for cheaper drugs for treating cancer

NEEDY MEDS

www.NeedyMeds.org

OTHER HELPFUL HINTS

- Check your retiree plan
- Patient Assistance Programs – through the drug makers
- Ask doctors for samples – talk to them honestly about your ability to pay for medications
- Larger chain/discount stores (Wal-Mart, Sams, Costco, and Target) tend to be less expensive than Walgreen's, Osco and CVS
- \$4 generics
- Larger quantities – 30 day supply – not 30
- Cut in half larger doses – ONLY when safe to do so – check with your doctor or pharmacist
- Use generic medicine – if doctor agrees
- Mail order
- Always carry an up-to-date list of your medications
- Try not to have all medications need refills at the same time – space out your out-of-pocket

NON-DRUG HELP

- ✓ Division of Specialized Care for Children (DSCC)
 - Some programs have income & asset limits
 - Case management has no income or asset limits
 - 708-482-0633
 - 800-322-3722
- ✓ LIHEAP
 - Low Income Home Energy Assistance Program
 - There is an income guideline
 - 800-571-2332
- ✓ Illinois Department of Human Services – DRS
 - 800-843-6154
 - Can provide home care for someone under 60 who has a severe disability lasting 12 months or longer & who is at imminent risk of nursing home placement
 - There is an asset guideline
 - Score a minimum of 29 points on the DON (Determination of Need)
 - Can provide:
 - Personal Assistant
 - Homemaker Services
 - Maintenance home health
 - Electronic Home Response
 - Home Delivered Meals

- Adult Day Care
- Assistive Equipment
- Environmental Modifications
- Respite
- Remedial therapies for Brain Injured Behavioral/Cognitive
- Habilitation for Brain Injured (self help, social and adaptive skills)
- Pre-Vocational Services
- Supported Employment Services
- Community Integration

- ✓ ADA Paratransit Service
 - 800-606-1282
 - 847-364-7223

- ✓ MILESTONE Dental Clinic
 - 815-484-8678
 - Provides comprehensive service to adults and children with developmental disabilities
 - They accept IL Medicaid
 - IL Medicaid can pay for transportation to & from the clinic (Needs to be prior authorized by IL Medicaid).

- ✓ HELP LINE FOR:
 - Emergency food, shelter, crisis counseling, legal & employment assistance
 - 773-275-0866

- ✓ EQUIP FOR EQUALITY
 - Advancing the human & civil rights of people with physical and mental disabilities
 - Enforcement of the ADA
 - Special education
 - Discrimination
 - Legal services
 - Disability rights and training
 - Help with getting back into the work force
 - 312-341-0022
 - 800-758-0464
 - 800-758-6869

TIME LINE FOR ILLINOIS PARENTS WITH A SPECIAL NEEDS CHILD DIAGNOSED WITH DEVELOPMENTAL DISABILITIES OR AUTISM

As seen in Chicago Parent Special Parent Magazine & Daily Herald

- If, at birth, your infant remains in the hospital for some time, apply for Supplemental Security Income (SSI) for this child. As long as the child remains in the hospital, parents' income and assets will not count. To apply, call 1-800-772-1213 and indicate that you are applying for SSI. If your child has no or limited health insurance, think about applying for Illinois Medicaid.

- At any age, the sooner the better, you will need to do some special needs estate planning to include (but not limited to): wills, special needs trust(s), powers of attorney, and change of beneficiary. It is vital that you use an attorney whose practice is limited to these issues and who keeps up with the ever-changing rules. To find an attorney in your area, you may reference the Special Needs Alliance website. Doing this planning will help to ensure that your child can obtain and maintain benefits for now and in the future.

- From birth to age 3, have your child evaluated for early intervention programs. There are several agencies that provide this program. To locate the agency for your area, you can call 217-782-1981.

- Do not open any assets in your child's name. Let others know this as well.

- At age 3, seek as much help from the school district as possible. You may need to hire a school advocate or attorney to get what your child needs.

- Continue to keep no assets in your child's name.

- If your child has the diagnosis of developmental disability or on the Autism Spectrum, you must do a PUNS (Prioritization of Urgency of Need for Services). Because there is not enough money to give everyone in Illinois the services they need, this is Illinois' waiting list for services that Illinois maintains. To do a PUNS, you will need to call your Independent Service Coordination Agency (ISC) which can be found by calling 1-800-588-7002 or 1-888-DDPLANS. You can request funding for services such as: respite, children's waiver, Home Base Service waiver, job coaches, and group homes.

- If your child is under 18 years old, most benefit programs will count the parents' income and/or assets against the child. Some programs do not. To find some programs that do not deem parents' income and assets, you may call: Case Management under Division of Specialized Care for Children 773-444-0043

- Attend as many conferences you can to obtain information for your child's future. The schools have presentations and The ARC of Illinois lists many on their website. If you would like support from fellow parents, you can reference IPADD Unite on the internet and/or attend the work group in your area. www.iacdd.org

- When your child turns 14 ½, the school should be starting transition planning. Ensure your child's IEP reflects realistic goals.

- In Illinois, special education can end the day before your child turns 22. One year before this, do your due diligence to look at programs (day, residential) for where your child may attend when the school district is finished.

- At 18 years old:

- Apply for SSI
- Apply for Medicaid
- Consider the need for Guardianship –vs- Powers of Attorney for your child
- Get a school Power of Attorney executed and given to the school
- Get an Illinois Identification Card
- Look into RTA Reduced Fare Permit and/or ADA Paratransit Service
- Males – Register for Selective Service
- Register to vote – if applicable

- ONGOING – establish and update a Letter of Intent