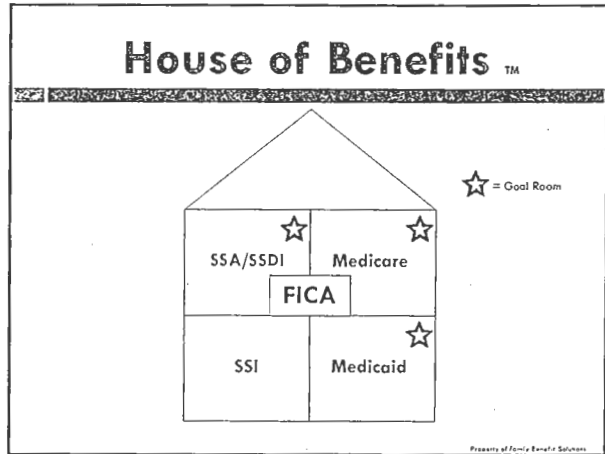


**FAMILY
BENEFIT
SOLUTIONS, INC.**

Sherril Schneider

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SSA/SSDI

- Retirement
- Early Retirement
- Widow's pension
- Disabled

- Easier to go back to work
- 5 year "catch net"

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3

Trial Work Period

- **Earnings trigger a trial work period**
 During a trial work period, a beneficiary receiving Social Security disability benefits may test his or her ability to work and still be considered disabled. SSDI does not consider services performed during the trial work period as showing that the disability has ended until services have been performed in at least 9 months (not necessarily consecutive) in a rolling 60-month period.

4

Trial Work Period Cont'

- In 2019 -> \$880 per month
- May spur a medical re-review

5

CDR – Continuing Disability Review

- When approved SSDI or SSI, a super secret number is put into Social Security's computer
- 1,3,5 7, 9 Years
- Working OVER SGA
- Working enough to meet TWP
- NOT to see if still have diagnosis
- ONLY to see if NOW CAN WORK

6

IRWE

□ Impairment Related Work Expenses

- Deduct the cost of certain impairment related expenses that are needed in order to work from your earnings when Social Security decides if you are performing SGA.
- Some examples: a wheelchair, special transportation costs, YOUR cost of medication, specialized work related equipment, YOUR cost of a job coach – may need dr letter

7

But I earn too much.....

- WIPA- Contact the WIPA Program toll free at (800) 852-5110
- - A federally funded program created to help individuals receiving SSI/SSDI make informed choices about being employed. If you are working, have a job offer or ready to start employment, they will help you understand how working will affect your benefits. They will explain Social Security work incentives in addition to state benefits, such as Medicaid, subsidized housing, TANF, food stamps, etc..
- Work Incentive Planning and Assistance (WIPA) Program will give you the information you need to make the best choice about your future.

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How Working Affects Medical Benefits

□ SSDI – Medicare

- If the individual 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 the Trial Work Period
- The following 93 months are called Extended Medicare Coverage.

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SSDI & Medicare

- After Extended Medicare Coverage ends, individuals are able to purchase their Medicare coverage. They would have to pay a premium to keep their Medicare



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Medicare

- If I do not enroll into this program when it is first offered to me, I may have a 1% per month penalty when I take it later.

□ EXCEPTIONS:

- My COBRA ends
- My health insurance has changed and it is now worse coverage than Medicare
- I lose my health insurance coverage

- GET CREDIBLE COVERAGE LETTER



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BUT I WANT TO WORK



12

Plan to Achieve Self Support

What is a PASS?

- It is an SSI provision to help individuals with disabilities return to work.

How does a PASS help someone return to work?

- SSI eligibility and payment amount are based on income and resources (things of value that individual owns).
- PASS lets disabled individual set aside money and/or things he or she owns to pay for items or services needed to achieve a specific work goal.

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PASS Plans

□ How does PASS work?

- Applicant finds out what training, items or services needed to reach work goal.
- Can include supplies to start business, school expenses, equipment and tools, transportation and uniform requests.
- Applicant finds out how much these items and services will cost.
- PASS can help person save to pay these costs. PASS lets person set aside money for installment payments as well as a down payment for things like a vehicle, wheelchair or computer if needed to reach work goal.

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More PASS Info

□ How do you set up a PASS?

- Decide on work goal and determining items and services necessary to achieve.
- Can get help in setting up plan from a vocational rehabilitation (VR) counselor; an organization that helps people with disabilities; Benefits Specialists or Protection and Advocacy organizations who have contracts with SSA; Employment Networks involved in the Ticket to Work program; the local Social Security office or anyone else willing to help him or her.
- Contact local SSA office; SSA work site or some third parties shown above to get a PASS form (SSA-545-BK) to complete.
- Bring or mail it to the Social Security office.
- SSA usually approves plans prepared by VR.
- If goal is self-employment, there must also be a business plan.

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Still More PASS Info

□ What happens to the PASS?

- SSA sends PASS to SSA employees who are trained to work with PASS.
- PASS expert works directly with the applicant. PASS expert looks over the plan to see if work goal is reasonable.
- SSA reviews plan to make sure that items and services listed on PASS needed to achieve the work goal and reasonably priced.
- If changes needed, the PASS expert discusses with the applicant.
- If PASS not approved, can appeal the decision.

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Ticket to Work

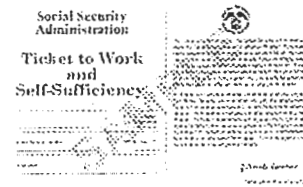
What is the Ticket Program?

- The Ticket to Work and Self-Sufficiency Program is an employment program for people with disabilities who are interested in going to work. The Ticket Program is part of the Ticket to Work and Work Incentives Improvement Act of 1999 – legislation designed to remove many of the barriers that previously influenced people's decisions about going to work because of the concerns over losing health care coverage. The goal of the Ticket Program is to increase opportunities and choices for Social Security disability beneficiaries to obtain employment, vocational rehabilitation (VR), and other support services from public and private providers, employers, and other organizations.

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Picture of "The Ticket"



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More Ticket to Work

- Under the Ticket Program, the Social Security Administration provides disability beneficiaries with a Ticket they may use to obtain the services and jobs they need from a new universe of organizations called Employment Networks (ENs).
- MAXIMUS, a private company, has been contracted by the Social Security Administration to function as the Operations Support Manager (OSM) and the Ticket Program Data Operations Center Manager (TPDOCM). It is MAXIMUS' responsibility to administer oversight and process support necessary to sustain ongoing Ticket Program Operations.

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Still More Ticket to Work

Eligibility:

- 18 – 64 years of age
- In active pay status for SSDI or SSI
- Someone who is not expected to improve medically

STEP ONE:

Find the Employment Networks in your area:

- Online -> www.yourtickettowork.com
- by telephone -> Toll-Free Line: 1-866-968-7842

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Ticket Continues

STEP TWO:

- Find an Employment Network that fits your needs
- Exercise your right to choose who will serve you.

STEP THREE:

- Choose your Employment Network

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Even More Ticket to Work

- UNDERSTAND YOUR RESPONSIBILITIES under the Ticket to Work Program
 - SSA will measure your progress to see if you are using your ticket.
 - There is no requirement to work during the first 24 months of the Plan. You are only required to actively follow your Plan with your Network.
 - During months 25-36 of your plan, you must earn a gross income over
SGA 2019 = \$1220
for 3 months out of a twelve-month period.

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Still More Ticket to Work

**During months 37 – 48 of your plan, you must earn a gross income over SGA:
2019= \$1220 mo
for 6 out of the 12 months.

**During months 49 – 60 of your plan, you must have a gross income that disqualifies you from receiving SSDI or SSI

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Ticket to Work

- If you do not meet the goals, it does not mean that you will be withdrawn from this program or that you will lose your SSDI or SSI.
- You could be subject to a Disability Review.
 - If Social Security decides that you are no longer disabled through this review, then you may lose your benefits.

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ACA

- Between 19 and 64 years old
- ONLY LOOKS AT INCOME
- DOES NOT LOOK AT ASSETS
- WILL pay for WAIVER programs

DEEMING OF PARENTS' income
IF CLAIMED BY PARENTS

25

18 year olds

- REGARDLESS of being claimed on parents' taxes or not – due to RELATIONSHIP RULES
 - If 18 y/o lives at home with parent(s), parent(s) income will be requested. ☹☹

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Important Numbers

EVERYONE WHO APPLIES - GETS A CASE NUMBER
ONLY APPROVED RECIPIENTS GET A RECIPIENT NUMBER

Case number used to mean something – now just random

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HAVE OTHER HEALTH INSURANCE?

- TPL (Third Party Liability) Code
- MUST be in Medicaid's system
- "Tells" Medicaid NOT to pay until TPL pays
- Must be CURRENT
- Must report changes – within 10 days
- IF THE TPL CODE IS NOT ATTACHED TO THE CASE, YOU WILL BE PART OF THE INTEGRATED CARE PROGRAM and will have to select an Integrated care plan – or be assigned to one

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Other Health Insurance

- This health insurance (aka: Third Party Liability -> TPL) code needs to be put on your case by giving the caseworker:
 - health insurance card- front & back
 - Employer's name, address & phone number (if from an employer)
 - Insured's name, date of birth and Social Security Number



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Can't get the Caseworker

Can also

☐ FAX directly to the TPL

Unit at :

217-557-1174

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Case Processing Cont'

- 1) Category
- 2) INCOME – NON-ACA
 - Aged, Blind or Disabled Community:
 - Earned & Unearned counts
 - SSI IS ALWAYS EXEMPT
 - 1 Person – LESS than \$ 1066 Month
 - If more – will have MONTHLY "spend-down"

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Community Medicaid - INCOME

- ☐ Example:
 - ☐ Mary receives:
 - ☐ SSDI = \$678 monthly
 - ☐ Working = \$200 monthly
 - ☐ \$678 + \$200 = \$878 monthly
 - ☐ UNDER \$1066 monthly so Regular Medicaid
 - ☐ Automatically gets Medicaid coverage

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Community Medicaid - INCOME

Example:

- ▣ Susan (32 years old) receives:
 - ▣ SSDI = \$900 monthly
 - ▣ Working = \$536 monthly
 - ▣ Loan from mom = \$200 monthly
- ▣ $\$900 + \$536 = \$1436$ monthly
- ▣ MORE than \$1066 allowed



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POLL QUESTION

- ▣ How much is her monthly spend-down?
 - ▣ \$ 1400
 - ▣ \$ 370
 - ▣ \$ 510

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Welcome to: INCOME SPEND-DOWN

- ▣ $\$1436 - \$1066 = \$370$ MONTHLY s/d
- ▣ Medicaid will NOT pay the FIRST \$370 in medical bills monthly.
- ▣ After the first \$370 in medical bills are incurred in one month, then Medicaid will pay until the end of that month.
- ▣ You are NOT eligible for Medicaid THAT MONTH unless the spend-down is MET THAT MONTH

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INCOME SPEND-DOWN Cont.

- ▣ If the monthly spend-down is NOT met for 3 consecutive months the Medicaid case can be cancelled.



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INCOME SPEND-DOWN: What to do?

Spend-down = \$370

- 1) Send to the Medicaid caseworker:
 - Unpaid medical bills with current dated statement
 - Paid medical bills – within the last 6 months
 - 6 months of Medicare and / or Health Insurance premiums
 - DRS costs- can be used prospectively
 - HBS costs – HFS 2653 form
 - ***Fingers crossed she processes this timely ***



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INCOME SPEND-DOWN: What to do?

- 2) PAY-IN Spend-down
 - Write a check, monthly, for the spend-down amount
- 3) HBWD

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Health Benefits for Workers with Disabilities

- Illinois resident between 16 & 64
- **MUST** have “disability”
- **MUST** be employed & pay into FICA
- Allows person to earn more money
- Allows person to have more assets
- Can **ONLY** apply at one office (Springfield)

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Traditional Medicaid vs. Health Benefits for Workers with Disabilities

	TRADITIONAL	NEW HBWD
INCOME {1 Person}	\$1066	\$3643
ASSETS {1 Person}	\$2,000	UP TO \$25,000 & Qualified Retirement Accounts ARE EXEMPT!
COST	If over \$1065 Monthly spend down. No coverage until spend down is met.	CANNOT be over. Monthly premium to “buy” coverage is \$0 - \$100+

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HBWD Cont'

- While HBWD allows up to \$25,000 in assets

**IF YOU LIVE RESIDENTIALLY –
EVEN IN A CILA –**

**Your assets must be below
\$2,000**

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SOME PEOPLE

SHOULD

Not

HAVE
A SPEND-DOWN

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Who should not have income spend-down? 3 ways

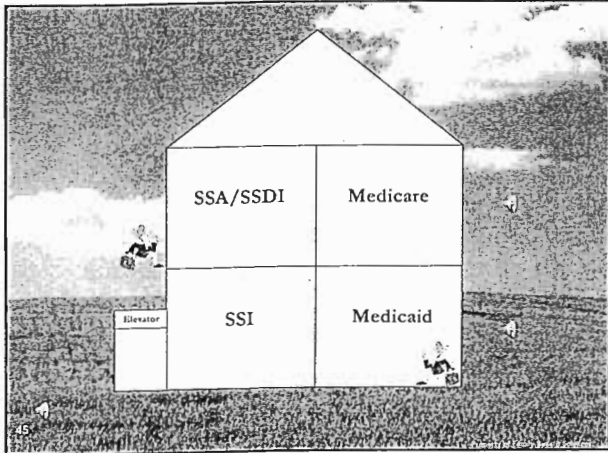
- 1) On a Medicaid waiver.
 - Can use waiver costs to meet spend-down (2653 form)

43

Should NOT have a spend-down

- 2) If I lose my SSI TO GET DAC benefits, this new DAC amount will NOT count toward income for IL Medicaid.
 - Policy 06-06-01

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Riding the Elevator

- 1) Works and earns FICA on own but LESS than SGA = monthly (2019= 1220)
- 2) DAC = Disabled Adult Child
 - CDB = Childhood Disability Benefits
 - a) Onset date that Social Security has is before age 22
 - AND
 - b) Parent with a FICA work record
 - AND
 - c) That Parent either:
 - Becomes retired & collects SSA
 - or
 - Becomes disabled themselves and collects SSDI
 - or
 - Becomes deceased

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Riding the Elevator (Cont.)

- Adult Child moves from SSI to DAC
- AND
- In 24 months → Medicare

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Oooooops!

- Now:
 - Receiving SSDI = \$1500
 - IL Medicaid income allowed 2019= \$ 1066
 - Medicaid messed up

48

Should NOT have a spend-down

- 2) If I lose my SSI TO GET DAC benefits, this new DAC amount will NOT count toward income for IL Medicaid.
- Policy 06-06-01

49

Should NOT have a Spend-down

- 3) SSI - Safety net called 1619 - Medicaid
 - ▣ Protects the loss of Medicaid when an individual goes to work
 - ▣ Is available to SSI recipients whose SSI decreases to zero due to their work earnings
 - ▣ The individual must continue to meet all of the other SSI eligibility requirements
 - ▣ The individual must continue to be "disabled" according to Social Security standards
 - ▣ Individuals can keep their Medicaid through 1619 until they earn what is called their state threshold.
 - ▣ 2019 in Illinois – state threshold= \$27,966

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ILLINOIS MEDICAID - Community

- ▣ 1) Category
- ▣ 2) Income
- ▣ 3) Assets- NON-ACA
 - ▣ -Aged, Blind, Disabled- ONE PERSON IS ALLOWED:
 - ▣ Home you live in
 - ▣ One car (worth anything if used to go to work, or to the dr or if handicapped equipped) otherwise, worth \$4500
 - ▣ Less than \$2000

IF OVER = ASSET SPEND-DOWN -> NOT MONTHLY

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QMB – Qualified Medicare Beneficiary

- ▣ TWO KINDS:
 - ▣ 1) QMB Medical (AKA: QMB DUAL)
 - ▣ I have both: Medicare & FULL Medicaid
 - ▣ 2) QMB Only (AKA: QMB Medicaid)
 - ▣ I have Medicare BUT I do NOT have FULL Medicaid
 - ▣ Income and/or assets are too high for full Medicaid
 - ▣ Will ONLY pay for Medicare deductible, co-insurance and Medicare premium
 - ▣ WILL NOT PAY FOR WAIVER PROGRAMS



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How can IL Medicaid pay for Medicare Premiums?

QMB = Qualified Medicare Beneficiary

- Can pay for Part B premiums, deductibles, coinsurance, and copayments.

SLIB= Specified Low-Income Medicare Beneficiary

- Can pay for Medicare Part B premiums

QI-1 = Qualified Individual-1

- Medicare Part B premiums

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ALWAYS ON SOCIAL SECURITY

- STARTED on Social Security
- Can stay on if full time student – until 19 2 months
- At 18, would like to convert to DAC- Medicare clock will begin

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SSDI & SSI - REPORTING CHANGES

- MUST be reported within 10 days
- Change in address, received a job, lost a job, got an inheritance, graduated school



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SSDI & SSI – Income Reporting

Earnings must be reported BY the 6th of the following month

Get proof of their receipt or in danger of an “overpayment”

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Medicaid Problems

- > New Applications
 - Many people cannot use the ABE (online) to apply for Medicaid and/or the Manage My Case:
 - no access to a computer
 - cannot use a computer
 - no credit so Experian cannot verify identity
 - Medicaid is working with Experian to correct this. In the meantime, we can use paper applications (HFS 2378b) and fax or mail or bring them to the local office



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More Medicaid Problems

- > Inability to get a caseworker on the telephone
 - IL Medicaid has gone from a caseload system to a que/task based system.
 - You can leave a message (& PRAY)
- At a Medicaid office there are caseworkers, supervisors, ALOA (Assistant Local Office Administrator, and LOA (Local Office Administrator)
- Even on "paper days", when the office is not open to speak with a caseworker, the ALOA and LOA are available for emergencies



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FINALLY – GOOD NEWS

IL Medicaid has a three month retroactive period:

Example: I submit an application for medical assistance to IL Medicaid any time in April. When approved, it will cover the month I applied (April) PLUS three months back (March, February, January)



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NO ONE WILL TALK TO ME



- Forms attached for Social Security and for IL Medicaid

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FAMILY BENEFIT SOLUTIONS, INC.

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Presented by Family Benefit Solutions

ACRONYMS

ABA	Applied Behavior Analysis
ADA	Americans with Disabilities Act
ADL	Activities of Daily Living
ASD	Autism Spectrum Disorders
CART	Clinical Administrative Review Team
CILA	Community Integrated Living Arrangement
CMS	Center for Medicaid & Medicare Services
DCFS	Department of Children and Family Services
DD	Developmental Disabilities
DDD	Division of Developmental Disabilities
DHS	Department of Human Services
DMH	Division of Mental Health
DPH	Department of Public Health
DRS	Division of Rehabilitation Services
DSCC	Division of Specialized Care for Children
DT	Developmental Training Day Program for adults

EI Early Intervention (birth to 3)

FICA Federal Insurance Contribution Act

HBS Home Based Services

HFS Department of Health Care and &
Family Services (Public Aid)

HUD Housing & Urban Development

ICAP Inventory for Client and Agency
Planning

ICD – DD Intermediate Care Facility for
Individuals with
Developmental Disabilities

IDEA Individual with Disabilities
Education Act

IDPH Illinois Department of Public
Health

IEP Individual Education Plan

ISBE Illinois State Board of Education

ISC Individual Service Coordination

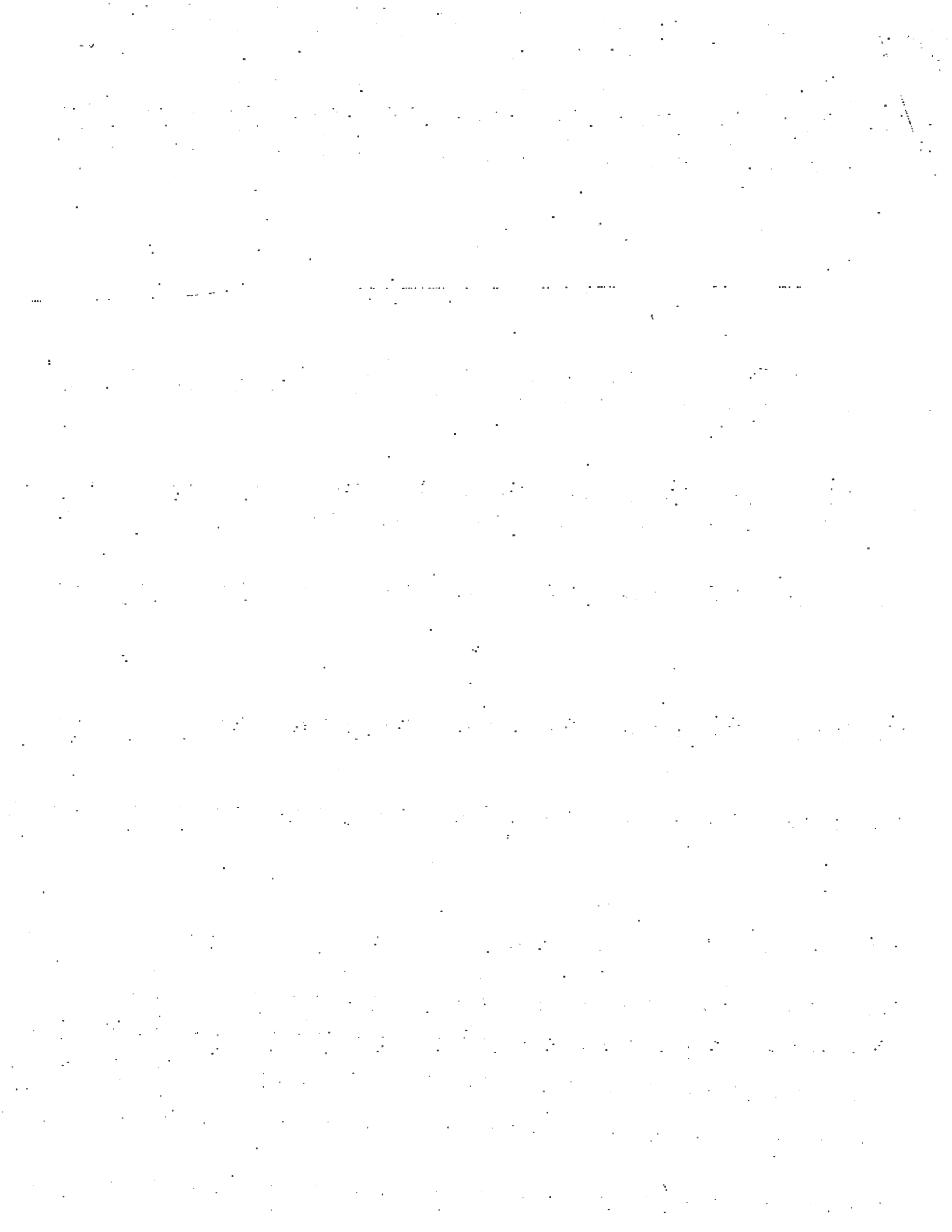
ISP Individual Support Plan

ISSA Individual Service and Support
Advocacy

OIG Office of the Inspector General

PACKET Information on paper going to
Network Facilitator advocating
your need for help

PAS Pre-Admission Screening
PDD Pervasive Developmental
Disorders
POS Purchase of Service funding method
– fee for service
PUNS Prioritization of Urgency of Need
of Services (waiting list)
QA Quality Assurance
QSP Qualified Support Professional
SEP Supported Employment Program
SNAP Supplemental Nutritional Assistance
Program (food stamps)
SNT Special Needs Trust
SODC State Operated Developmental
Center
SSA Social Security Administration
SSDI Social Security Disability Insurance
SSI Supplemental Security Income
SST Support Service Team
UCP United Cerebral Palsy



EARNING FICA CREDITS FOR SSDI

- The credits are based on the amount of your earnings. Your work history determines your eligibility for disability benefits.
- In 2019, you receive one credit for each \$ 1360 of earnings up to a maximum of four credits per year.
- The number of credits you need to be eligible for benefits depends on your age and the type of benefit.
- How many credits you need for disability benefits depends on how old you are when you become disabled:
 - If you become disabled before age 24, you generally need 1½ years of work (six credits) in the three years before you became disabled.
 - If you are 24 through 30, you generally need credits for half of the time between age 21 and the time you became disabled.
 - If you are disabled at age 31 or older, you generally need at least 20 credits in the 10 years immediately before you became disabled.

Monthly substantial gainful activity amounts by disability type

Year	Blind	Non-blind	Year	Blind	Non-blind	Year	Blind	Non-blind
1975	\$200	\$200	1995	\$940	\$500	2015	\$1,820	\$1,090
1976	230	230	1996	960	500	2016	1,820	1,130
1977	240	240	1997	1,000	500	2017	1,950	1,170
1978	334	260	1998	1,050	500	2018	1,970	1,180
1979	375	280	1999	1,110	700	2019	2,040	1,220
1980	417	300	2000	1,170	700			
1981	459	300	2001	1,240	740			
1982	500	300	2002	1,300	780			
1983	550	300	2003	1,330	800			
1984	580	300	2004	1,350	810			
1985	610	300	2005	1,380	830			
1986	650	300	2006	1,450	860			
1987	680	300	2007	1,500	900			
1988	700	300	2008	1,570	940			
1989	740	300	2009	1,640	980			
1990	780	500	2010	1,640	1,000			
1991	810	500	2011	1,640	1,000			
1992	850	500	2012	1,690	1,010			
1993	880	500	2013	1,740	1,040			
1994	930	500	2014	1,800	1,070			

Earnings trigger a trial work period

During a trial work period, a beneficiary receiving Social Security disability benefits may test his or her ability to work and still be considered disabled. They do not consider services performed during the trial work period as showing that the disability has ended until services have been performed in at least 9 months (not necessarily consecutive) in a rolling 60-month period

Monthly earnings that trigger a trial work period

Year	Monthly earnings
1978 & prior	\$50
1979-1989	75
1990-2000	200
2001	530
2002	560
2003	570
2004	580
2005	590
2006	620
2007	640
2008	670
2009	700
2010	720
2011	720
2012	720
2013	750
2014	770
2015	780
2016	810
2017	840
2018	850
2019	880

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 get the services you need. It just means that you have made the first step.

Some of the services that people may need are:

- o In-Home Supports
- o Respite Care
- o Job Coaches
- o Group Homes
- o And many others

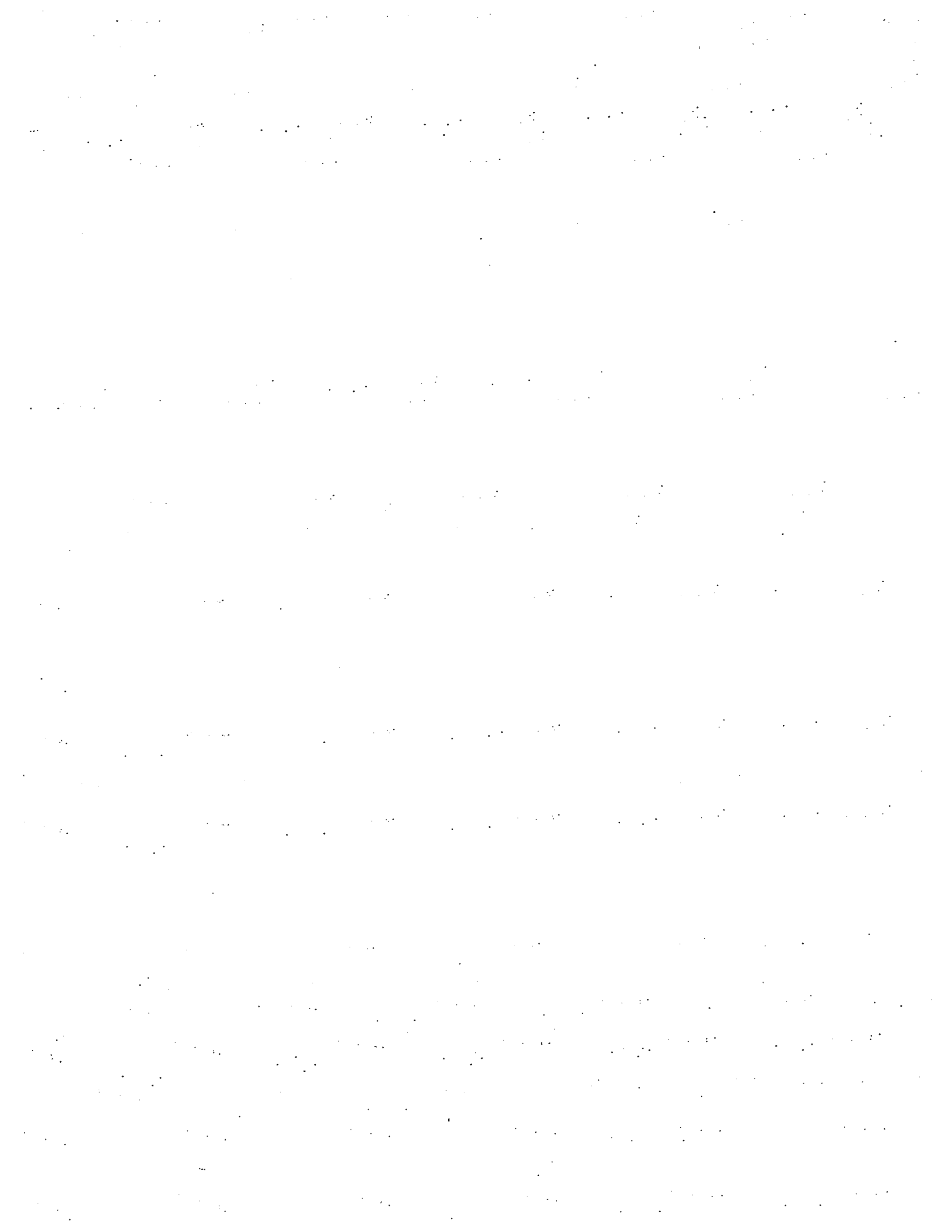
There is not enough money to give everyone in Illinois the services they need. Now, many people are working on a fair way to choose who gets services.

Don't forget to update your PUNS form every year. Only people (families) who completed the PUNS - and keep it updated - have a chance of getting "in" 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 Support Network website at www.familysupportnetwork.org

The Arc of Illinois Family to Family Health Information & Education Center



FACT:

Effective 7/1/2020, IL Medicaid will begin to follow the federal regulation that states that IL Medicaid will only pay for prescriptions written by an IL Medicaid enrolled provider. IL Medicaid has been out of compliance since 2012 and now must comply.

WHAT THIS MEANS:

If the prescribing doctor is NOT enrolled with IL Medicaid, IL Medicaid will not pay for the item/service to include: drugs, durable medical equipment, diapers, referrals to another doctor...etc.

WHO DOES THIS AFFECT:

Any person who is eligible for Traditional Medicaid. & MCO Plan.

This does apply to individuals that are "dual eligible" (having both Medicare and IL Medicaid.) The requirement that physicians be enrolled will extend to crossover claims (where Medicare is primary and Medicaid is secondary). To receive the 20% payment from Medicaid, the prescribers will need to be enrolled with IL Medicaid.

EXCEPTION: Drugs filled by Medicare Part D. IL Medicaid does not pay secondary to Medicare Part D, except in a very limited circumstance which is described below. When a pharmacy bills Medicare Part D, the Medicare Part D plan is responsible for the entire cost of the drug, even if the member is dual eligible for both Medicare and Medicaid. IL Medicaid allows Medicare Part D copay only billing for a very small subset of individuals who are not eligible for a waiver, and live in a specific type of supported living arrangement. This policy would apply to those claims.

WHAT HAS IL MEDICAID DONE TO GET THIS WORD OUT:

IL Medicaid has sent Provider Notices to pharmacies and doctor offices. They have updated their provider manual. They have explained that they were able to identify doctors who are not enrolled with IL Medicaid but, in the past, IL Medicaid has paid their prescriptions. These doctors received more notices.

WHAT HAPPENS IF I GO TO THE PHARMACY AND MEDICAID WILL NOT PAY FOR MY DRUG:

IL Medicaid has explained that there will be a one-time (per drug) over ride for the first month. To get an over-ride, one would need to call: 877-782-5565.

NOW WHAT:

This leaves families with several options:

Change to a doctor that is enrolled with IL Medicaid.

As we are aware, there is a lack of available IL Medicaid enrolled doctors.

Many IL Medicaid doctors are not seeing new patients.

It is very difficult for individuals with an Intellectual and Developmental disability or Autism to change to a new doctor.

To find a doctor who is currently enrolled with traditional IL Medicaid, you may call: 800-226-0768

The current non-Medicaid doctor can enroll with IL Medicaid.

A physician can register in Impact to become a Medicaid enrolled provider.

After Medicaid enrollment, this doctor can choose to accept Medicaid patients or choose not to see Medicaid patients but his/her prescriptions will be paid by IL Medicaid for patients eligible for IL Medicaid.



**Important News about Your Medical Benefits
Changes to Copayments**

Beginning September 1, 2019, copayments for doctor visits, prescriptions and other medical services will no longer be required for services provided to children or adults receiving Medicaid benefits under the following programs:

- Family Care
- Seniors and Persons with Disabilities (formerly Aid to the Aged, Blind or Disabled)
- Health Benefits for Workers with Disabilities (HBWD)
- Affordable Care Act (ACA) Adults

HOWEVER, PLEASE NOTE:

Recipients covered by the following programs **are still** responsible for their applicable copayments:

- Children who receive coverage under All Kids Share
- Children who receive coverage under All Kids Premium Level 1
- Children who receive coverage under All Kids Premium Level 2
- Adults covered under Veterans Care

There are no changes to premium requirements for All Kids Premium Levels 1 and 2.

If you have questions about this notice, you can call the Healthcare Benefits Hotline at 1-800-226-0768. The call is free. Persons who use a TTY can call: 1-877-204-1012

CN 19.01



**Noticias Importantes sobre Sus Beneficios Médicos
Cambios en los Pagos Deducibles**

Comenzando el 1 de septiembre de 2019, los pagos deducibles por las visitas al médico, recetas y otros servicios médicos ya no serán necesarios para los servicios brindados a los niños o adultos que reciben los beneficios del "Medicaid" bajo los siguientes programas:

- Cuidado Familiar
- Personas de la Tercera Edad y Personas con Discapacidades (anteriormente se llamaba Asistencia para Ancianos, Ciegos o Discapacitados (AABD, por sus siglas en inglés)
- Beneficios de Salud para Trabajadores con Discapacidades (HBWD, por sus siglas en inglés)
- Ley de Atención Médica Asequible (ACA, por sus siglas en inglés) para Adultos

SIN EMBARGO, POR FAVOR TENGA EN CUENTA:

Las personas que reciben beneficios cubiertos por los siguientes programas **todavía son** responsables de los pagos deducibles correspondientes:

- Los niños que reciben la cobertura bajo "All Kids Share"
- Los niños que reciben la cobertura bajo "All Kids Premium" Nivel 1
- Los niños que reciben la cobertura bajo "All Kids Premium" Nivel 2
- Los adultos cubiertos bajo el Cuidado de Veteranos

No hay cambios en los requisitos "premium" para "All Kids Premium" Niveles 1 y 2.

Si usted tiene alguna pregunta acerca de este aviso, puede llamar a la Línea directa de los Beneficios de Cuidado de Salud al 1-800-226-0768. La llamada es gratuita. Las personas que utilizan un Teletipo (TTY) pueden llamar al: 1-877-204-1012

CN 19.01S



SPECIAL NEEDS TRUSTS

THREE TYPES:

--15.1 --- Third Party Trust

- 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 (or who ever set this trust up can name who can) keep the remaining balance

--D4A, OBRA 93, Payback Trust--- First Party Trust

- funded with the PERSON'S own money
- parents, grandparents, courts or guardians can set this up- IN 2017- NOW THE PERSON WITH THE DISABILITY CAN SET THIS UP FOR THEMSELVES.
- can only be used for the SOLE 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 incurred in all states– PRIOR to any other disbursement of the balance.

--D4C, Pooled Trust---

- “pooled” with other people – each person has a separate account
- can only be used for the SOLE benefit of the individual with disabilities
- individuals have to be under 65 - NEW
- already set up – there are several of these in Illinois
- comes with a trustee – the individual with disabilities cannot access the funds
- payback provision
- ongoing fee
- entering fee

QUESTIONS FOR POTENTIAL SPECIAL NEEDS TRUST ATTORNEY

- 1) How many Illinois special needs trusts have you done? Third Party?
D4a/OBRA 93/First Party?
- 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) Has your trust been approved by Regional Staff?
- 9) Is your trust compliant with the clarified POMS 1/1/09 and 2010?

RUBIN

Special Needs Legal & Future Planning

LAW A Professional Corporation

Buffalo Grove • Chicago • Old Orchard
www.rubinlaw.com • email@rubinlaw.com

847-279-7999 • Toll Free 866.To.Rubin

Address mail to 1110 W. Lake Cook Rd., Suite 165, Buffalo Grove, IL 60089-1997

Heard About ABLE Accounts?

The concept is for individuals with disabilities to have a tax-free savings account similar to a 529 College Savings Plan (ABLE accounts will be "529A" accounts).

For information specifically on the State of Illinois ABLE Account program please visit:

<http://www.illinoistreasurer.gov/Individuals/ABLE>

However, Illinois residents can also use many other State's ABLE Account programs. The first State to have an ABLE Account, and many feel, arguably, the easiest to use, is Ohio's found at:

<http://www.stableaccount.com>

To compare the different State ABLE programs got to:

http://www.ablenrc.org/state_compare/

While an ABLE account may be a very useful additional "tool" in some circumstances, an ABLE account may not be as useful as first thought for many families of individuals with disabilities.

First, the ABLE account is limited in terms of the amount of money that can be deposited on an annual basis; the 2018 limit is \$15,000 per year, and there is a limit of one ABLE account per individual. However, in addition, beginning in 2018, due to the December 2017 Federal Tax Bill (the Tax Cuts and Jobs Act), until 12/31/25, an ABLE beneficiary who has income from employment may make an additional contribution of the lesser of the beneficiary's earned gross income from employment for the year, and an amount equal to the Federal Poverty Level for a one-person household (which is currently at \$11,770), if there is no contribution by or for the beneficiary, to an employer retirement saving plan. However, beware; the earned income will still be counted for purposes of eligibility. Additionally, the Tax Cuts and Jobs Act allows, beginning in 2018 until 12/31/25, a designated beneficiary of an ABLE account, to claim the saver's credit for contributions made by the beneficiary to his or her ABLE account, if not a full time student and if age 18 or older. Of note is another new provision regarding ABLE accounts under the December 2017 Federal Tax Bill. That is, in 2018 a traditional 529 college tuition account which has an ABLE beneficiary as the beneficiary, may be transferred to the 529A ABLE Account for that beneficiary, but the amount of the "rollover" is subject to the annual limitation for contributions, again \$15,000 for 2018.

Second, the total value of an ABLE account cannot exceed \$100,000 or the individual will have their SSI eligibility suspended until the account balance returns below that level. Further, the ABLE account is capped at the College Savings 529 Plan maximum in the state in which the ABLE account is open; State limits vary from approximately \$250,000 to \$450,000. Illinois' limit is \$400,000.

Third, ABLE accounts can be used solely to cover disability related expenses or face a penalty.

Fourth, an ABLE account requires strict, complex reporting and record keeping.

Fifth, the individual, unless there is a court appointed Guardian appointed, has full control and access to the account. That is there is no "trustee" or "custodian".

Finally, be aware that the States that provided medical assistance and/or Medicaid

"payback" or reimbursement, for all such amounts (including medical and Medicaid waiver) which were provided to the individual after the establishment of the ABLÉ account.

There are several circumstances in which an ABLÉ account may be very useful. For example, in situations where an individual with disabilities wants to save excess work earnings or Social Security money so that it may be used in the future, as this money cannot be accumulated over \$2,000 in their own name (under SSI and "traditional" Medicaid rules) but they can place up to \$15,000 a year into an ABLÉ Account.

An ABLÉ account might also be useful where a relative has left an inheritance of less than \$15,000 directly to the child who is on "traditional" Medicaid and/or SSI and mistakenly did not leave it to a 3rd party Special Needs Trust.

Another possible use for an ABLÉ account might be to receive "adult" child support ordered by a court, in order not to impact SSI or Medicaid.

ABLE accounts could also be used to avoid the 1/3 reduction to SSI for family contributions to the individual for food and shelter. If the family contributes the funds for food and shelter to the Able Account, its use will not cause the 1/3 reduction to SSI as it would if such funds came from them directly or through a special needs trust.

Lastly, it might be the perfect vehicle for small litigation settlements.

However, due to the "payback" or reimbursement to the State(s) on death for Medicaid use, it is definitely not an appropriate vehicle for gifts or inheritances from others for the benefit of the individual with disabilities, unless there is the strong belief that all funds gifted will be spent for disability related expenses before the individual with disabilities dies. In that situation a Third Party Special Needs Trust is the only appropriate option and with a Third Party Special Needs Trust's favorable income tax rules, that is, being taxed as a Qualified Disability Trust with a \$4,150 exemption in 2018, and with the beneficiary's 2018 standard deduction of \$12,000, the Trust can shelter potentially (subject to the beneficiary's earned income) more than \$16,000 in annual investment income.

In short, the ABLÉ account has some use for the individual's own savings, but generally not for gifts or inheritances from others due to the pay-back on death of the individual.

Many believe that the most beneficial provision of an ABLÉ account is that it grows "income tax free", at least for Federal Income Tax purposes. However, if you "do the math" you will see that, that fact is really of little benefit. If the individual is receiving SSI, the ABLÉ account cannot have more than \$100,000. The individual can use their 2018 standard deduction of \$12,000 to shelter their earned income and any income on ABLÉ account investments. Further, if you add the average individual's (receiving SSI) annual earned income to the current possible return on \$100,000 in ABLÉ account investments, you will see that more than likely than not there wouldn't be any income tax anyway on those funds, even if they were "taxable".

It is important to remember the benefits as well as the shortcomings of ABLÉ accounts as you consider them as one of the savings tools for an individual with disabilities.

Before considering an ABLÉ account, when they become available, you should consult with an experienced special needs planning attorney. To find such an attorney we suggest visit <http://www.specialneedsalliance.org/find-an-attorney/illinois/> (the national not-for-profit association of experienced special needs planning attorneys, membership by invitation only).

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

(As seen in Chicago Parent Special Parent Magazine, The Daily Herald, and Special Olympics Newsletter)

Written by Sherri Schneider of Family Benefit Solutions

- 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. The ARC of Illinois lists their presentations on their website. If you would like support from fellow parents, you can reference IPADD Unite on Facebook. You can attend a 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. Consult School Attorney or Advocate if necessary.

- Between 17-18, have your child take a WAIS test and, if not already selected from the PUNS list, a Vineland test.

- 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 – The same attorney doing your special needs planning may be able to do this
- Get a school Power of Attorney executed and given to the school
- Get an Illinois Disabled 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

Consent for Release of Information

You must complete all required fields. We will not honor your request unless all required fields are completed. (*signifies a required field).

TO: Social Security Administration.

*My Full Name

*My Date of Birth
(MM/DD/YYYY)

*My Social Security Number

I authorize the Social Security Administration to release information or records about me to:

*NAME OF PERSON OR ORGANIZATION:

*ADDRESS OF PERSON OR ORGANIZATION:

*I want this information released because:

We may charge a fee to release information for non-program purposes.

*Please release the following information selected from the list below:

You must specify the records you are requesting by checking at least one box. We will not honor a request for "any and all records" or "my entire file." Also, we will not disclose records unless you include the applicable date ranges where requested.

1. Social Security Number
2. Current monthly Social Security benefit amount
3. Current monthly Supplemental Security Income payment amount
4. My benefit or payment amounts from date _____ to date _____
5. My Medicare entitlement from date _____ to date _____
6. Medical records from my claims folder(s) from date _____ to date _____
If you want us to release a minor child's medical records, do not use this form. Instead, contact your local Social Security office.
7. Complete medical records from my claims folder(s)
8. Other record(s) from my file (you must specify the records you are requesting, e.g., doctor report, application, determination or questionnaire)

I am the individual, to whom the requested information or record applies, or the parent or legal guardian of a minor, or the legal guardian of a legally incompetent adult. I declare under penalty of perjury (28 CFR § 16.41(d)(2004)) that I have examined all the information on this form, and any accompanying statements or forms, and it is true and correct to the best of my knowledge. I understand that anyone who knowingly or willfully seeks or obtain access to records about another person under false pretenses is punishable by a fine of up to \$5,000. I also understand that I must pay all applicable fees for requesting information for a non-program-related purpose.

*Signature: _____ *Date: _____

*Address: _____

Relationship (if not the subject of the record): _____ *Daytime Phone: _____

Witnesses must sign this form ONLY if the above signature is by mark (X). If signed by mark (X), two witnesses to the signing who know the signee must sign below and provide their full addresses. Please print the signee's name next to the mark (X) on the signature line above.

1. Signature of witness	2. Signature of witness
Address(Number and street, City, State, and Zip Code)	Address(Number and street, City, State, and Zip Code)



APPROVED REPRESENTATIVE CONSENT FORM

APPROVED REPRESENTATIVE'S INFORMATION (PLEASE PRINT LEGIBLY OR TYPE)

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

CLIENT SECTION

I want the person named above to apply for cash, medical and/or Food Stamp benefits for me and/or my family. I understand that I am still responsible for the information that my representative gives to the Department.

Client's Signature (or mark): _____

Signature of Witness
(if client signed with a mark): _____

Date: _____

REPRESENTATIVE SECTION

I have talked to the client about why they are signing this form. I (or the company I represent) will submit to the Illinois Department of Human Services a request for cash, medical, and/or Food Stamp benefits on their behalf. I have also told this client that DHS needs to have certain facts to make a correct decision on their eligibility for benefits.

I have told the client that they need to cooperate with DHS to obtain any needed verification(s) for the eligibility decision.

Representative's Signature: _____

Relationship to Client: _____



Personal Representative Designation

- Federal law says that the Illinois Department of Healthcare and Family Services (Agency) cannot share your health information without your permission except in certain situations. If you sign this form, you are giving the Agency permission to treat the person(s) you name as your Personal Representative, and to share your health information with that person.
- You can name more than one person as your Personal Representatives.
- This Personal Representative Designation will last until you tell the Agency you do not want it to treat the person(s) you name below as your Personal Representative any longer.
- **Right to Revoke:** If you decide you do not want the Agency to treat the person(s) you name below as your Personal Representative any longer, sign the Revocation at the end of this form and give this form to the Agency. Any revocation can only apply on and after the date the Agency receives the Revocation. The Agency cannot cancel disclosures it made to the Personal Representative before it received the Revocation.
- You can keep a copy of this Personal Representative Designation, and can contact the Healthcare and Family Services Privacy Officer to get a copy if you do not have one.

My Name: _____

Date of Birth: _____

Recipient I.D. Number (RIN): _____

I name the following person(s) to act as my Personal Representative: _____

This person has all the rights that I have regarding my health information that the Agency has.

This person is acting as my Personal Representative only for these functions:

Term of Authorization: The Agency may share my health information from the date of this Personal Representative Designation until I revoke the Personal Representative Designation by signing the Revocation below, and giving the Revocation to the Agency.

Signature: _____

Date: _____

REVOCAION:

I no longer want the person named above to act as my Personal Representative.

Signature: _____

Date: _____

Send this Personal Representative Designation or Revocation to:

If you have any questions, contact the Privacy Office at the address to the left, or the phone number below. The call is free.

Privacy Officer
Office of the General Counsel
Healthcare and Family Services
201 S. Grand Ave. East, 3rd Floor
Springfield, IL 62763-1000

Toll-free telephone: 1-800-226-0768
(Health Benefits Hotline)

Toll-free for persons using a TTY: 1-877-204-1012
Fax: 1-217-524-2397
e-mail address:
HFS.privacy.officer@illinois.gov