

STA-WELL NEWS

SOME SENIORS WILL LOSE PHONE SUBSIDY

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The State of Colorado has provided telephone assistance to low-income individuals who were receiving Colorado Old Age Pension (OAP), Supplemental Security Income (SSI), Aid to the Needy Blind (ANB), Aid to the Needy Disabled (AND), and Temporary Aid to Needy Families (TAN-F). These people are eligible to receive a subsidy through the Low Income Telephone Assistance Program (LITAP) for one land line, with the goal of providing a telephone. Continued eligibility for the program is determined by the Department of Human Services, through a regular crosscheck of the list of eligible recipients and a list of LITAP recipients.

The most recent redetermination has identified more than 9,500 people who are no longer eligible for the program and have been receiving benefits. In an effort to notify the affected recipients, QWEST, the company that had provided service to the majority of the LITAP recipients, is sending out staggered memos. The first group of 3000 has already received letters regarding their loss of telephone services, with the second and third mailings due in late August and late October respectively.

Individuals who have been receiving Low Income Telephone Assistance Program and who are still receiving OAP, SSI, ANB, AND, or TAN-F, should not be affected by these redeterminations. Individuals who receive a notice of termination and who are receiving one of the eligible programs will have sixty days to prove eligibility before the telephone subsidy is stopped. Individuals can prove eligibility by obtaining proof of financial benefits from the County Department of Human/Social Services through the technician and submitting that proof to Qwest.

At this point it is unclear whether the State of Colorado will seek reimbursement from the individuals who received payments to which they were not entitled.

Individuals who have questions about continued eligibility for Low Income Telephone Assistance Program can call 1-800-782-0721. To learn how to apply for benefits, please contact the Colorado Gerontological Society at 303-333-3482

Call for Your Free Senior Resource
Guidebook
(postage and handling \$7 if mailed)
303-333-3842

LEGISLATIVE UPDATES

POWER OF ATTORNEY LAW

For people wishing to insure that their end of life decisions are followed should they become incapacitated, a power of attorney is a strong option, as it provides the ability for an agent, acting in the person's stead, to enforce these decisions.



Changes to the Power of Attorney laws in Colorado have strengthened the ability of the agent under power of attorney to make decisions regarding a person's medical care, including authorization to disclose information, continuation of food, water, and life support, as well as medication administration.

Starting January 1, 2010 the State has a new power of attorney form that must be used. Powers of attorney must be notarized to be effective, and the person creating the power of attorney must not have been deemed incapable by a court or a physician. *Individuals who have signed a power of attorney will not need to change their current forms, but will be allowed to use the existing form.* Call 303-333-3482 for copies of the new form or with questions about your current powers of attorney, talk with your attorney.

MEDICAID UPDATES SPOUSAL PROTECTION ALLOWANCE

Beginning on July 1, 2009, the updated laws for the Medicaid spousal protection have gone into effect. Spousal protection enables the spouse of a Medicaid client being served under Programs of All Inclusive Care for the Elderly (PACE), Medicaid for nursing homes, or Home and Community Based Services (HCBS) to retain a minimum amount of monthly income and resources.



Nursing home Medicaid provides assistance to clients who have been placed in a skilled nursing facility for more than thirty consecutive days. Medicaid pays for the cost of the nursing care, room and board, and medical needs. Clients receive \$50 for personal needs, such as toiletries or an occasional snack.

Home and Community Based Services provides assistance inside the home. HCBS will provide beneficiaries with full Medicaid benefits, as well as pay for the cost of a number of hours of home health care, determined during a functional assessment. HCBS is also responsible for providing assistance to clients who are placed in assisted living facilities.

HCBS clients receiving help in an assisted living receive the same basic benefit structure as those in a skilled nursing facility, but are allowed to keep \$102 for personal needs.

Programs of All-Inclusive Care for the Elderly (PACE) can serve those who eligible for both Medicare and long term care Medicaid. It acts as a Medicare Special Needs Plan designed to provide assistance to Medicare beneficiaries who need special support in the home using a day center model as the focal point for delivering services. The program is available in metro Denver, Colorado Springs and Montrose.

Individuals who make less than \$2022 per month are eligible for long term care Medicaid. Because of the institutional nature of HCBS, PACE, and nursing home Medicaid, the non-Medicaid, or community, spouse of the recipient is entitled to a portion of the combined income of themselves and the institutionalized spouse. This amount is referred to as the Minimum Monthly Maintenance Needs Allowance (MMMNA) and is intended to maintain the ability of the community spouse to live without state assistance. As a part of the updated laws for 2009 and 2010, the MMMNA has increased from \$1750 to \$1821.25 per month. The community spouse is also allowed to keep \$109,560 in resources.

Under IRS rulings, individuals who must spend down an IRA because they are disabled and unable to work for a year to qualify for Medicaid, have to pay the income tax, but can avoid the penalties for early withdrawal.

If you have any further questions call 303-333-3482.

FOCUS ON HEALTH AND NUTRITION

MEDIGAP CHANGES FOR 2010 YEAR

Due to changes that will be implemented in 2010 by the Medicare Improvements for Patients and Providers Act (MIPPA), Medicare beneficiaries who are considering the purchase of a Medigap, or Medicare Supplement Insurance plan will have a different set of plans to consider.

Beginning June 1, 2010, insurance companies will no longer sell Plans E, H, I and J to new consumers. A slightly different version of plans A-D, F, K and L will continue to be sold, with the main change in these being the addition of Hospice co-insurance to the Part A co-insurance benefit for all plans, and the removal of preventive health care coverage from Plan F and In-Home Recovery from Plan D. Also beginning June 1, 2010, insurance companies will have the option to begin offering two new standardized Medigap plans, M and N. Coverage for both of these plans will be similar to the new Plan D, with M having a 50% co-insurance for the Part A deductible and Plan N having a coinsurance of \$20 for a physician visit and \$50 for an outpatient emergency room visit. Individuals who have Plan F will continue to have the most comprehensive coverage of Part A and B deductibles, co-payments, and excess charges by the providers.

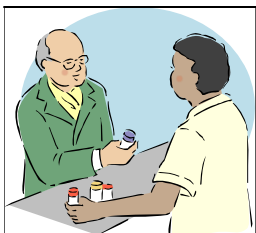
The benefits for the new Medigap plans, beginning on June 1, 2010 are outlined in the chart below.

Plan Coverage	A	B	C	D	F*	G	K	L	M	N
Part B Co-Insurance	•	•	•	•	•	•	50%	75%	•	Clients pay: \$20 for Physician Visits \$50 for Outpatient ER
Part A Deductible (Now includes Hospice Co-Insurance)		•	•	•	•	•	50%	75%	50%	•
Part B Deductible			•		•		50%	75%		
Part B Excess					•	80%				
Skilled Nursing Co-Insurance			•	•	•	•	50%	75%	•	•
Foreign Travel Emergency				•	•	•	50%	75%	•	•
Annual Out of Pocket Limit							\$4620	\$2310		

**Plan F has a high deductible option that has the same benefits as the regular plan F once the deductible is reached.*

The Center for Medicare and Medicaid Services (CMS) will be mailing notices to Medicare beneficiaries regarding these changes. Individuals who receive a letter from Medicare explaining the new Medigap plans and enrollment rights and options who have questions can call 1-800-Medicare or 303-333-3482.

Medicare beneficiaries who are already enrolled in a Medigap plan **will not see any changes in coverage.** The current Medigap coverage will continue with the plan in which the individual is currently enrolled. However individuals who want to change coverage have a guaranteed enrollment for the new Medigap plans. Current Medicare beneficiaries who choose to exercise their "Trial Right" for the Medicare Health Plan between now and June 1, 2010, and who have gone off Medigap will not be able to re-enroll in the original plan.



OTHER MEDICARE CHANGES: Beneficiaries will soon receive information about their Medicare Part D (prescription drug plans) and the coverage for 2010. Some plans are expected to leave the service area. In addition, individuals should review the plan for changes in the premiums, co-payments and to determine if their current medications are on the formulary. For assistance call 303-333-3482 in researching your options between November 15, 2009 and December 18, 2009.

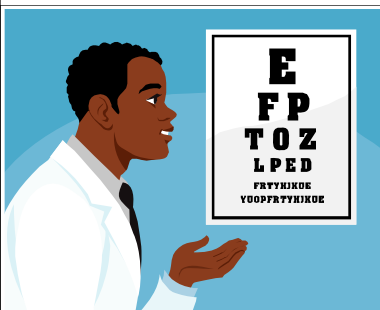
FOCUS ON HEALTH AND NUTRITION

DENTAL VISION AND HEARING GRANTS

The Colorado Gerontological Society will be continuing to provide assistance to low-income seniors in the Denver Metro Area through the Material Aid Programs to receive grants for dental, vision, and hearing care for the until June 30, 2009.

Clients of the Dental Program receive assistance for an exam and x-rays, as well as numerous other procedures, including fillings, extractions, partials and dentures. The grant is dependent on the treatment plan.

Recipients of the hearing program are allotted a flat grant of \$750 per ear for hearing aids. If the aid is an in-the-ear model, a supplemental grant of \$60 per ear may be provided for ear-molds.



Vision clients receive a grant of up to \$250 to assist in payment for an eye exam, frames, and lenses. Clients may receive assistance for single vision, bifocal, and trifocal lenses.

While The Society currently has an extensive waiting list for these programs, interested older adults are encouraged to apply for services because from time to time supplemental funding is provided. Individuals who do not apply and do not put their name on the wait list can not be served.

Applicants who are on the wait list at this time do not need to submit another application. Until notified otherwise, applications remain on the wait list. **Applications for assistance are prioritized based on social and economic need.** Applicants must be at least sixty years old, and reside within one of the following counties; Adams, Arapahoe, Broomfield, Clear Creek, Denver, Douglas, Gilpin, or Jefferson.

Applications for the Material Aid Grant Programs may be requested at 303-333-3482.

SENIOR RESOURCE GUIDEBOOK. Copies of the *Senior Resource Guidebook* are available for free at local libraries and many senior fairs throughout the metro area. The *Guidebook* contains information about insurance, advance directives, housing and home care resources, including prices, services, and contact information. *Guidebooks* can also be picked up at the office. Individuals who wish to have a copy mailed can send \$7 to cover postage and handling by mailing a check or money order to CGS, 3006 East Colfax Avenue, Denver CO 80206.

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