



SENIOR HEALTH NEWS



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DPW Considering Integrated Care Initiative

In recent months, the Department of Public Welfare's (DPW) Office of Long-Term Living has proposed an Integrated Care Initiative that involves integrating Medicare and Medical Assistance coverage for people who have both (these individuals are called full dual eligibles). Currently, individuals who have both Medicare and Medical Assistance coverage receive these benefits from two separate systems. Dual eligible individuals get their Medicare coverage through traditional Medicare or through a Medicare managed care plan (including Medicare Special Needs Plans for dual eligibles) and they get their Medical Assistance through their ACCESS card. Under the Integrated Care Proposal, the state would contract with selected Medicare Special Needs Plans to provide both the Medicare and Medical Assistance benefits under one plan.

DPW is considering a start date of January 2010 for the Integrated Care Initiative. The Department has already held three conference calls with stakeholders to explain what DPW is thinking about doing under this initiative and to solicit input and feedback from the stakeholders. However, many of the details about how the integrated care plans would look and how it would be implemented have not yet been decided.

The Consumer Subcommittee of the Medical Assistance Advisory Committee (MAAC) submitted comments to DPW in November about the Integrated Care Initiative. The Subcommittee felt that it could not support the initiative at the current time because of the lack of details available about the proposal and its implementation. The Consumers understand that better integrated and coordinated care is desirable for all dual eligibles and they are pleased that the Department is using a public process to help guide the decision about whether to pursue integrated care as well as the design and implementation of the initiative; however, the consumers have a number of questions and concerns such as:

- **Timeframe**—the proposed start date is January 2010. The Consumers feel that this is too soon and puts undue pressure on stakeholders and the Department to rush to implementation.
- The need for more information and clarity about various aspects of the Integrated Care Initiative, especially about the following:
 - **Eligibility:** Will all dual eligibles be included in the integrated care initiative? If some dual eligibles will be excluded from this, how will that be determined and why?
 - **Enrollment:** The Consumers feel there must be no lock-in to plans and that

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enrollment must be voluntary (meaning that an individual would have to affirmatively elect to enroll and not be enrolled with the option to opt out).

- **Coverage/service issues:** Will behavioral health services be integrated or carved out? How will the integrated coverage interact with Home and Community Based Waiver Services?
- **Network adequacy:** Will Medicaid access standards apply?
- **Marketing:** How will these plans be marketed to consumers?
- **Member rights and appeals:** What appeal mechanisms would be in place? What appeal rules would apply-Medicare or Medicaid?
- **Accountability:** What outcome measures will be tracked and made public to determine if plans are meeting their goal about improving coordinated care? How will DPW monitor the plans and what type of enforcement will be used?

DPW's website includes copies of the presentations made during the three conference calls as well as other information related to the Integrated Care Initiative (<http://www.dpw.state.pa.us/about/olti/snp/default.htm>). Any comments or concerns can be raised through an e-mail to: RA-IntegratedCareComments@state.pa.us. We will continue to update you about this initiative and any developments that occur in upcoming months.

Reminder for Medicare Consumers

The Medicare Open Enrollment Period ends December 31, 2008. In recent months, consumers have been encouraged to review their plan options to determine if they needed to make a change to their Medicare coverage by the end of the year. Individuals who have not yet reviewed their 2009 plan information are encouraged to do so or to contact their plan's member services department to find out about how the plan's benefits are changing. This is especially true for consumers who have a Medicare Advantage Plan since some extra services these plans provided in 2008 may no longer be included in the 2009 plan benefits (such as dental and/or vision benefits). Each year, PHLP hears from individuals in Medicare Advantage plans who try to access services no longer covered by their plan. For example, a Medicare Advantage plan may cover dental services such as exams and cleanings one year but not cover those same services the next year.

Individuals who do not change their Medicare Advantage or Part D plan by December 31st may have other opportunities to make changes to their plan during the year.

- Every year there is a **Medicare Advantage Open Enrollment Period** (January 1-March 31) where individuals in Original Medicare can join a Medicare Advantage Plan and individuals in a Medicare Advantage Plan can join a different Medicare Advantage Plan or go back to Original Medicare. Individuals cannot add or drop Medicare Prescription Drug Coverage during this enrollment period.
- **Special Enrollment Periods**-Individuals with both Medicare and Medical Assistance (dual eligibles) and anyone awarded a low-income subsidy can change their Medicare Advantage and/or Part D plan **at any time** during the year and the new plan will be effective the first of the following month. There are several other circumstances that allow people to qualify for a Special Enrollment Period such as: qualifying for PACE/PACENET, losing creditable prescription coverage, or moving into or out of a nursing home or skilled nursing facility. Individuals can contact Medicare at 1-800-633-4227 to find out if they qualify for a Special Enrollment Period to change plans after January 1, 2009.

Part D Low-Income Subsidy in 2009

The 2009 resource limits to qualify for a Low-Income Subsidy (LIS) (also called “extra help with Medicare prescription drug costs”) are \$6,600 (\$9,910 if married) for the full low-income subsidy and \$11,010 (\$22,010 if married) for a partial low-income subsidy. These resource limits are increased by \$1,500 per person if an individual indicates on her application that she expects to use some of her resources to cover burial expenses. In this circumstance, the resource limits are increased to \$8,100 (\$12,910 for a married couple) for the full subsidy and \$12,510 (\$25,020 for a married couple) for the partial subsidy.

Each year, the Centers for Medicare & Medicaid Services (CMS) is required to update the Part D low-income subsidy income and resource limits as well as the cost-sharing amounts individuals pay for a full or partial subsidy. In order to qualify for the full subsidy, individuals must have income below 135% FPL (currently \$1,170/month for single persons and \$1,575 for married couples). To qualify for a partial subsidy, individuals must have incomes below 150% FPL (currently \$1,300/month for single persons and \$1,750 for married couples). CMS will release the 2009 income standards for the low-income subsidies in early 2009 after the release of the updated federal poverty levels (FPL).

In 2009, individuals who qualify for the full subsidy will get the following benefit:

- Have No monthly premium (if in a “zero premium” Plan);
- Have No annual deductible and No donut hole;
- Pay only small co-pays (\$1.10/\$3.20 or \$2.40/\$6) on prescriptions depending on income and on whether drug is generic or brand name; and
- Have no co-pays for rest of the year once person reaches \$4,350 in out of pocket expenses.

In 2009, individuals who qualify for a partial subsidy will get the following benefit:

- Only pay part of Plan premium (25-75%) on a sliding fee scale depending on income;
- Have their annual deductible reduced to \$60;
- Have no donut hole; and
- Pay 15% co-pays until out of pocket costs reach \$4,350 and then pay small co-pays (\$2.40 generics/\$6 brands) for rest of year.

Remember, all dual eligibles (regardless of income and resources) automatically qualify for the full LIS. Other Medicare beneficiaries can apply for the LIS at any time. Along with substantially reducing an individual’s Medicare Part D cost-sharing, there are additional benefits to being awarded an LIS. If an individual is subject to the Part D late-enrollment penalty, the penalty is waived if the person qualifies for a subsidy. In addition, individuals with an LIS qualify for an ongoing Special Enrollment Period for Part D so they can change their Part D plan at any time (even multiple times!) during the year. Everyone is encouraged to apply for the subsidy—even if their income and resources seem to be over the limit because the federal government applies certain disregards and not all income/resources are counted.

The quickest way to apply for the low-income subsidy is online at www.ssa.gov/prescriptionhelp. Individuals can also get a paper application through the local Social Security Administration office or through the local County Assistance Office.

Please call the PA Health Law Project HELPLINE with questions about the Part D LIS at 1-800-274-3258.



The Pennsylvania Health Law Project
invites you to:

Advocates Summit

on Accessing Home & Community Based Services
(HCBS) for the Elderly in the 5-County Phila. Region

Monday, January 12th, 2009
9:00 A – 12:30 P
United Way Building
7 Benjamin Franklin Pkwy, Philadelphia

RSVP to staff@phlp.org or call our toll-free helpline 1-800-274-3258/TTY 1-866-236-6310. Visit us at www.phlp.org!

The goal of this summit is to address Healthy Aging at Home.

If you are an advocate working with age 60+ consumers, we need your input and experience to inform and guide consumer education and policy advocacy for the upcoming year. Program will be:

Panel presentation: Current overview of HCBS programs.

Small Group Discussion: Breakout discussion sessions on sub-topics such as Ancillary Services, Eligibility Obstacles, Consumer Direction, etc.

Strategy Development: Reconvene as a group to review issues and obstacles 5-County consumers face in accessing HCBS.

This program is made possible through the support of the United Way of Southeastern Pennsylvania.

Basics About Estate Recovery

Individuals who need Medical Assistance (MA) to cover their long-term care services either in a nursing home or through a Home and Community Based Services Waiver program should not be deterred or dissuaded from seeking benefits for fear of MA estate recovery. PHLP has received numerous calls to our HELPLINE in recent months from individuals who had questions about estate recovery or who were hesitant to apply for MA benefits because of estate recovery. In some cases, individuals were incorrectly told they would be subject to estate recovery and as a result they chose not to apply for benefits for which they were eligible. We thought it would be helpful to explain some of the basic information about Estate Recovery to help individuals understand this program better.

Every state recovers the costs of MA coverage for long-term care in a nursing home care or in a home or community setting from the estates of certain MA recipients. This is known as “estate recovery.” The estate of the deceased person always has to pay the debts of the deceased. Estate recovery is the process that the state uses to reimburse the MA program for the cost of a person’s long-term care.

An “estate” exists when a person dies and his or her assets are distributed by will or state law. The estate can include a home, land, insurance policies, stocks, bonds and bank accounts. Here are some things to keep in mind about estate recovery:

Only certain people are subject to estate recovery. Estate recovery only applies to individuals:

- who are 55 and older, *and*
- who are receiving long-term care services under MA.

Estate recovery does not always apply right away. Estate recovery will take place only after the death of the individual receiving benefits. Even then, if the recipient has a surviving spouse living in his/her home, the Department will postpone estate recovery until the spouse either vacates the property, sells it or dies. If the recipient has any surviving children under 21 years old, recovery will not occur until the children turn 21. If the recipient is survived by an adult child who is blind or totally and permanently disabled, estate recovery will not occur until the adult child dies.

A hardship waiver will exempt the estate from recovery. There are several instances when a hardship waiver could be applied resulting in a waiver of the state’s claim to recover money from someone’s estate. A hardship waiver will apply when:

- The estate has a gross value of \$2,400 or less, and there is an heir to the estate.
- The deceased person’s caretaker had lived with and provided care to the recipient for at least two years prior to when the recipient entered a nursing home, and the caretaker has nowhere else to go.
- The deceased person’s caretaker lived with and provided care to the recipient during a two year period when that person received home and community based services, and the caretaker has nowhere else to go.

Individuals with questions should contact the Pennsylvania Department of Public Welfare’s Estate Recovery Helpline at 1-800-528-3708 for full and complete information.

SSI Recipients and Advocates Asking DPW to “Split the SSI Raise”

In January 2009, all individuals receiving SSI (Supplemental Security Income) through the Social Security Administration will have a cost of living raise of 5.8%. The SSI amount for 2009 will be \$674 a month, up from \$637 in 2008. However, for those receiving SSI living in Personal Care Homes (PCH) the raise will not go to them but will go instead to the owners of the PCH where they reside. Consumers and advocates across the state are proposing that the 5.8% increase of \$37 be split evenly between the PCH owners and the SSI recipients.

There are nearly 10,000 seniors and persons with disabilities on SSI who live in Personal Care Homes in Pennsylvania and those individuals only get to keep \$60 a month from their SSI check. The remainder of their check is turned over to the PCH. Additionally, the PCH receives a supplement from the Department of Public Welfare for each SSI recipient residing in the Home. The \$60 residents get to keep - their personal care allowance – must cover all personal items such as co-pays on medications, shoes, clothing, transportation, haircuts, phone calls and any other personal expenses. Splitting the SSI raise between the Personal Care Home owners and the Personal Care Home residents would provide those residents with a small but helpful additional \$18.50 a month. Personal Care Home residents have not received an increase to their \$60 personal needs allowance since 1993.

Consumer organizations such as the Pennsylvania Mental Health Consumers Association (PMHCA) and the Consumer Health Coalition have been working to raise awareness of this issue and advocating that the state split the SSI COLA between the Personal Care Home owners and the SSI recipient. Anyone interested in more information on this issue can contact PMHCA at 1-800-887-6422 (or via email to rfreund@verizon.net) or the Consumer Health Coalition at 412-456-1877 (or via email to ssnyder@consumerhealthcoalition.org).

PA Assisted Living Consumer Alliance Continues to Grow!

The Pennsylvania Assisted Living Consumer Alliance (PALCA) now has 31 member organizations. This growth in Alliance membership reflects the importance of this topic and the need to continue to push for strong rules that protect consumers. The Alliance is still encouraging new members to get involved and be part of this important movement. Also, the Alliance is still collecting stories (new and old) about experiences with personal care homes and assisted living residences that reflect the need for changes in the rules as the state continues to work on finalizing the regulations for assisted living residences.

For more information about PALCA and about the proposed assisted living regulations, please see www.paassistedlivingconsumeralliance.org or e-mail Alissa Halperin at ahalperin@phlp.org.

Aging Waiver Renewal Approved

The Pennsylvania Office of Long Term Living announced at the December Medical Assistance Advisory Committee (MAAC) meeting that its request to renew the state's Aging waiver (also known as the PDA waiver) has finally been approved by the Center for Medicare & Medicaid Services (CMS). The previous PDA waiver had been set to expire on June 30, 2008 but was extended several times by CMS while the state worked to address issues raised by the federal government during the waiver renewal process.

Approval of the waiver application was subject to the state's completion of a detailed work plan that was negotiated with CMS. One of the issues raised by CMS during the approval process related to the state's administrative oversight of waiver operations. As a result, the Office of Long Term Living will be issuing a series of revised policies in early 2009 to clarify its role in administrative authority.

Other planned revisions in the Aging waiver include:

- Implementing a quality management strategy that requires more effective monitoring of local agency operations;
- Refining waiver service definitions and developing a standard, statewide rate-setting process;
- Designing a new "Services My Way" pilot;
- Examining the process used for Level of Care determinations to maximize statewide consistency and appropriateness; and
- Considering policies that would allow spouses to be paid as Personal Assistance Service Workers

The Aging Waiver renewal application and an abridged version of the state's work plan is available on the Office of Long Term Living's website at www.dpw.state.pa.us/About/OLTL.

Stay tuned to future editions of the newsletter for updates about developments related to the Aging Waiver renewal!

Are you an advocate or provider working with dual eligible clients over 60 years old in South-eastern PA who wants to stay up to date on Part D developments? Join the PHLP e-mail list serve! To join, e-mail staff@phlp.org with subject "join Part D list serve".

PHLP staff are also available in SE PA to conduct trainings on Part D related issues to help social service agencies and their dual eligible clients navigate their healthcare coverage. Trainings focus on eligibility for Medicare Savings Programs and the Low-Income Subsidy, healthcare access for dual eligibles, rights of dual eligibles under Part D, and the appeals and grievance processes. Contact the PHLP Helpline to schedule a training at 1-800-274-3258 or 1-866-236-6310/TTY.

As the year ends, we take a moment to wish all our readers a healthy new year! PHLP is a small non-profit 501(c)(3) law firm. We encourage you to consider us when you are making any year-end contributions to charitable organizations.

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