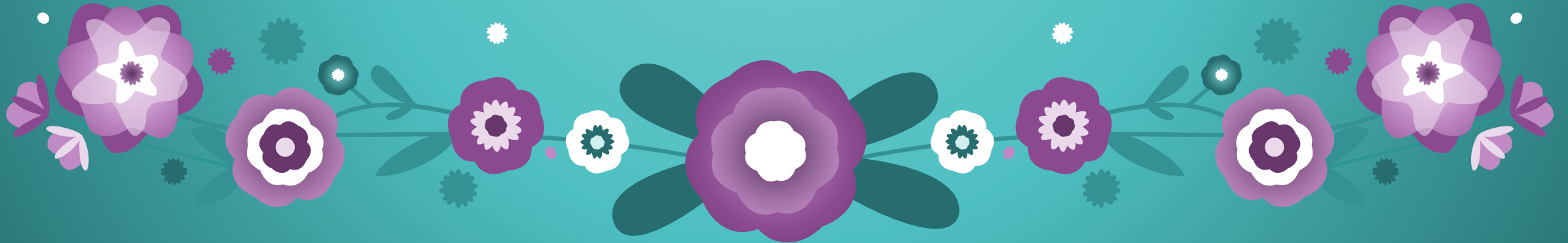


Transition from SSI to SSDI and Medicare?? Oh My!!

by Sue Burek, Parent Advocate

Presented at the TXP2P Annual Conference

08/09/2024



What happens to people who get SSI when their parent retires, becomes disabled, or dies?

- Will they qualify for SSDI benefits from their parent's work record?
- How will their SSDI income affect their SSI?
- Will they lose their Medicaid or Medicaid Waiver benefits?
- When will they qualify for Medicare?
- What happens when Medicare starts – which plan should they choose?
- Who will pay for Medicare?

Who can get SSA Retirement, Disability, or Survivor Benefits?

- **The Worker:** When the worker retires or becomes disabled.
- **Spouse or Widow:** If the spouse is 62 or older, or any age if disabled, or any age if caring for minor children or adult disabled children of the worker: 50% if worker is living or 100% if deceased.
- **Ex-Spouse:** If the ex was married to the worker for 10 or more years and didn't remarry before age 60 and meets the same age, disability, or caregiver criteria as a spouse (above): 50% if worker is living or 100% if deceased.
- **Minor Children:** If they are under 18 and dependents of the worker: 50% if the worker is living or 75% if deceased.
- **Adult Disabled Children:** If they are 18 or older and dependents of the worker: 50% if the worker is living or 75% if deceased.
- **Grandchildren:** Minor grandchildren or adult disabled grandchildren may qualify for auxiliary SSDI from a grandparent if the parent is disabled or deceased or if the grandparent has legally adopted the grandchild.

How can a child get SSDI benefits?

- When a parent applies for SSA retirement (RSDI) or disability (SSDI), SSA will ask if they have any minor children or adult children with disabilities. SSA will process the SSDI applications for these children.
- If a parent applies for RSDI/SSDI but doesn't identify their minor children or adult children with disabilities, then another party can apply for SSDI on behalf of these eligible children.
- If a parent dies and they were receiving RSDI/SSDI before they died, then SSA will process the SSDI applications for all minor children or adult disabled children who were identified by the parent.
- If a parent dies but they weren't receiving RSDI/SSDI when they died, then another party can apply for SSDI on behalf of the eligible children.

Questions about SSDI benefits for children:

- **Can a minor child or adult disabled child draw SSDI benefits from a stepparent?**
 - **YES**, but certain rules may apply to stepparents.
- **Can a minor child or adult disabled child draw SSDI benefits from a grandparent?**
 - **YES**, if the parents are disabled or deceased or if the grandparent has legally adopted the grandchild.
- **Can the child get SSDI benefits from both parents at the same time?**
 - **NO**. The child will get SSDI benefits from the parent with the highest RSDI/SSDI benefits at the time. This could change over time.

More questions about SSDI benefits for children:

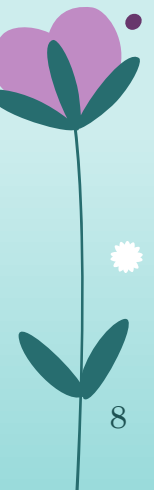
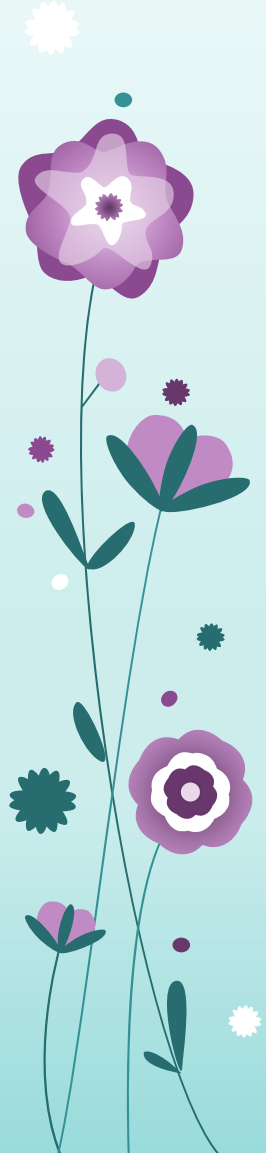
- **Will the child's SSI be reduced by their SSDI benefit?**
 - **YES**, SSI will be reduced by the amount of their SSDI benefit, and SSI could be denied.
- **Can the child refuse to apply for SSDI in order to keep getting their SSI?**
 - **NO**. Medicaid recipients who refuse to apply for SSDI will lose their SSI and Medicaid.
- **What happens if the child starts working?** Can they get SSDI benefits from their own earnings? What happens to the SSDI from their parent?
 - **YES**, the child can get SSDI based on their own earnings if they work for 1.5 years or longer (6+ credits). They can get 2 SSDI checks: 1 from their parent's record record and 1 from their own work record, but their total SSDI benefit can't exceed the higher SSDI benefit.

Please don't panic if the child's SSI is denied when they get approved for SSDI

- If the child's SSI is denied, they'll get a letter from SSI saying that their SSI was reduced to \$0 due to their SSDI income, and telling them to contact HHSC to apply for Medicaid.
- SSI will automatically notify Texas that the child is classified as an ME-Disabled Adult Child (ME = Medicaid Eligibility)
- The SSI letter will be followed by a letter from HHSC explaining that the child can apply for an HHSC Medicaid program called "**Disabled Adult Child**" (**DAC**), which is for adults who lost their SSI because their SSDI income exceeded the SSI income limit.
- HHSC will send the child a Medicaid application (H1200) or instructions to apply.
- HHSC will provide 2 months of **TEMPORARY MEDICAID** to fill the "gap" while the DAC application is processed.
- Please submit the DAC application and all required verifications ASAP to avoid a gap in Medicaid benefits. If the child has a waiver, ask the waiver coordinator to fax it for them.

How does the child apply for SSDI?

- **ONLINE:** At SSA.GOV or <https://www.ssa.gov/applyfordisability/>
- **PHONE:** Call SSA at 800-772-1213 to apply by phone or schedule an appointment. **WHEN:** If the child is already getting SSI or their disability is easy to prove.
- **ATTORNEY:** When the child is applying for SSI or SSDI for the first time or when their disability might be hard to prove.



What documents do you need to apply for SSDI?

- **Identity and Relationship:** Social security card or number; proof of age (birth record with birth date), citizenship or alien status record; and birth certificate(s) and any other documents that establish the child's relationship to the worker.
- **Medical Proof of Disability:** Contact information for all medical providers with the dates they provided medical care and diagnosis dates; a list of all medications and dosages; medical records that you already possess; and significant lab or test results that support the disability claim.
- **Employment History (if any):** Summary of the child's employment (if any), with employer names and contact information, employment dates, amounts earned (W-2s, tax returns, or pay stubs), and descriptions of the work they performed.

Should you use a Disability Attorney or Advocate to apply for SSI or SSDI?

- For initial SSI or SSDI applications that clearly meet ALL of the SSA disability criteria: **Probably not.**
- For initial SSI or SSDI applications for disabilities that may not meet all of the SSA disability criteria or for disabilities that are complicated: **Strongly recommended.**
- For SSI or SSDI appeals: **Strongly recommended.**
- **How to find a good disability attorney/advocate: GOOGLE.** Search for SSI disability attorneys in your area, then call them to ask if they work with SSI disability applications. I prefer attorneys who work with both SSI and SSDI disability cases.
- **How much does an SSI/SSDI disability attorney cost? They only get paid if they win:** They get 25% of the SSI or SSDI back pay. They don't get paid if they lose.

How does SSA determine disability for SSI and SSDI?

- SSA's Medical Guide is called the **BLUE BOOK**. It has different criteria for children (ages 0-17) and adults (ages 18-64). Adults who are 65 or older qualify for SSI or SSDI based on age.
- **Listing of Impairments – Adult Listings (Part A)** - For ages 18 – 64 <https://www.ssa.gov/disability/professionals/bluebook/AdultListings.htm>
- **Listing of Impairments – Childhood Listings (Part B)** - For ages 0 - 17 <https://www.ssa.gov/disability/professionals/bluebook/ChildhoodListings.htm>
- The childhood and adult listings provide a **detailed description** each condition, a list of **evidence** used to document the disability, and a guide showing how SSA **evaluates** whether the disability criteria are met. It's fairly easy to read and understand.
- **Please share the BLUE BOOK** with your doctor and other providers who support your disability application. Ask them to write a letter or put notes in the chart to show how you meet the disability criteria. Many of them have never seen the **BLUE BOOK**.

Listing of Impairments – Adult Listings (Part A) – For ages 18 or older

- 1.0 Musculoskeletal Disorders
- 2.0 Special Senses and Speech
- 3.0 Respiratory Disorders
- 4.0 Cardiovascular System
- 5.0 Digestive System
- 6.0 Genitourinary Disorders
- 7.0 Hematological Disorders
- 8.0 Skin Disorders
- 9.0 Endocrine Disorders
- 10.0 Congenital Disorders that Affect Multiple Body Systems
- 11.0 Neurological Disorders
- 12.0 Mental Disorders
- 13.0 Cancer (Malignant Neoplastic Diseases)
- 14.0 Immune System Disorders

Listing of Impairments – Childhood Listings (Part B) - For ages 0 thru 17

- 100.00 Low Birth Weight and Failure to Thrive
- 101.00 Musculoskeletal Disorders
- 102.00 Special Senses and Speech
- 103.00 Respiratory Disorders
- 104.00 Cardiovascular System
- 105.00 Digestive System
- 106.00 Genitourinary Disorders
- 107.00 Hematological Disorders
- 108.00 Skin Disorders
- 109.00 Endocrine Disorders
- 110.00 Congenital Disorders that Affect Multiple Body Systems
- 111.00 Neurological Disorders
- 112.00 Mental Disorders
- 113.00 Cancer (Malignant Neoplastic Diseases)
- 114.00 Immune System Disorders

How to search for your condition in the SSA Blue Book: GOOGLE

DIAGNOSIS	CATEGORY	CHILDHOOD LISTING	ADULT LISTING
Down syndrome	Congenital Disorders	110.00	10.00
Cerebral Palsy	Neurological Disorders	111.07	11.07
Intellectual Disability	Mental Disorders	112.05	12.05
Autism	Mental Disorders	112.10	12.10

Adult Disability Criteria – It's all about Functioning!!

For Adults, how does the condition affect their ability to perform the **physical, mental, or intellectual functions** that are needed to work:

- **Physical:** Ability to walk, sit, stand, lift, carry, push, and pull.
- **Mental:** Ability to understand, remember, or apply information; interact with others; concentrate, persist, or maintain pace; and adapt or manage oneself.
- **Intellectual:** Does the person have significant deficits in adaptive functioning?

SSI and SSDI Compassionate Allowances List (CAL)

- SSA developed a **Compassionate Allowances List (CAL)** to quickly identify more than 200 diseases and medical conditions that meet SSA standards for disability benefits.

<https://www.ssa.gov/compassionateallowances/conditions.htm>

- These conditions include certain cancers, adult brain disorders, and some rare disorders that affect children.
- The CAL allows SSA to identify claims where the applicant's disease or condition clearly meets the SSA statutory standard for disability, and allows SSA to reduce the waiting time to approve SSI and SSDI applications for people with the most serious conditions.

HHSC Medicaid for the Elderly and People with Disabilities (MEPD) Disabled Adult Child (DAC) Program

- **HHSC MEPD Handbook for Disabled Adult Children (DAC), Section A-2310:** <https://www.hhs.texas.gov/handbooks/medicaid-elderly-people-disabilities-handbook/a-2300-rsdi-cost-living-adjustment-increase>
- **DAC is a Mandatory Medicaid Coverage Group.** DAC policy applies to persons who were denied SSI after 7/1/1987 and who would meet the SSI eligibility criteria if their qualifying RSDI DAC benefit was excluded from their countable income.
- **Per OBRA 1986 rules,** people may continue to be eligible for Medicaid if they:
 - Are at least 18, and
 - Became disabled before they were 22, and
 - Are denied SSI because of RSDI disabled children's benefits received after 7/1/1987 and any subsequent RSDI increases, and
 - Meet current SSI financial eligibility criteria, excluding the child's RSDI benefit specified above.

What is the HHSC DAC financial eligibility criteria?

- **Income:**

- SSDI income is exempt
- Other earned and unearned income is countable, minus allowable deductions, and must be under the DAC income limit, which is equal to the SSI maximum benefit (2024 DAC limit = \$943)

Resources:

- SSDI back payments are exempt from countable resources for 12 months.
- Total countable resources must be under \$2,000.

Can the DAC application be denied?

- **YES**, if the child's countable income exceeds the DAC income limit, or if the countable resources exceed \$2,000, or if the child fails to provide additional information that HHSC needs to make a decision.

Other HHSC Medicaid options if the child is not eligible for DAC

- **Waiver Medicaid:**

- If the child is covered by a Medicaid waiver. The gross income limit for 2024 is SSI max * 3 ($\$943 * 3 = \$2,829$). There may be some exceptions to this rule.

- **Medicaid Buy-In (MBI) for adults who are working:**

- MBI for adults is different from MBI-C for children
- Countable earned income must be below 250% of the Federal Poverty Limit (FPL) ($\$3,138$ in 2024) to qualify. The max gross income (before deductions) is $\$6,360$.

- **Keep Medicaid eligibility in perspective:**

- If your child was financially eligible for SSI, then they should also be financially eligible for the HHSC DAC Medicaid program, or for another Medicaid program, such as Waiver Medicaid or Medicaid Buy-In.
- The only thing that changed is that now they get SSDI instead of SSI, and HHSC has to "waive" their SSDI income to determine eligibility for Texas DAC Medicaid.

How to apply for the HHSC DAC Medicaid Program

- SSA will send you a letter reducing your SSI benefit to \$0 and advising you to contact HHSC to apply for State Medicaid benefits.
- HHSC will send you a letter saying that you may be eligible for Texas Medicaid benefits and include MEPD Application Form H1200 or give you instructions on how to apply online.
 - ENGLISH: https://yourtexasbenefits.com/GeneratePDF/StaticPdfs/en_US/H1200_Dec2023.pdf
 - SPANISH: https://yourtexasbenefits.com/GeneratePDF/StaticPdfs/es_ES/H1200_Dec2023.pdf
- Complete and return the DAC application and ALL required verifications ASAP by mail, FAX (preferred) or in person. NOTE: You can ask your Waiver Case Manager to FAX the application to HHSC for you with Form H1746-A cover sheet (preferred).
- HHSC has 45 days to process the DAC application in a timely manner.

What to do if your DAC application is delayed to avoid a gap in Medicaid waiver services

- HHSC doesn't process a lot of DAC applications, so sometimes errors occur that cause unnecessary delays.
 - Sometimes DAC applications are denied because HHSC processes them for the wrong Medicaid program.
 - Please monitor your DAC application on YourTexasBenefits and call 211 if HHSC hasn't made a decision by 15 days before the end of the 2-month temporary Medicaid extension period.
 - If there are delays and HHSC hasn't made a decision within 45 calendar days, or if HHSC actions, errors, or inactions could cause a gap in essential Medicaid services, you can escalate the DAC application to an MEPD manager.
 - Tell the MEPD manager that HHSC has violated (or is at risk of violating) the 45-day time limit to process Medicaid applications and kindly ask them to expedite your application to avoid a lapse in essential Medicaid services.
 - If the DAC application is denied in error, file an appeal ASAP and ask for expedited appeal processing to avoid a lapse in essential Medicaid services.

Tips on how to complete the HHSC DAC application

- **Page 1:** Write "**DISABLED ADULT CHILD (DAC) APPLICATION**" in big red letters on the top of Page 1 (so they can't miss it).
- **Pages 1-20:** Answer all questions using information only for the Disabled Adult Child who is applying for benefits, not for other people in the home.
- **Page 2, Section C:** Do you want DADS to find out if you can get long-term care services? **YES**. If yes, do you have intellectual or developmental disabilities? **YES** (if applicable).
- **Page 3:** Designate an Authorized Representative, if needed.

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Tips on how to complete the HHSC DAC application (continued)

- **Page 4, Section E:** DAC applicants don't have to come to the HHSC office for an interview.
- **Pages 7-8, Section H:** List all financial accounts, including bank and ABLE accounts. Attach copies of bank or financial statements for the current month + 3 prior months.
- **Page 20:** Sign the application
- **Page D:** Attach copies of all items on the list that are related to your application, including copies of four months of bank statements and financial statements (current month + 3 prior months).

Two years later: It's time for Medicare, but there's too many choices!!!! What plan should you choose????

- **When does your Medicare coverage start?** After you're approved for RSDI/SSDI, your Medicare will start on the earliest of the following dates:
 - When you turn 65, or
 - After the end of the 24-month waiting period, which starts the month that you became eligible for RSDI/SSDI, or
 - **Exception:** People with ALS (Lou Gehrig's disease) or permanent kidney failure are approved for Medicare immediately and don't have to wait the 24 months.

Medicare + Medicaid Choices:

- Fee-For-Service Medicaid + Traditional Medicare (BEST)
- Fee-For-Service Medicaid + Commercial Medicare Advantage Plan (HMO or PPO)
- STAR+PLUS Medicaid (HMO) + Traditional Medicare
- Medicare Advantage Dual Special Needs Plan (D-SNP) that combines Medicaid + Medicare. You can choose a Medicare Advantage D-SNP HMO or PPO plan.

Fee-For-Service Medicaid + Traditional Medicare (BEST)

- If you have a Medicaid IDD waiver (HCS, TXHML, CLASS, or DBMD), your Medicaid will switch from STAR+PLUS to Fee-For-Service (FFS) Medicaid when your Medicare coverage starts.
 - **Cost:** If DAC is approved, FFS Medicaid + Traditional Medicare will cover 100% of your medical costs when you go to providers who accept both plans. There are no deductibles, co-pay, or co-insurance costs. SSI will pay the Medicare premium. If DAC is not approved, you can apply for a Medicare Savings Plan.
 - **Medicare Part D prescription drug plan:** You must choose a Part D plan, but you can get reimbursed for the Part D premium by the CMS "Extra Help" program. Prescription drug co-pays will range from \$0 to \$10 for covered drugs.
 - **Value-Added Benefits:** None.
 - **This choice** may work best for people with complicated medical conditions who want access to the widest array of medical providers and medical services, without the limits imposed by Medicare Advantage plans on Provider Networks or Physician Referrals for specialist care.

Fee-For-Service Medicaid + Commercial Medicare Advantage Plan (PPO or HMO)

- If you choose a Commercial Medicare Advantage Plan (available to anyone through Medicare.gov) or a private Medicare Advantage Plan offered by an employer, your Medicaid will switch from STAR+PLUS to Fee-For-Service (FFS) Medicaid when your Medicare coverage starts.
 - **Cost:** If DAC is approved, FFS Medicaid + Medicare Advantage will cover 100% of your medical costs when you go to in-network providers who accept both plans. There are no deductibles, co-pays, or co-insurance costs. SSI will pay the Medicare premium. If DAC is not approved, you can apply for a Medicare Savings Plan.
 - **Prescription Drugs:** You need to choose a Medicare Part D prescription drug plan if Part D isn't included in your Medicare Advantage Plan. You can be reimbursed for your Part D premium by the CMS "Extra Help" program. Prescription drug co-pays will range from \$0 to \$12 for covered drugs.
 - **There are 262 Commercial Medicare Advantage Plans in 2024:** 38% were PPO plans, 61% were HMO plans, and 1% were Other plans.

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Fee-For-Service Medicaid + Commercial Medicare Advantage Plan (PPO or HMO) (continued)

- **Provider Networks:** PPO plans usually have larger provider networks than HMO plans, and they are usually much larger than STAR+PLUS provider networks. The HMO provider networks are usually smaller than PPO plans but usually somewhat larger than STAR+PLUS provider networks.
- **Physician Referrals:** PPO plans usually don't require physician referrals for most specialists. HMO plans usually require physician referrals for most specialists.
- **Value-Added Benefits:** PPO plans offer many value-added benefits, including "Silver Sneakers" or other fitness program. HMO plans usually offer more value-added benefits than the PPO plans.
- **The PPO choice** might work best for people with complicated medical conditions who want access to large provider networks without requiring Physician Referrals for specialty care. The PPO plans usually provide fairly good access to medical care and appointments.
- **The HMO choice** might work best for people with few medical complications who don't care about smaller provider networks or more requirements for Physician Referrals for specialist care. They usually have more limited access to medical care, so they may have to wait longer for medical appointments.

STAR+PLUS Medicaid (HMO) + Traditional Medicare

- If you choose Traditional Medicare and don't have an IDD waiver, then you will stay in the STAR+PLUS Medicaid program (HMO).
- **Cost:** STAR+PLUS Medicaid + Traditional Medicare will cover 100% of your medical costs when you go to in-network providers who accept both plans. There should be no deductibles, no co-pays, and no co-insurance costs for in-network providers. Medicaid will pay the Medicare premium.
- **Prescription Drugs:** You don't need to choose a Medicare Part D prescription drug plan. Prescription drug co-pays will range from \$0 to \$10 for covered drugs.
- **Provider Network:** The STAR+PLUS provider network may be fairly small.
- **Value-Added Benefits:** Some value-added benefits.
- **This choice** might work best for people with very few medical complications who don't care about small provider networks or limited access to care.

Medicare Advantage Dual Special Needs Plan (D-SNP) PPO or HMO = Medicaid + Medicare

- A Medicare Advantage D-SNP plan combines your Medicaid and Medicare coverage into one Medicare Advantage plan that coordinates both benefits. **In 2024, there were 77 D-SNP plans.** There were 4 PPO plans (5%) and the rest were HMO plans (95%).
 - Only 1 of the 4 D-SNP PPO plans was a statewide plan (Regional).
 - Only 2 of the 73 D-SNP HMO plans were statewide plans (Regional).
- **Cost:** The Medicare Advantage D-SNP plans will cover 100% of your medical costs when you go to in-network providers.
- **Prescription Drugs:** All D-SNP plans include Medicare Part D for prescription drugs. Prescription drug co-pays can range from \$0 to \$12 per covered prescription.
- **Provider Networks:** D-SNP PPO provider networks will usually be larger than D-SNP HMO provider networks and much larger than STAR+PLUS provider networks. D-SNP HMO provider networks will usually be somewhat larger than STAR+PLUS provider networks.

... Continued ...

Medicare Advantage Dual Special Needs Plan (D-SNP) PPO or HMO = Medicaid + Medicare (continued)

- **Value-Added Benefits:** PPO D-SNP plans will provide some value-added benefits. HMO D-SNP plans will provide more value-added benefits than the PPO D-SNP plans.
- **PPO D-SNP Plans** might work best for people with complicated medical conditions who need access to large provider networks without requiring Physician Referrals for most specialist care. The PPO D-SNP plans usually provide fairly good access to medical care.
- **HMO D-SNP Plans** might work best for people with few medical complications who don't care about smaller provider networks or more requirements for Physician Referrals for specialist care. The HMO plans usually provide more limited access to medical care, so you may have to wait longer for medical appointments.

How much does Medicare cost, and who pays for it?

- **Medicare Part B costs \$174.70 in 2024**, and the cost of Medicare Part D ranges from \$0 to \$200, depending on which Part D plan you choose.
- **DAC Medicaid:** If you have HHSC DAC Medicaid, SSI pays for your Medicare Part B premium, deductible, and co-insurance cost, and "Extra Help" can cover your Part D premium and reduce your cost for Rx medications. These benefits are automatically approved by SSA – you don't have to apply for them.
- **Medicare Savings Plan (MSP):** If you don't have DAC Medicaid, you can apply for an MSP thru HHSC. The MSPs use Medicaid funds to help eligible people pay for your Medicare Part B premiums, deductibles and co-insurance. Some MSPs include "Extra Help" to cover your Part D premium and reduce your cost for Rx medications.
- **"EXTRA HELP" For Medicare Part D:** If you don't have DAC Medicaid or a Medicare Savings Plan that includes "Extra Help", you can apply for "Extra Help" thru SSA to cover your Part D premium and reduce your cost for Rx medications.

Paying for Medicare: Medicare Savings Plans (MSPs) - page 1

- **How to apply:** Apply thru the HHSC MEPD program on YourTexasBenefits or call 211 or use Form H-1200: https://yourtexasbenefits.com/GeneratePDF/StaticPdfs/en_US/H1200_Dec2023.pdf
- **There are 4 types of MSPs:**
- **QMB: Qualified Medicare Beneficiary Program (under 100% FPL).**
 - **Benefits:** Part B premium, deductible, co-insurance, and Part D premium and co-insurance.

▪ Individual Income Limit	< \$1,255
▪ Support & Maintenance Deeming Amount (see exception)	\$449
▪ Countable Resource Limit	\$9,430
- **SLMB: Specified Low-Income Medicare Beneficiary Program (100% to \$120% FPL).**
 - **Benefits:** Part B and Part D premiums (may cover deductibles & co-insurance).

▪ Individual Income Limit	\$1,255.01 to <\$1,506
▪ Support & Maintenance Deeming Amount (see exception)	\$538
▪ Countable Resource Limit	\$9,430

Paying for Medicare: Medicare Savings Plans (MSPs) - page 2

- **QI: Qualified Medicare Beneficiary Program** (from 120% to 135% FPL).

- **Benefits:** Part B and Part D premiums

- Individual Income Limit \$2,510
- Support & Maintenance Deeming Amount (see exception) \$897
- Countable Resource Limit \$4,000

- **QDWI: Qualified Disabled & Working Individual Program** (under 200% FPL).

- **Benefits:** Part B and Part D premiums

- Individual Income Limit \$2,510
- Support & Maintenance Deeming Amount (see exception) \$897
- Countable Resource Limit \$4,000

- **Exception to Support & Maintenance Deeming:** If you have a Medicaid Waiver, the MSP deeming requirement for Support & Maintenance will be disregarded. This applies to ALL Medicaid waivers, including the STAR+PLUS HCBS Medicaid Waiver.

Paying for Medicare: "Extra Help" for Medicare Part D - page 1

- "**EXTRA HELP**" is a federal program for Medicare beneficiaries with limited income and resources that helps pay for some or most of your Part D prescription drug costs. It's also known as the Part D Low-Income Subsidy (LIS).
- **How to apply:** Apply thru SSA Form SSA-1020: Application for Extra Help with Medicare Rx Drug Plan Costs, or online: www.ssa.gov/medicare/part-d-extra-help

- **Eligibility:**

- Individual Income Limit (150% FPL)
- Countable Resource Limit

Limits

\$1,903
\$17,220

- **Benefits:**

- For people UNDER the income & resource limits:
 - Part D premium
 - Part D deductible
 - Part D drug co-pays
 - Part D coverage gap

Benefits

\$0
\$0
\$0 to \$11.20
\$0

Paying for Medicare: "Extra Help" for Medicare Part D - page 2

- **"EXTRA HELP"**: Eligibility and Benefits, continued, for people OVER the income & resource limits

- **Eligibility:**

- Individual Income Limit (150% FPL)
- Countable Resource Limit

Limits

\$1,903
\$17,220

- **Benefits:**

- For people OVER the income & resource limits:
 - Part D premium
 - Part D deductible
 - Part D drug co-pays
 - Part D coverage gap

Benefits

\$0
\$505
25%, up to \$4,660
25% for \$4,660 to \$10,526

- **EXCEPTIONS:** If you don't have "Extra Help" and your drug co-pay is too high, contact your Part D drug plan and ask for an **"EXCEPTION"** to reduce the cost of that drug.

WARNING: SSDI Marriage Penalty

Based on SSA rules, an adult disabled child's SSDI benefits will generally end if they get married because they're no longer dependent on their parent's SSDI benefits.

- There are **exceptions** to this rule, such as getting married to another adult disabled child who also gets SSDI benefits, where both people are allowed to keep their full SSDI and Medicare benefits.
- NOTE: This is an SSA requirement and not part of Texas MEPD policy.

Advocates are trying to change this rule at the federal level. The current options are:

- Marry someone who gets SSDI
- Have a committed relationship without marriage
- Remain single

Other Waivers: STAR+PLUS HCBS Medicaid Waiver

- **What is the STAR+PLUS Home and Community-Based (HCBS) Medicaid Waiver?**
 - This Medicaid Waiver program allows adults who are elderly or disabled who require a nursing facility level of care to receive the medical care and the long-term services and supports (LTSS) they need at home or in a community setting.
 - <https://www.navigatelifetexas.org/en/insurance-financial-help/starplus-home-and-community-based-services-hcbs>
 - <https://www.payingforseniorcare.com/texas/medicaid-waivers/star-plus>
 - Some adults who are on the waiting lists for other Medicaid waivers, such as HCS, TXHML, CLASS, or DBMD, may qualify for the STAR+PLUS HCBS waiver if they meet the medical necessity criteria for nursing facility care.
 - There is **NO WAITING LIST** for the STAR+PLUS HCBS Medicaid Waiver for adults who have Medicaid. For adults who don't have Medicaid, the waiting list is about 1-2 years.

STAR+PLUS HCBS Medicaid Waiver: Eligibility Criteria

- **STAR+PLUS HCBS Medicaid Waiver Eligibility Criteria:**

- Age 21 or older
- Have Medicaid (no waiting list) or be eligible for Medicaid (1-2 year waiting list)
- Meet the Waiver's financial criteria:
 - Countable assets must be less than \$2,000
 - Countable income must be less than the Medicaid waiver limit of SSI maximum x 3 (\$943 * 3 = \$2,829 for 2024), or must be eligible for any SSI or HHSC Medicaid program
- Not enrolled in another Medicaid waiver program
- Meet the Medical Necessity (MN) criteria for nursing home care or be at risk of nursing home placement (see MN criteria on the next page)

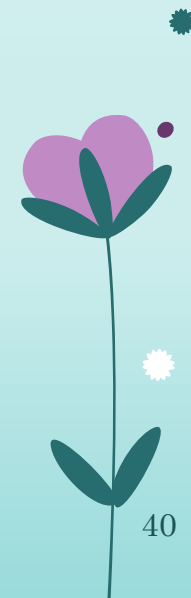
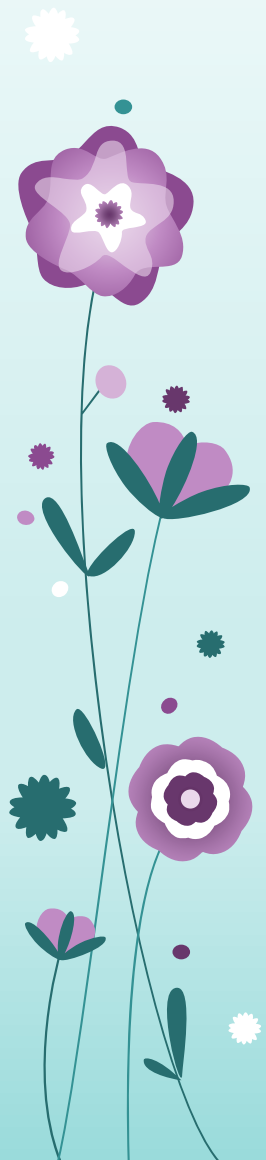
STAR+PLUS HCBS Waiver: Medical Necessity Criteria

- **Medical Necessity Criteria**: To meet the Waiver's Medical Necessity criteria, the person's medical condition must be:
 - Serious enough to require services that exceed the routine care that can be provided by an untrained person, and
 - Require the type of supervision, assessment, planning, or intervention from a licensed nurse that is only available in an institution.
 - **NOTE**: Look at the person's diagnoses, medications, procedures, services and supports, and medical equipment and supplies to document Medical Necessity.
- **The person's medical or nursing services must be:**
 - Ordered by a physician,
 - Dependent on the person's documented medical conditions,
 - Require the skills of a licensed or registered nurse,
 - Be provided by or under the supervision of a licensed nurse in an institutional or community-based setting, and
 - Required on a regular basis.

STAR+PLUS HCBS Waiver: Services

- **STAR+PLUS HCBS Waiver Services:**

- Adult Day Care / Adult Day Health
- Adult Foster Care
- Assisted Living
- Delivered Meals
- Environmental Adaptive Aids
- Home Modifications
- Home Care
- Medical Care / Medical Supplies
- Nursing Services
- Personal Care (assistance with the activities of daily living)
- Personal Emergency Response Service
- Respite Care
- Therapy: Physical Therapy, Occupational Therapy, Speech Therapy, Cognitive Rehab Therapy
- Transitional Services



STAR+PLUS HCBS Waiver: How to Apply

If you already have Medicaid and are enrolled in a STAR+PLUS MCO for acute care services:

- Call your MCO and tell them that you want to apply for the STAR+PLUS HCBS Medicaid Waiver.
- It should take about 1-2 months to determine medical necessity and financial eligibility.

If you have Medicaid but you're not enrolled in a STAR+PLUS MCO:

- Call 211 and say that you want to apply for the STAR+PLUS HCBS Medicaid waiver.
- You will need to choose a STAR+PLUS MCO.
- The STAR+PLUS MCO will assess medical necessity and HHSC will determine financial eligibility.

If you don't have Medicaid:

- Call 211 and say that you want to apply for the STAR+PLUS HCBS Medicaid Waiver.
- The waiting list is about 1 – 2 years long.
- When you get to the top of the waiting list, you will choose a STAR+PLUS MCO. The MCO will assess the NF-LOC and HHSC will determine financial eligibility.

Any questions????

Thank you for sharing the journey with me today.

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