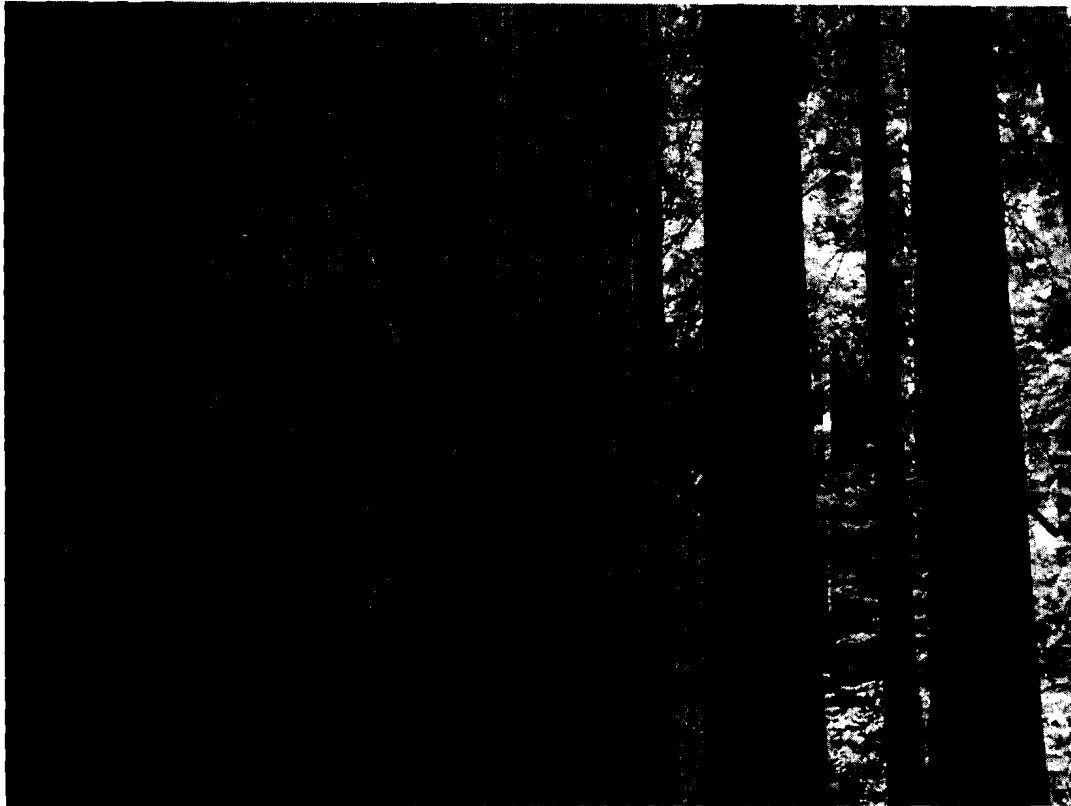


L A W O F C O F C O N S T A N C E L
B R I G M A N , P C

Estate Planning, Probate Representation, Long Term Care Planning

101 THINGS YOU MUST KNOW



UPDATED

OCT. 23, 2009

101 Things You Must Know

Protect yourself from criminals

1. Free background checks at www.CriminalSearches.com. I suggest it to find out if a home care provider has a felony in their past. Thorough background search at www.Intelius.com or www.PeopleScanner.com. (Fee)
2. FBI alerts re: internet scams at <http://www.fbi.gov/cyberinvest/escams.htm>. Sign up for e-mail alerts at the FBI website by clicking on the red envelope. The FBI website is at <http://www.fbi.gov/> .
3. Go to www.quatloos.com to learn about the latest cyberspace scams and frauds.
4. The Michigan Attorney General offers alerts too. Click on the "Recent Consumer Alerts" button at <http://www.michigan.gov/ag/0,1607,7-164-17337---,00.html>.

Researching long term care

6. Compare the quality of nursing homes. Go to the "Nursing Home Compare" webpage. It is at <http://www.medicare.gov/NHCompare/> . You might also want to check my website for the archives entry for Sep. 28, 2009 (click on the "News" section on the homepage) which discusses problems with "Nursing Home Compare."
7. Compare home health care agencies. <http://www.medicare.gov/HHCompare/> .
8. Compare assisted living centers. Go to <http://www.assistedlivinginfo.com/> This website's county search is temperamental. For example, you need to type in only "Kent" in the space for county and not "Kent County" in order to get it to bring up all the assisted living facilities in Kent County, Michigan. Then go to http://www.dleg.state.mi.us/brs_afc/sr_afc.asp to look up a facility to see if it is Michigan-licensed. The following website has useful information and would contain any alerts posted about a licensed Michigan facility http://www.mi.gov/dhs/0,1607,7-124-5455_27716_27717---,00.html .

9. In general, a good resource for getting fact sheets and information on any Michigan long term care facility is this website:

http://www.mi.gov/miseniors/0,1607,7-234-43295_43599-152226--,00.html .

10. If you are looking for a home for a mentally ill senior, then you are looking for an adult foster care facility. Go to http://www.dleg.state.mi.us/brs_afc/sr_afc.asp . Here is an example of how you use the website. First go to "county" and enter "Kent." Use the drop down menu on "facility type" and click on "small group." I did it recently and got names of 98 Kent County small group homes, license numbers.

11. Citizens for Better Care. www.cbcmi.org. The Grand Rapids office can be reached at (616) 245-9451. 560 5th St. NW Ste. 308, GR, MI 49504. They investigate consumer complaints by sending in a representative to the nursing home. (Ombudsman)

12. Should you buy long term care insurance? Look at this website's calculators. <http://www.smartmoney.com/insurance/longtermcare/index.cfm?story=evaluators>. The calculators compare a policy's premiums, benefits, and your age to tell you if a particular policy is a worthwhile purchase for you. (last updated Jan. 23, 2009)

13. Insurance claim not getting paid? Download the instructions and complaint form: http://www.michigan.gov/documents/cis_ofis_comp_all_25074_7.pdf from the Michigan OFIS (agency that regulates insurance companies although their name changes about as often as the state budget).

14. What has to be included in a long term care policy sold in Michigan?

http://www.michigan.gov/documents/FIS-PUB_0270_Long_term_care_1_04_88662_7.pdf

15. The National Association of Insurance Commissioners publishes "A Shopper's Guide to Long Term Care Insurance." You can access a FREE 2006 edition at http://www.newyorklife.com/NYL2/pdf/LTC_Shopper_Guide.pdf .

16. Learn how to be a Patient Advocate. <http://www.abanet.org/aging/toolkit/> .

Learn about your pension rights

17. Some pensions are unclaimed because a worker passes away and their surviving spouse has no idea. The Mid-America Pension Rights Project, finds lost pensions and investigates claims for individuals. Its free. Call them at 1-866-735-7737 or go to <http://www.mid-americanpensions.org>.

18. Military retirees go to

<http://www.military.com/benefits/tricare/tricare-retiree/tricare-for-retirees>. This website has a lot of good information, including Tricare for Life for retirees. Military retirees should also check out temporary lodging facilities available to them. Look at http://www.military.com/Travel/Content1/0,,ML_summary,00.html.

19. The Grand Rapids Home for Veterans is not a true VA facility; it's a Michigan facility. http://www.michigan.gov/dmva/0,1607,7-126-2362_2749---,00.html. "Frank Snarski, Director of the Grand Rapids Home for Veterans: The Grand Rapids Home for Veterans was constructed in response to the needs of Michigan's veterans in the aftermath of the Civil War. National homes existed, but required traveling extensive distances to take advantage of their services. Efforts to gain approval for the construction of a National home in Michigan were unsuccessful, prompting the State of Michigan to construct their own." There is a "community-based outpatient clinic" at the Grand Rapids facility.

<http://www2.va.gov/directory/guide/state.asp?State=MI&dnum=ALL>

Protect your health

23. Free medications, discount cards, etc. Go to www.pparx.com. It is the Partnership for Prescription Assistance website.

24. Persons with low vision benefit from assistive devices. Contact the Association for the Blind and Visually Impaired, 456 Cherry SE, Grand Rapids, MI 49503, 616-458-1187 or 800-466-8084 for helpful hints and a catalog. <http://www.abvimichigan.org/>

25. What is age-related macular degeneration? Learn the causes:

http://www.nei.nih.gov/health/maculardegen/armd_facts.asp . And here is a webpage with a search function to help you find an eye doctor. <http://www.aoa.org>. If you want to check out an eye doctor beforehand, go to this webpage <http://www.docboard.org/>. There are hospitals that specialize in eye surgery and they can be located here (American Association of Eye and Ear Hospitals) <http://www.aeeh.org/locations.html>.

26. Some nonprofit organizations provide financial assistance for hearing aids, while others may help provide used or refurbished aids. Contact the National Institute on Deafness and Other Communication Disorders' (NIDCD's) Information Clearinghouse with questions about organizations that offer financial assistance for hearing aids. Go to <http://www.nidcd.nih.gov/health/misc/clearinghouse.asp> and use that contact information to either email, write or call them to find out what resources are currently available and where to find them.

27. Have you used the website for comparing Medicare *prescription* drug plans?

<http://www.medicare.gov/MPDPE/Public/Include/DataSection/Questions/SearchOptions.asp>

28. Have you researched *Medicare* plans?

<http://www.medicare.gov/MPPF/Include/DataSection/Questions/SearchOptions.asp>

29. Pay close attention to your words when you are talking Medi-anything. Medicare **Advantage** programs are programs offered to **replace standard Medicare**. Pay very close attention - What is the co-pay for the part A skilled nursing benefit? Compare that to other plans, including standard Medicare.

30. Medicare Supplement Insurance and Medigap Insurance are different words for the same thing. Both refer to *private insurance that you buy to pick up the difference on what standard Medicare does not pay*.

http://www.genworthrr.com/content/etc/medialib/genworth_v2/pdf.Par.51288.File.dat/02110%202009%20NAIC%20Guide.pdf

Locate agencies that can help

31. **Kent County Senior Millage Program.** Go to

<http://www.accesskent.com/Health/SeniorServices/default.htm>. Here is a partial list of services provided by the Kent County Senior Millage program: **Adult Day Care**, Personal Care Aide, Medication Management, and Transportation. For a fuller list with phone numbers of agencies to contact, go to

<http://www.aaawm.org/2009%20Senior%20Millage%20Services%208-13-09.pdf>. In 2009, if a single person's annual income is above \$21,660, then they have to pay a cost share. For a married couple with annual income above \$29,140, then they have to pay a cost share. The cost share may be as little as 5% of cost. The services provided are not of the type covered by Medicare.

32. **Kent County Health Care Transportation.** Be sure and ask how to access RideLink and **Go! Bus**, too. Request the Kent County Health Care Transportation Directory.

http://www.accesskent.com/Health/pdfs/Transportation_Resources_Directory.pdf. It is one of many directories located at www.accesskent.com/Health/HealthDepartment/Publications.

33. **Michigan Department of Human Services.** This is where you submit a **Medicaid Application**. I have a directory of all of the DHS offices on my website at www.brigmanlaw.com/ Click on "Long Term Care Medicaid" and then click the link to the directory of DHS offices. Kent County DHS is located at 121 Franklin SE in Grand Rapids.

34. **Michigan Adult Protective Services.** Kent County has a list of victim resources at http://www.accesskent.com/CourtsAndLawEnforcement/ProsecutorsOffice/pros_loc_alvictim.htm. "Adult Protective Services" is provided through DHS. For more information on APS workers and their role go to

http://www.michigan.gov/dhs/0,1607,7-124-5452_7119-15663--,00.html. Kent county office moved to a new building at 121 Franklin SE Ste 200, Grand Rapids, MI 49507. Their new phone number is 616.248.1024. After hours phone number is the same.

35. **American Red Cross.** Talk to Tony Slaughter about their **Medical Transportation** services. Call 456-8661. Ext. 3706. the dispatcher's phone number is 616.454.7433. Eligibility is limited to those financially or physically unable to provide their own transportation; disabled, elderly. There are no fees but donations are accepted. They will need to show proof of income, disability.

36. **Medicaid fraud.** To report Medicaid provider fraud or identity theft/patient abuse in a care facility, call the Attorney General's 24-hour Hotline at 800-24-ABUSE (800-242-2873); e-mail hcf@michigan.gov.

37. **Unclaimed property in the State of Michigan,** go to the Michigan Dept. of Treasury website. <http://www.michigan.gov/treasury/0,1607,7-121-44435-7924--,00.html>.

38. To find out how to help a **Michigan driver** who perhaps should not be on the road any longer, go to the Secretary of State's website http://www.michigan.gov/documents/Older_Driver2_38985_7.pdf . Also, contact the Alzheimer's Association for a copy of "At the Crossroads." It's very helpful.

39. To contact the Michigan Housing and Urban Development (HUD) office about a **pending foreclosure** or a loan closing that went badly, go to <http://www.hud.gov/local/index.cfm?state=mi> .

40. Generally, funeral homes **report the death to Social Security.** But if not, you can do it by going to www.ssa.gov and clicking on "Survivors" then clicking on "Report a Death." Currently, the phone number for reporting a death is 1-800-772-1213.

41. Most of the people telling you "no" and quoting **HIPAA** have *no clue* what HIPAA really prohibits. Go to <http://www.hhs.gov/ocr/hipaa/> .

42. Tired of hearing about the **Patriot Act**? Banks actually are required to comply with a Customer Identification Rule. This rule *requires* a bank to obtain four things from each customer prior to opening an account: Name, date of birth, address and social security number. *A bank may require a customer to provide additional information to establish the customer's identity in order for the bank to establish a reasonable belief it knows the true iden-*

ity. <http://www.privacyrights.org/fs/fs31-CIP.htm> . The Treasury Dept. can fine a bank for failing to comply with this Rule.

43. Tired of being told that the **probate court** is going to steal your entire estate when you die? Go to this website and you can see what the probate costs and inventory fee actually are.

http://www.accesskent.com/CourtsAndLawEnforcement/ProbateCourt/probate_index.htm. On the lefthand side of the page is a list of links. Click on "Inventory fee calculator."

44. If you need a lawyer for a civil matter, but you sincerely cannot afford one, contact **West Michigan Legal Aid**. Their website is at <http://www.legalaidwestmich.org/>. For the general population, a person's income has to be at or near the federal poverty level (found at <http://aspe.hhs.gov/poverty/09poverty.shtml>). For persons over age 60, services are targeted at the most economically disadvantaged and socially isolated.

45. The Kent County courthouse has a self-help center on the fifth floor. You will not get legal advice there but you can get the forms that you need to represent yourself in all kinds of civil matters. It is called the "**Legal Assistance Center**."

46. Another option is the **Access to Justice Clinic** at Thomas M. Cooley Law School, Grand Rapids campus. Law students under the supervision of an attorney help clients with civil matters. Clients enter the Access to Justice Clinic through a referral program from the Legal Assistance Center.

47. You can **transfer title on a vehicle to the next of kin** without going through probate. The form is at http://www.michigan.gov/sos/0,1607,7-127-1585_1587_1588-23308--,00.html . You cannot use this form if in fact you *were supposed to open probate*.

Mind your finances wisely

48. It is not true that you do not have to file **income taxes** if you are on Social Security.

Go to <http://www.irs.gov/individuals/article/0,,id=96623,00.html> to read the answer to "Do I need to file a return?" For tax year 2007 (which return was filed April 2008), a senior couple was required to file if they had earned income of \$6,450 or un-

earned income of \$2,950. If they sold their home in 2007, they were required to file regardless of their income!

49. Some of your **Social Security may count** towards unearned income. To see if your Social Security counts, go to <http://www.calcxml.com/do/inc08>.
50. The minimum **failure to file penalty** for federal income taxes is the smaller of 100% of your tax or \$135. <http://www.irs.gov/formspubs/article/0,id=186746,00.html>
51. Give wisely. Go to <http://www.charityguide.org/volunteer/charityratings.htm> and read the American Institute of Philanthropy's **ratings of charities**, grouped by causes. The ratings look at accountability and how efficiently the charity uses its resources to pursue their named cause.
52. The national CPA organization launched an initiative to educate the public. Their **retirement** module is at: <http://www.360financialliteracy.org/Life+Stages/Retirement/>
53. Take your **medical deductions** for long term care expenses! Assisted living is a deductible long term care expense if you know how to take the deduction. <http://www.irs.gov/publications/p502/index.html>. Qualified long term care services are defined in Code Sec. 7702(b).
54. Do not forget about the Michigan Homestead Credit. Go to http://www.michigan.gov/taxes/0,1607,7-238-43535_43538---,00.html. If your household income is less than \$82,650 and you own or rent a property that pays Michigan property taxes, then you may be eligible for the credit. It is important to understand that this **credit is against property taxes** and not against *income* taxes. Therefore, it does not matter that you did not pay *income* taxes in the year that you claim the Michigan Homestead Credit. It only matters whether you are living at a location that pays *property* taxes.
55. What happens to your **Michigan Principal Residence Exclusion** if you move into a nursing home? You have to own and occupy your property in order to claim the exemption, right? Yes, but you can be temporarily absent from your residence and still

get the exemption, so long as your home is still your permanent home and you are not renting it out to someone else. This exception should absolutely apply to temporary absences to a nursing home. Often times, clients lose their principal residence exemption while in assisted living because they change their address for mail and voting to their assisted living address. This indicates to the tax assessor that the person has permanently changed their address. Therefore, the tax assessor rescinds the homestead exemption on the client's home.

56. Prepare yourself for the future if you have a loved one with dementia. St. Mary's and Pine Rest have the ability to diagnose your loved one properly. St. Mary's has a website at <http://www.smmmc.org/clinicalservices/neuroscience/treatments/alzheimers.shtml> . To schedule a consultation, please call 616-685-5050. Pine Rest also has a program focused solely on diagnosing dementia disorders. Their website is <http://www.pinerest.org/services/clinicians/details.asp?Id=51> . You can reach them at 616-281-6382. **Dementia care is expensive.** The actual lifespan of a person following an Alzheimer's diagnosis depends on their age at diagnosis. <http://www.prohealth.com/library/showarticle.cfm?id=1840&t=Alzheimers> . The median survival rate for persons diagnosed at age 65 is 8.3 years. In 2009, the national, annual cost of semi-private room, nursing home care is \$71,280.00 and \$37,572.00 per year for assisted living. Now multiply that number by eight. That number is enough to convince you that a diagnosis of Alzheimer's is potentially a financial catastrophe. <http://www.metlife.com/assets/cao/mmi/publications/studies/mmi-market-survey-nursing-home-assisted-living.pdf> At this point, you should consult an elder law attorney. Go to www.avvo.com and **search for an elder law attorney** in your area.

57. Social Security increase for 2010?

http://bulletin.aarp.org/yourhealth/medicare/articles/part_b_premiums_in_2010_frozen_for_many_higher_for_some.html The Congressional Budget Office has us all confused regarding Social Security increases this year.

58. Medicare deductibles and premiums are announced each year after the federal budget has been approved. (October timeframe) See http://medicareupdate.typepad.com/medicare_update/2009/10/2010medicarepremiumsdeductibles.html
59. Medicare Part A. The deductible for a beneficiary admitted as a hospital inpatient will be \$1,100 in 2010, which is an increase of \$32 from 2009. The Notices also indicate that a beneficiary will have to pay an additional \$275 per day for days 61-90 in 2010, and \$550 for lifetime reserve days. Further, the Notices indicate that the daily coinsurance for days 21-100 in a skilled nursing facility will increase to \$137.50 in 2010.
60. The Medicare Part B deductible for 2010 will be \$155.
61. The 2010 Part B monthly premium rates for beneficiaries who file an individual tax return (including those who are single, head of household, qualifying widow(er) with dependent child, or married filing separately who lived apart from their spouse for the entire taxable year), and have annual income less than or equal to \$85,000 per year is \$110.50.
62. For couples filing joint returns, who income is equal to or less than \$170,000 per year, the monthly premium rate for 2010 is also \$110.50.
63. Do you understand Medicare lifetime reserve days? After the 90th inpatient hospital day, you may draw on your lifetime reserve days. Unlike the 90-day benefit for hospital care that can start all over again with a later hospitalization, your lifetime reserve days are **not renewed if you go back into the hospital again later**. You have 60 lifetime reserve days that can be used for inpatient hospital care. If you are confused, then go to this website for interactive instruction:
http://www.medicareinteractive.org/page2.php?topic=counselor&page=script&slide_id=928
64. If you leave the hospital and go to a rehabilitation center, you receive skilled nursing care. Skilled nursing care is not custodial care. Here is a short explanation:

<http://www.medicare.gov/Publications/Pubs/pdf/11359.pdf> Here is a more in-depth but easy to understand booklet:

http://www.ohca.com/docs/medicare_coverage.pdf

65. Part A will cover skilled nursing if the patient (1) has days left in their benefit period, (2) has a qualifying hospital stay of 3 consecutive days or more, (3) enters the skilled nursing facility within 30 days of leaving the hospital, and (4) the doctor orders skilled nursing care for the medical condition that was treated (or that arose) while the patient was in the hospital.
66. A benefit period **begins** on the day you start using hospital or skilled nursing benefits under part A. <http://www.cms.hhs.gov/manuals/downloads/bp102c03.pdf>
67. A benefit period **ends** when you have not been in a skilled nursing facility or a hospital for at least 60 days in a row.
<http://www.medicare.gov/Glossary/search.asp?SelectAlphabet=B&Language=English>
68. **Or**, if you remain in a skilled nursing facility, your benefit period will end when you have been **without skilled care for at least 60 days in a row.**
69. **Once a benefit period ends,** you cannot get **another** benefit period until you go back into the hospital for another 3-day **qualifying** stay.
70. If the patient leaves the skilled nursing facility but is re-admitted to the facility **less than** 30 days later, their part A coverage continues - but under the same benefit period. Meaning, the patient does not get another 100 days of skilled nursing days simply because they were re-admitted to the nursing home.
71. If the patient leaves the skilled nursing facility and is re-admitted to the facility on day 30 (but before day 60) their part A coverage has ended.
72. If the patient leaves the skilled nursing facility, then goes to the hospital for three days, then goes back to skilled nursing on day 30 (but before day 60) their part coverage will re-start BUT they will be in the same benefit period as before. Meaning,

the patient does not get another 100 days of skilled nursing days simply because they were re-admitted to the nursing home. The only way they can start a new benefit period is if they have a break in skilled nursing care for 60 days in a row.

73. If the patient leaves the skilled nursing facility and stays home for 60 days, then is re-admitted, they will not get part A coverage. Medicare would cover the additional skilled nursing care, if the patient had had a new three day hospital stay before his re-admission.
74. If the patient leaves the skilled nursing facility, stays out of skilled nursing care for 60 days, then has a qualifying three day hospital stay, then goes back into skilled nursing care, Medicare will cover the additional skilled nursing care and it will be a new benefit period. The maximum coverage available will be 100 days of skilled nursing benefits.
75. What about ambulance services? Are they covered under part A? Yes, but only if any other transportation would endanger the patient's health. This may require some advocacy on your part. Do not be surprised if they bill you rather than Medicare - even though it actually was a Medicare covered service.
76. Any time a nursing home determines that a patient no longer needs part A or part B services, they must give the patient (or the patient's representative if the patient cannot understand) a written "Notice of Medicare Non-Coverage."
http://edocket.access.gpo.gov/cfr_2004/octqtr/pdf/42cfr422.624.pdf
77. **Medicare** will NOT pay for nursing home "custodial care." **Medicaid** will cover it if you qualify, but a Medicaid application is **not** a last minute detail.
78. Watch out! An "**observation period**," is not a true "hospital admission."
<http://www.fiercehealthcare.com/story/trend-dramatically-more-hospital-patients-classed-observation/2009-03-10> . "Typical patients for observational care include those with chest pain, asthma attacks, kidney stones, dehydration, dizziness and mild trauma." Read carefully: "The observation period is typically about 24 hours. However, if it goes longer, some Medicare patients face serious financial pain; Medi-

care may refuse to pay for treatments since they're not classified as inpatient care. Worse, hospitals aren't required to tell patients that they're in observational care, which means that they don't know that their medical bills are growing."

79. An important point about nursing home admissions - somebody will have to sign the admission contract and that person should be the patient. If the patient cannot sign, then a legally authorized representative can sign - but they should clearly sign the patient's name, then your name followed by "as the patient's representative."

80. It is illegal for a nursing home to require a third party to be a guarantor for the patient's bills. Do not inadvertently volunteer to sign as a third party guarantor by signing in your own name on the line reserved for third party guarantors. If you sign on a line for the "responsible party" or "authorized representative" be sure and look for a definition of those terms in the contract.

81. Medicaid, what does it cover?

http://www.michigan.gov/mdch/0,1607,7-132-2943_4860-35199--,00.html

82. Medicaid *does not* cover beauty shop and barber shop services, private duty nurses, personal clothing, a private room, a telephone in the room, or a TV or radio that is for personal use.

83. If a patient is having trouble with a Medicaid bill, they can contact the Medical Services Administration in Lansing via the beneficiary help line at 1-800-642-3195.

<http://www.michigan.gov/mdch/0,1607,7-132--72891--,00.html>

84. Medicaid does not cover assisted living care. But there are Medicaid options for those who want to use Medicaid to pay for services outside of the nursing home setting.

http://pattidudek.typepad.com/pattis_blog/files/waiver_2008_fact_sheet_memo.pdf . Recently, Michigan announced that it would include licensed assisted living facilities in the MiChoice program.

http://www.michigan.gov/documents/dhs/MI_Choice_Services_flyer_297394_7.p

df The patient still has to pay for their room and board. MiChoice will help pay for care in addition to room and board (but not to the level of nursing home care).

85. Aid and Attendance is available to veterans that have served on active duty for at least 90 days with at least one of those days during a period of war. The veteran must not have a dishonorable discharge. The wartime dates are as follows: WWII 12/7/1941 through 12/31/1946; Korean Conflict 6/27/1950 through 1/31/1955; Vietnam Era 8/5/1964 through 5/7/1975; and Gulf War 8/2/1990 through ---.
86. In addition to meeting the service requirement, the veteran or their surviving spouse must meet the medical needs test --- the veteran or their surviving spouse must have a regular medical need for assistance or supervision due to a qualifying disability.
87. In addition to meeting the service requirement and the medical needs test, the veterans' household must meet the income and assets test. The income limit is a NET income amount, after medical expenses are deducted.
88. For 2009, the income limit for a single veteran is \$19,736/year. For a married veteran, the household income limit is \$23,396/year.
89. For 2009, the income limit for a surviving spouse of a veteran is \$13,915/year. For a surviving spouse, the income limit is \$15,587/year if the spouse has a dependent.
90. If the surviving spouse remarries, they probably lose their ability to get Aid and Attendance because when a surviving spouse remarries they lose their dependent military ID card and health insurance.
91. The VA benefit booklet is the quickest way to get an education in VA terminology: http://www1.va.gov/OPA/vadocs/current_benefits.asp Here is what it says about co-pays for medicines: Most Veterans are charged \$8 for each 30-day or less supply of medication provided by VA for treatment of conditions that are not service-connected. For veterans enrolled in Priority Groups 2 through 6, the maximum copay for medications that will be charged in calendar year 2009 is \$960.

92. The following groups of veterans are **not charged medication copays**: veterans with a service-connected disability of 50 percent or more; veterans receiving medication for service-connected conditions; veterans whose annual income does not exceed the maximum annual rate of the VA pension; veterans enrolled in Priority Group 6 who receive medication under their special authority; veterans receiving medication for conditions related to sexual trauma related to service on active duty; certain veterans receiving medication for treatment of cancer of the head or neck; veterans receiving medication for a VA-approved research project; and former POWs.
93. NOTE: Copays apply to prescription AND over-the-counter medications, such as aspirin, cough syrup or vitamins, dispensed by a VA pharmacy.
94. **VA Outpatient Care:** A three-tiered copay system is used for all outpatient services. The copay is \$15 for a primary care visit and \$50 for some specialized care. Outpatient Visits Not Requiring Copays: Copays do not apply to publicly announced VA health fairs or outpatient visits solely for preventive screening and/or immunizations, such as immunizations for influenza and pneumococcal, or screening for hypertension, hepatitis C, tobacco, alcohol, hyperlipidemia, breast cancer, cervical cancer, colorectal cancer by fecal occult blood testing, education about the risks and benefits of prostate cancer screening, and weight reduction or smoking cessation counseling (individual and group). Laboratory, flat film radiology, electrocardiograms, and hospice care are also exempt from copays.
95. **VA Inpatient Care:** Priority Group 7 and certain other veterans are responsible for paying 20 percent of VA's inpatient copay or \$213.60 for the first 90 days of inpatient hospital care during any 365-day period. For each additional 90 days, the charge is \$106.80. In addition, there is a \$2 per diem charge. Priority Group 8 and certain other veterans are responsible for VA's inpatient copay of \$1,068 for the first 90 days of care during any 365-day period. For each additional 90 days, the charge is \$534. In addition, there is a \$10 per diem charge.
96. **VA Extended Care:** For extended care services, veterans may be subject to a copay determined by information supplied by completing a VA Form 10-10EC. VA social

workers can help veterans interpret their eligibility and copay requirements. The copay amount is based on each veteran's financial situation and is determined upon application for extended care services and will range from \$0 to \$97 a day.

97. To receive VA care, you **enroll** in the VA health system. You can fill out the form online at <https://www.1010ez.med.va.gov/sec/vha/1010ez/> or you can receive the form by calling 1-877-222-VETS (8387). Complete the form and mail it to local VA. **Please note that the VA Medical Benefits Package is available to all enrolled veterans**, "the enrollment system ensures that Veterans who are eligible can get care and ensures that care is given to Veterans who are eligible. VA applies a variety of factors in determining Veterans' eligibility for enrollment, but once a Veteran is enrolled, that Veteran remains enrolled in the VA health care system." <http://www4.va.gov/healtheligibility/> visited 10-23-2009.

98. Those with service-connected disabilities get higher priority. Please note priority levels seven and eight are income and asset sensitive: "Group 7: Veterans with income and/or net worth above the VA national income threshold and income below the geographic income threshold who agree to pay copays. Group 8: Veterans with income and/or net worth above the VA national income threshold and the geographic income threshold who agree to pay copays." Browse the VA health care benefits at <http://www1.va.gov/health/>

99. Medicaid has a **Home and Community Based Services Program** that is often times referred to as the **MI Choice Waiver program**. "This program provides home and community-based services for aged and disabled persons who, if they did not receive such services, would require care in a nursing home." Michigan DHS PEM 106 @ page 1, manual date 4-1-2009. The income limit for the Waiver program is 300% of the SSI Federal Benefit Rate. PEM 106 @ page 2. In 2009, the income limit is \$2,022. Special eligibility rules apply to the Waiver program. For example, a Waiver participant is a group of one even when they live with their spouse. See PEM 106 which references PEM 211. In plain English, that means that only the Waiver applicant's income has to be less than \$2,022 per month in order to qualify. To get into the

Waiver program, an agent has to perform an initial assessment to confirm that the applicant is medically eligible and also to write a care plan that provides for which services are to be furnished, the amount, frequency and duration of each service, and the type of provider to furnish each service. The agent then arranges for the plan to be implemented. According to PEM 106 dated 4-1-2009 @ Exhibit I - "DCH Waiver Service Agents," for Kent County, the Waiver agent is the Area Agency on Aging of Western Michigan, Inc., 1279 Cedar St. NE, GR, MI 49503. Phone 616.456.5664. Also, HHS Health Options, 5363 44th St. SE, GR, MI 49512. Phone 616.954.1547.

100. The Grand Rapids area is a PACE service area. PACE stands for Program for All-Inclusive Care for the Elderly. The Kent County PACE provider is **Care Resources**. Their Summer 2009 newsletter states "Every participant in Care Resources qualifies to go into a nursing home... yet only 5% of them actually do. It is our goal to enable people to age in place at home." If you are **Medicare and Medicaid** eligible, you can enroll in the PACE program for free: "There are no out-of-pocket costs for the program if you are Medicare and Medicaid eligible and use the providers for services that have been arranged for you by the Interdisciplinary Team." (Care Resources website under FAQ). A person qualifies to "join" Care Resources if they are 55 years old or older, a resident of Kent County, "meets eligibility for nursing facility level of care as determined by the state of Michigan, and can live in the community without jeopardizing his or her own safety. (Care Resources website under FAQ) "Transportation is provided by Care Resources. One of our specially-equipped vans picks you up at home and brings you to Care Resources for the day. You may get a medical check-up, physical and occupational therapy depending on your needs. you will get a hot meal, plus social and recreational activities with other participants at Care Resources." (Care Resources website under FAQ) It is important to understand the following: "Care Resources participants agree to receive all health care services from Care Resources' Interdisciplinary Team which consists of a physician, clinic and homecare nurses, social worker, physical, occupational, speech and recreational

therapists, personal care attendants and transportation representative.” (Care Resources website under FAQ)

101. The last and most important tip I can give you is this: It is less important that you know everything and more important that you know where to find the people that you need. The most successful seniors are not the ones that know or have everything. Instead, the successful senior knows the value of a good support group. A good support group knows how to be supportive and how to find support services. Go to <http://www.caregiverresource.net/> to find the people that you need. Join a support group and stay plugged in to those who support you. It's the most important thing that you can do for yourself.