

5. Financial Support Services

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5-A. Insurance

Insurance can be difficult to manage. Because the person with the brain injury may be in a coma, in an acute care hospital or cognitively unable to handle their insurance affairs, it is recommended that a family member or other representative (e.g., attorney) lend assistance. Since each policy is different, this section focuses on sources of assistance in resolving questions and/or problems with insurance.

Soon after the injury occurs, gather all policies and find out what type of insurance coverage is carried by the injured person. Write down agent names, phone numbers and all policy numbers.

It is important to keep a file of all insurance communication (letters, dates and topics of phone calls, who you spoke with) from the start.

Find out what the insurance policy or policies cover in terms of medical treatment. Investigate how insurance coverage differs between acute hospital care and rehabilitation inpatient and outpatient services.

Check to see if the injured person or family is eligible to receive any coverage from the following types of insurance:

- _____ Employment and/or group policies (Blue Cross/Blue Shield, Coventry, etc.)
- _____ Supplemental accident and/or health policies
- _____ Disability Insurance Protection (DIP) may be offered on policies and on some credit cards, in event of injury
- _____ Auto insurance (if injury is vehicle related)
- _____ Mortgage or Homeowners Insurance (possible coverage if injured on your or others property)
- _____ Worker's Compensation (if injury is job related)
- _____ Short and/or long term disability plan
- _____ Credit Life and Health Policies (available on Mortgages, Credit Cards, Auto Loans, etc.); designed to keep up payments during periods of disability
- _____ Limited Action Policies (available through schools, veterans groups, AAA, civic groups, bank accounts, etc.)
- _____ School Coverage (if injury occurs at school or during student activities such as athletics or field trips, etc.)
- _____ Medicare/Medicaid

— *Kansas Insurance Department*

This agency has direct authority to intervene in any cases involving insurance sold in Kansas. Employer self-insured plans are beyond their involvement; however, they can and do often act as intermediary.

In event of problems, the most important thing the insured must furnish is documentation from the onset.

In addition to helping with complaints or problems, this office can often steer you to other sources of possible aid, such as other government agencies (Federal, State, County, and City) and private charitable organizations.

5-B. Worker's Compensation

Worker's Compensation (or Worker's Comp) is a program where an employer is required to furnish all necessary medical treatment and (if the worker is off work for more than one week) to provide weekly compensation payments to the worker for job related injuries.

Eligibility

To receive Worker's Compensation, the injury must be job-related and the injured's employer must be subject to the Kansas Workers Compensation Law. The employer must be notified within 10 days of the injury. For just cause, there may be a period of 75 days to notify the employer of the injury. A written claim must be filed within 200 days of the accident or the last date benefits are paid.

Once you notify your employer of your injury, an accident report is required to be completed by the employer/insurance carrier. If Worker's Compensation is needed, your employer and their insurance carrier should take care of the required paperwork.

If you have questions regarding Worker's Compensation, first, contact your employer and ask them to provide the benefits you are requesting. For further information, or if you have problems, such as your benefits not being paid on time, unpaid medical bills, or other questions, contact Worker's Comp at 1-800-332-0353 or log on to www.dol.ks.gov.

5-C. Consolidated Omnibus Budget Reconciliation Act (COBRA)

COBRA is a law that allows some individuals to purchase group health insurance for a limited period after losing coverage. Reasons for losing coverage may be termination or resignation from a job or reduction of work hours.

If you are entitled to COBRA, your health plan must give you notice stating your right to continue benefits provided by the plan. You have 60 days to accept coverage or lose all rights to benefits. You will be responsible to pay the entire premium coverage, which typically is more than what full-time employees pay, but may be less than obtaining health insurance as an individual.

If you have any questions about eligibility, periods of coverage, or cost, call your insurance company or contact the personnel office at your place of employment.

5-D. Social Security

Social Security Disability Programs are offered by the Social Security Administration and provide income in the form of a monthly check if you are unable to work due to disability.

Disability under Social Security is based on your inability to work. You will be considered disabled if you are unable to do any kind of work for which you are suited. You will be considered disabled if you meet all of the following conditions:

- You have a physical or mental condition that keeps you from working.
- Your condition is expected to last at least a year or to result in death.

The Social Security Administration directs two disability programs:

- Supplemental Security Income (SSI)
- Social Security Disability Insurance (SSDI)

— **Supplemental Security Insurance (SSI)**

Eligibility

SSI is awarded to people who have limited or no income resources and have a disability or are blind, and to those who are 65 or older. You may identify your brain injury as your disabling condition. SSI is not just for adults. Monthly benefits can go to disabled and blind children, too.

An individual should apply for SSI if she or he has an income of approximately \$490 per month or less. These income levels can change so you should check with the Social Security Administration for current guidelines.

— **Social Security Disability Insurance (SSDI)**

Eligibility

You can receive Social Security disability benefits at any age. To be eligible for SSDI a person must:

- Have worked and paid enough in Social Security taxes (FICA), and be considered medically disabled. If you have a brain injury of any type (tumor, stroke, injury, etc.), you may identify this as your disabling condition; **OR**
- Be a disabled widow or widower of a worker who was covered by Social Security at the time of their death; **OR**
- Be disabled before age 22 and the child of someone who is disabled, retired, or deceased; **OR**
- Be a disabled ex-wife or ex-husband who is 50 or older (can claim benefits off ex-spouse's record if marriage lasted 10 years or longer) and whose disability began within 7 years of the worker's death.

Application Process

In order to apply for either SSDI or SSI, you will need to contact the Social Security Hotline at 1-800-772-1213 to schedule an appointment. This appointment will be a phone interview to see if you qualify. A Social Security representative will call you back at the appointed day and time. You are not required to go to a Social Security office to apply.

You should apply as soon as you acquire a disability. The claims process takes from 60-90 days. SSDI benefits will not begin until the sixth full month of disability. This waiting period begins with the first full month your disability began. There is no waiting period for SSI.

In some cases, applicants may qualify and receive benefits for each program.

5-E. Medicare

Medicare is our country's health insurance program for people age 65 and older. Certain people younger than 65 can qualify for Medicare, too, including those who have disabilities and those who have permanent kidney failure or amyotrophic lateral sclerosis (Lou Gehrig's disease). The program, run by The Centers for Medicare & Medicaid Services (CMS), helps with the cost of healthcare, but it does not cover all medical expenses or the cost of most long-term care.

Medicare is financed by a portion of the payroll taxes paid by workers and their employers. It also is financed in part by monthly premiums deducted from Social Security checks.

Services Provided

Medicare has four parts:

- Hospital insurance (Part A) helps pay for inpatient care in a hospital or skilled nursing facility (following a hospital stay), some home health care and hospice care.
- Medical insurance (Part B) helps pay for doctors' services and many other medical services and supplies that are not covered by hospital insurance.
- Medicare Advantage (Part C) plans are available in many areas. People with Medicare Parts A and B can choose to receive all of their healthcare services through one of these provider organizations under Part C.
- Prescription drug coverage (Part D) helps pay for medications doctors prescribe for treatment.

Eligibility/Application Process

If you meet one of the following criteria, you will automatically be enrolled in the Medicare program and will receive a Medicare card in the mail:

- If you are age 65 or older and receiving Social Security, or
- If you have been receiving Social Security or Railroad Retirement Disability for at least 24 months.

If you have any questions, have not received your Medicare card, or feel you should qualify, call the Social Security Hotline 1-800-772-1213. You will be asked to give your full name, address including zip code, your date of birth, your social security number, and the date of the onset of your disability.

You can get more detailed information about what Medicare covers from *Medicare & You* (Publication No. CMS-10050). To get a copy, call the Medicare toll-free number 1-800-MEDICARE (1-800-633-4227), or go to www.medicare.gov. If you are hearing impaired, you may call TTY 1-877-486-2048.

5-F. Medicaid

Medicaid, also known as Title XIX, is a federal-state partnership program that provides health and long-term care services to people with low-incomes. These services include preventive, primary and acute health services for individuals, children and families. It also provides certain long-term care services, like nursing homes, for the elderly or people with disabilities.

Eligibility

All persons applying for Medicaid are required to meet general, non-financial requirements, which include:

- Kansas Residency
- U.S. Citizen or Documented, Qualified Immigrant Status (except for coverage of emergency services under the SOBRA program)
- Verification of Citizenship and Identity (with a few exceptions)
- Use of other health insurance coverage before using Medicaid

Services Provided

Mandatory benefits that are provided through Medicaid include physician services; laboratory and x-ray services; inpatient hospital services; outpatient hospital services; early and periodic-screening, diagnostic, and treatment (EPSDT) services for individuals under 21; family planning and supplies; Federally-qualified health center (FQHC) services; rural health clinic services; nurse midwife services; and certified pediatric and family nurse practitioner services. Mandatory long-term care benefits are institutional services and nursing facility (NF) services for individuals 21 or over. The state also offers many optional services through the Medicaid program.

5-G. Social and Rehabilitation Services (SRS) Programs

Social and Rehabilitation Services (SRS) administers many programs to help people with low income. SRS offers four programs to help obtain food, medical assistance, or cash payments. These programs are:

- The Food Stamp Program
- Aid to Families with Dependent Children (AFDC)
- General Assistance (GA)
- Kansas Traumatic Brain Injury Medicaid Waiver

Application Process (Any SRS Program)

To determine if you are eligible for any SRS program, contact your local SRS office to have an application mailed to you. You may also pick one up in person. Only one application is needed to apply for one, or all, of the SRS programs. Mail, or return, the completed application to the SRS office. They will contact you to conduct an interview with an SRS representative. Determination of eligibility will then be made. In the case of Kansas Traumatic Brain Injury Medicaid Waiver, you will choose a case manager and develop a care plan. To find out the SRS office nearest you, visit www.srskansas.org or call 1-785-296-3959 or 1-785-296-1491 (TTY).

— **Food Stamp Program**

This program is a nutrition assistance program that helps people who have little income buy food. Food stamps can be used like money to buy food at the grocery store. It takes about 30 days to get food stamps after you turn in your application. Some people who have little or no income may get Expedited Food Stamps within 5 days.

— **Aid to Families with Dependent Children (AFDC)**

AFDC is a cash assistance program that helps people with children. The children must be under age 18 or under 19 and a full-time student expected to graduate before his/her 19th birthday, living with a relative, and deprived due to unemployment, incapacity, or absence of a parent. In addition, women can qualify for AFDC in their 6th month of pregnancy if they are expected to be eligible for AFDC in the month the child is born. Persons who receive AFDC also receive Medicaid.

— **General Assistance Program (GA)**

GA is a cash assistance program for persons who are not eligible for AFDC or SSI. Most people who receive GA are disabled adults with no children. Persons who receive GA also receive MediKan, a program that covers fewer medical services than Medicaid.

5-H. Community Assistance

— **American Red Cross**

The Red Cross offers numerous services. Financial assistance to people, including the elderly and/or disabled victims of crime, and emergency energy-related assistance is available through emergency social services. Disaster services, from single family to major catastrophe, include emergency assistance of food, rent, clothing, household furnishing, medical items such as eyeglasses and prescriptions, etc. The Red Cross also offers: Braille services; youth services; health & safety services; volunteer services; nutrition programs; and blood services.

— **Kansas Ecumenical Ministries Health Ministry Fund**

The Health Ministry Fund offers farmers assistance with healthcare expenses in the form of mini-grants. Grants are for a maximum of \$150.00. The applicant must *reside* on a farm; persons who live in town and work on a farm do not qualify.

To apply for a grant, farmers are asked to contact their local minister. The minister will contact the Ecumenical Ministry office for appropriate documentation of need.

— ***Medical Suppliers and Medical Equipment Loan Programs***

Some independent living centers have limited equipment available for loan, including wheelchairs, walkers, stool risers, commodes, crutches, etc. Call to inquire about availability of the equipment that you may need. (see directory)

— ***Women Infant and Children Program (WIC)***

This is a supplemental food program that provides services and education to pregnant mothers, breast-feeding mothers, and children up to age four. Eligibility is based on income guidelines.

5-I. General Financial Information

— ***Credit Counseling***

Trained counselors handle call-in questions concerning tenants or landlord's rights and responsibilities.

Services include: consultation and assistance in budgeting, assistance in contacting creditors, requesting reduction in payment and/or reducing or forgiving interest or finance charges. In some cases they will distribute funds to creditors.

— ***Banks and/or Credit Unions***

Counseling is often offered to depositors at no charge.

— ***Individual Creditors***

In many cases consumers can contact the credit managers of their major creditors and in case of hardship arrange a reduction in payment or possible waiver of interest or late charges.

— ***For-profit Counseling Services***

Other for-profit credit counseling services are listed in the yellow pages of your phone book and in newspaper advertisements. Be aware that for-profit counseling services charge for their services.

For information about other Credit Counseling Services check the yellow pages under "Credit & Debt Counseling, Credit Unions and/or Banks".

— *Estate Planning for Persons with Disabilities*

Many people are misled into thinking that estate planning is for the wealthy or those who have stocks, investments, mutual funds, financial portfolios, etc. Estate planning, wills, and trusts pertain to protecting the assets that you have, regardless of your income. The cost of lifetime care for a person with a disability, especially brain injury, can be quite high. Parents of children with a disability particularly need to plan for their child's future rather than rely on the finances of government benefits. Government benefits cover the basic needs at best and it is not certain that the benefits you receive today will be available in the future. However, your child will be ineligible for benefits under many government programs if your child owns more than a nominal amount of property. Some states have laws that permit the state to seize property to pay for past or current services rendered. The dilemma in estate planning for families with children who have a disability is to leave money for the child without affecting the child's ability to receive other potential benefits.

— *Wills*

A will serves three vital functions:

1. Permits you to name a guardian for your minor children in the event that you and your spouse die before your children reach adulthood.
2. Permits you to specify the person (executor) who will be responsible for doing the administrative tasks that will need to be performed when you die.
3. Permits you to decide how your property is to be distributed when you die.

What happens if you die without a will? This is known as dying intestate. If you die without a will, the state will write one for you. The state will distribute your property according to its probate laws; these laws do not consider the special problems faced by families with members who have disabilities.

— *Trusts*

The trust is the most useful estate-planning tool available for providing future financial security for persons with disabilities. A special needs trust can be used to receive the property you intend to leave for your child; however, a trust can avoid the problems of direct inheritance that may make the person with the disability ineligible for other benefits or assistance.

In general, a trust is a legal relationship under which property is held, managed, and owned by a person (trustee) for the benefit of the person(s) for whom the trust was created (the beneficiary). The trust separates the responsibility of ownership from the

benefit of ownership. The person who has responsibility (the trustee) manages the assets according to the instructions written in the trust and manages the assets over the entire lifetime of the beneficiary, paying bills, and contracting for care.

In addition to parents establishing trusts for children, in some cases, senior adults set up trusts naming their sons/daughters as trustees. This may enable the senior adult's assets to be protected and managed without being counted as assets, which affect the income and may disqualify the senior adult for programs and services.

Notes
