



NRMLA EAST
The Business of Reverse: From Markets to Marketing

**NRMLA's
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REGIONAL MEETING**
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The Core Supports for Aging in Place: Making the Most of Your Benefits

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Agenda

- Introduction
- Objectives
- Case Study Presentation
- Review of Benefits
 - Social Security
 - Medicare
 - Medicaid
 - Commercial Plans
 - Long Term Care Insurance
- Ancillary Benefits
- Care Management
- Case Study Summary
- Applying Reverse Mortgage Concepts
- Learning More
- Q & A

Introduction



Objectives

- Become familiar with the various medical and financial benefits available to elderly and disabled persons
- Understand where to go and how to apply for benefits
- Be able to apply the use of these benefits to real world scenarios
- Understand the interaction of Reverse Mortgages with other medical benefits

Case Study:
Mrs. Gold



Issues to Consider

- Current benefit structure and coverage
- Coverage gaps/needs
- Income and resources
- Advocacy and support structure

Aging in Place Considerations

- Retirement Age
- Disability Status
- Aging and Disabled

Social Security

- Available to US Citizens who have worked “on the books”
- Purpose is to provide consistent income to retired citizens
- Amount is determined based on number of years worked and age at retirement

Types of Social Security

Social Security (SS)

- Available at retirement age

Supplemental Security Income (SSI)

- (\$750 Single, \$1125 Couple)
- Provides for low income persons regardless of work credits

Social Security Disability Income (SSDI)

- Available at any time a long term disability occurs as long as you have worked at least 5-10 years

Other Types of Income

- Employment/Spouse Employment
- Pension
- IRA Distribution
- Savings Accounts
- Sale of Properties
- Reverse Mortgages

Paying for Care

Medicare (A & B)

- Hospital and Outpatient Coverage
- Premiums and Deductibles Apply

Medicare (C)

- Managed Medicare
- Need Prior Authorizations

Medicare (D)

- Prescription Drug Coverage

Medicare Supplement

- Covers the 20% that Medicare does not cover
- Separate Premiums Apply

Commercial

- Sometimes kept from employer retirement plans
- Coordination of Benefits must be conducted


Medicaid

- Insurance for low-income persons
- Covers long term care, transportation, supplies, home health aides, etc.

Long Term Care Insurance

- Less common, but can pick up coverage on certain non-covered items

Medicare

MEDICARE			HEALTH INSURANCE	
1-800-MEDICARE (1-800-633-4227)				
NAME OF BENEFICIARY				
JOHN DOE				
MEDICARE CLAIM NUMBER			SEX	
000-00-0000-A			MALE	
IS ENTITLED TO			EFFECTIVE DATE	
HOSPITAL (PART A)			01-01-2007	
MEDICAL (PART B)			01-01-2007	
SIGN HERE → _____				

Medicare

ELIGIBILITY

Age 65+

Blind

Disabled

ESRD

COST

Part A – free if 10 or more work credits

Part B - \$134 per month + annual deductible

Part C – Premiums vary based on plan chosen

Part D – Premiums vary based on plan chosen

What Does it Pay For?

Part A:

Hospital Care

Skilled Nursing Facility Care (up to 100 days)

Hospice

Nursing Home Care (skilled component)

Home Care (PT, OT, Speech, HHA, MSW) as medically necessary

Part B:

Outpatient PT, OT and Speech

Physician Services

Mental Health Services (inpatient, outpatient and partial)

DME

Ambulance (when clinically warranted)

Part D:

Medications

What Doesn't it Pay For?

- Custodial Care
- Transportation
- Most dental care including dentures
- Day Programs
- Acupuncture
- Cosmetic Surgery
- Hearing aids
- Routine foot care
- Eye exams

Medicaid

DATE PRINTED: 01/23/0123 01:23:45 PM

B NEW YORK STATE
BENEFIT
IDENTIFICATION CARD



ID NUMBER CARD NUMBER
XX01234X 012345 6789 0123 456 78

SEX DOB
X 01/23/0123

LAST NAME **XXXXXX**

FIRST NAME / M.I. **XXXXXXXXX**

Signature

012345 ACCESS NUMBER SEQ#
0123 4567 890 01



New York State Medicaid

- Medicaid is a health insurance program for people with low income
- 6,395,894 people in New York state receive coverage through the Medicaid program
- Income guidelines for eligibility have changed with the expansion of the program through the ACA
- Adults with income up to 137% above the federal poverty level are eligible for Medicaid
- Children whose families have income up to 400% above the poverty level are eligible for the Children's Health Insurance Program

<http://www.wnylc.com/health/entry/15/>

Who is Eligible?

Non MAGI Medicaid Levels (SSI and SSI-Related Consumers With and Without Surplus)											
Family Size	1	2	3	4	5	6	7	8	9	10	Each Addt'l Person
Monthly Income	\$842	\$1233	\$1418	\$1603	\$1788	\$1973	\$2158	\$2343	\$2528	\$2713	\$185
Resource Level	\$15,150	\$22,200	\$25,014	\$28,275	\$31,539	\$34,800	\$38,064	\$41,325	\$44,588	\$47,850	\$3,263

How to Apply

1. Individuals or Couples without Children must apply through the NY State of Health Marketplace
 - www.healthbenefitexchange.ny.gov
2. Individuals that are Blind, Disabled, or age 65+ must apply to their local DSS.
 - A paper application must be completed <http://www.health.ny.gov/forms/doh-4220all.pdf> and mailed or dropped off to the Department of Social Service near their home

What's in an App?

INFORMATION REQUESTED

Demographics

All other persons living in the home

Current income from all sources

Amount paid in housing expenses

Amount paid in water expenses

Amount paid toward other health insurance

Any unpaid medical bills

***Supplement A

PROOF NEEDED

Proof of residence

Proof of Date of Birth

Proof of citizenship

Proof of income

Copies of Health Insurance Cards

Proof of housing/water expenses

Unpaid bills

Access NY Supplement A

This Supplement must be completed if anyone who is applying is:

- Age 65 or older
- Certified blind or certified disabled (of any age)
- Not certified disabled but chronically ill
- Institutionalized and applying for coverage of nursing home care.
This includes care in a hospital that is equivalent to nursing home care

Note: If you are applying for the Medicare Savings Program (MSP) only, this Supplement does not need to be completed.

INSTRUCTIONS:

- Sections A through F must be completed and this Supplement must be signed.
- If you or anyone in your household is applying for coverage of nursing home care, you must also complete sections G through I.

A. This Supplement is being completed for:

Legal Last Name	Legal First Name	MI	Social Security Number	Marital Status

Note: The remaining questions are for the person(s) named above.

So What Happens Next?

- A Medicaid Case worker is assigned and the packet is reviewed.
 - This can take up to 3 months but can also be done in as quickly as 1 month.
 - A formula is used to determine eligibility based on all information in the referral.
 - **Keep in mind, the income guidelines are the same for everyone despite bills.
- The patient will receive a letter in the mail with the determination.
- Many times the letter will say: **Approved with a Spend Down**.
- The letter may also say: Approved (Medicaid ID number will be provided) OR Denied with reason why and ability to appeal.

Dealing with a Spend Down

- Also known as Excess Income or Surplus
- If a patient is approved with a Spend Down this means they are over the Medicaid Income Guidelines but they have a need for Medicaid due to disability/age/high medical bills.
- The Spend Down amount is calculated:

Monthly Income - \$842 = Amount of Monthly Spend Down

How to Pay a Spend Down

- Pay amount to Medicaid directly
- Show receipts for care in the amount
- Apply for a pooled trust **Only if disabled

Pooled Income Trusts

- Money is typically placed in shared accounts that are donated to charity when the patient expires
- Requires monthly deposit of Spend Down
- Can then pay third party payments
- Reports provided to Medicaid annually for recertification
- May have monthly/annual service charges

<http://www.wnylc.com/health/entry/4/>

Managed Long Term Care

Managed Long Term Care Programs have been created to manage the care of a disabled/elderly person in their home rather than sending them to a nursing home.

Paying for all of those services Medicare doesn't cover:

- Home Health Aides
- Transportation
- Supplies
- Assistance with medication cost
- Podiatry
- Dentistry
- Hearing Aides
- Case Management

Eligibility:

- Medicaid eligible
- Require 120+ days of skilled need

Commercial Plans



Commercial Plans

- Typically only available from Government Employers
- Require a Coordination of Benefits if used with Medicare
- Does not pay for any custodial care needs
- Does not pay for ambulette services or other supply needs
- Helpful in eliminating residual costs that go unpaid by Medicare

Long Term Care Insurance

- Rare and very specific
- Do not cover total cost of care as presumed
- Not accepted by all service providers

Ancillary
Benefits



Ancillary Benefits

- SNAP/Food Insecurity
- Housing Subsidies
- VA Benefits
- Pensions
- Life Insurance

Care Management



Care Management Process Components



- Income/Poverty
- Financial Instability/Sustainability
- Access to Food
- Access to Clothing
- Safe and Affordable Housing
- Availability of Resources
- Community Safety
- Safe, Reliable, Affordable Transportation
- Education
- Cultural Needs
- Lack of Child Care
- Lack of Elder Care
- Coordination/Support

- Family Dynamics
- Chronic Disease
- Justice System Interaction
- Lack of Physical Activity
- Access and Affordability of Medications
- Relationship with Medical Providers
- Religious/Spiritual Needs
- Health Literacy
- Employment/Vocational Needs
- Access to Care
- Palliative Care Needs

- Language Barriers
- Social Isolation
- Behavioral Health Diagnosis with Treatment
- Behavioral Health Diagnosis without Treatment
- Undiagnosed Behavioral Health
- Tobacco Use
- Substance Use/Abuse
- Affordability of Utilities
- Development/Acquired Disabilities

Tools for Assessing Older Adults



Fall Screening



Depression Screening



Alcohol and Drug Use/Misuse Screening



Activities of Daily Living



Pain Assessment



Dementia Assessment



Home Safety

Case Study Summary



Case Study Summary

- ✓ Medicaid Eligibility
- ✓ Spend Down paid through Pooled Income Trust
- ✓ Application for MLTC
- ✓ 12 Hour HHA
- ✓ Equipment Order (hospital bed, commode, walker, wheelchair)
- ✓ Ambulette Service
- ✓ Support Groups for Mrs. Gold
- ✓ Speech, Physical and Occupational Therapy – in home and outpatient
- ✓ Home Visiting Doctor for acute care needs



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Reverse Mortgages

APPLICATION OF CONCEPTS

Income

Medicaid looks at two things:

- Monthly Income (which can be managed through Pooled Income Trusts)
- Assets/Resources (cash in bank)

So – if a Reverse Mortgage offers a new source of income for a recipient, how does that impact Medicaid eligibility?

Unearned Income

Reverse Mortgages are considered Unearned Income and counted as follows:



Aid to Dependent Children, Low Income Families, Single/Childless Couples = disregarded as income and resources

SSI recipients = disregarded as income BUT counts as a resources



SSI recipients = if Reverse Mortgage is a Reverse Annuity Mortgage, then is counted as income in the month received and a resource thereafter



All others categories = consider how the Reverse Mortgage is written with regards to monthly income

Learning More

https://www.health.ny.gov/health_care/medicaid/

<https://www.usa.gov/medicaid>

<https://www.cms.gov/>

https://www.health.ny.gov/health_care/medicaid/redesign/docs/mltc_guide_e.pdf

<http://www.ageinplace.org/>

<http://www.wnylc.com/health/entry/44/>

<https://specialneedsanswers.com/pooled-trust>

<https://ocfs.ny.gov/main/localdss.asp>

<https://www.nrmlaonline.org/>

https://socialwelfare.stonybrookmedicine.edu/continuing_education



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