

**HIV/AIDS BENEFIT INFORMATION SUMMARY
GENERAL GUIDELINES
TOLL FREE 1 – 877 – 342 – 2437**

**Kenneth Pape, DHS
HIV/AIDS Services Coordinator
(313) 456-1678**

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APRIL, 2009

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| Program Title/ Administered By: | Social Security Disability (SSDI)/U.S. Government Social Security Administration |
| Eligibility Requirement: | <u>Disability:</u> Unable to perform any substantial gainful activity (earning more than \$980/m, gross) and suffering from an incapacity or disease that is expected to last 12 months or longer or results in death. |
| Financial Eligibility: | Must have worked and paid into system five out of last ten years, if age 31 or more. |
| Benefits Amount: | Amounts vary. |
| Payment Intervals: | Paid on 3 rd of month, covers prior month. Applicants after 5/97 = checks received 2 nd -4 th Wed. of month. Five month wait period from month after disability onset date; may or may not be retroactive to date of application. |
| Duration of Coverage: | Long-term based on continued eligibility. Can be employed, but earning \$980/m gross or less. Work incentives exist to encourage employment. Call (313) 456-1678 for further work incentives. |
| How to Apply: | You may make an appointment with your local Social Security office. Interviews can be arranged by calling (800) 772-1213 (7 AM to 7 PM). Appointments can be in person or by phone. |

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| Program Title/ Administered By: | Supplemental Security Income (SSI)/U.S. Government Social Security Administration |
| Eligibility Requirement: | <u>Disability:</u> See SSDI. |
| Financial Eligibility: | Assets under \$2,000 for an individual, or \$3,000 per couple. |
| Benefits Amount: | Automatically eligible for Medicaid. Up to \$674.00 per month. \$449.00 if living in another's household. State SSI checks of \$42 mailed quarterly (Mar., June, Sept., Dec.). \$27.99 if living in another's household. |
| Payment Intervals: | 1 st of the month for that month. *Presumptive SSI: documentation re: diagnosis presented at application, may get check in 2-3 weeks. Form SSA-4814-F5 is available. |
| Duration of Coverage: | Long-term based on continued eligibility. Work incentives exist to encourage employment. Call (313) 456-1678 for further work incentive information. |
| How to Apply: | See SSDI. |

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| Program Title/ Administered By: | Medicare (Part A-Hospital, Part B-Doctor)/U.S. Government Social Security Administration |
| Eligibility Requirement: | 65 or older, or kidney failure at any age, or received Social Security Disability Ins. for 24 months. |
| Benefits Amount: | Part A: In-patient \$1,068 deductible. Outpatient care covered at 80% of allowable charges. Home Health, Hospice, Dr. visits, X-rays covered. Prescriptions NOT covered. Part B deductible is \$135/yr. May be eligible for a Medigap policy to cover co-pays and deductibles not covered by Medicare. |
| Payment Intervals: | Card provided. Part A: no cost. Part B: \$96.40/m deducted from SSDI. Part B is voluntary. |
| Duration of Coverage: | As long as Social Security Disability entitlement continues. If SSDI ends because of employment – may continue Medicare for 93 months (7¾ yrs) after the end of trial work period. |
| How to Apply: | Automatically enrolled if receiving SSDI. Medicare: 1-800-633-4227. |

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| Program Title/ Administered By: | Medicare Savings Program/Michigan Department of Human Services |
| Eligibility Requirement: | Assets < \$4,000. Income limits for one person: Full QMB < \$903/mo., Limited QMB < \$1,083/mo.; ALMB (Additional Low-Income Medicare Beneficiary) < \$1,219/mo. |
| Benefits Amount: | Medicaid pays Medicare Part B premium of \$96.40/mo. Full QMB: coinsurance's and deductibles also paid for. |
| Payment Intervals: | Paid monthly to SSA on behalf of client. |
| Duration of Coverage: | As long as Medicare is in effect. |
| How to Apply: | Local DHS Office. |

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| Program Title/ Administered By: | Medicaid (MA)/Michigan Department of Human Services |
| Eligibility Requirement: | <u>Disabled:</u> See SSDI. Income below 100% poverty level = \$903/mo. can qualify for coverage without deductible. Over \$340/m income becomes spend-down, amount can be met by current medical expenses, old bills, personal care needs. Asset limit \$2,000. <u>Freedom to Work:</u> Medicaid clients with unearned income below \$903/mo. and earned income below \$2,257/mo. qualify for premium-free Medicaid. Earned income above \$2,257/mo. will pay monthly premium for Medicaid coverage. |
| Benefits Amount: | Paid direct to service provider. Retroactive three months if requested and found eligible |
| Payment Intervals: | Beneficiaries receive a "mi health" permanent plastic identification card. |
| Duration of Coverage: | Ongoing. *Medicaid clients (excluding spend-down clients and clients with Medicare) must enroll in MANAGED CARE. Clients must choose an HMO. Rarely are exceptions allowed. Call 1-888-ENROLLS. |
| How to Apply: | Local DHS Office. |

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| Program Title/ Administered By: | Drug Assistance Program (DAP)/Michigan Department of Community Health (MDCH) |
| Eligibility Requirement: | Have less than \$4,061/mo. income (for one person) per month. Must apply for Medicaid or Adult Medical Program at DHS. Must complete application for MDCH, which includes statement on your medical status. **May cover private insurance co pays on prescriptions, with less than \$4,061/mo. income. Call DAP for details. |
| Benefits Amount: | Formulary covers 295 HIV and non-HIV meds and vaccines. Included are antiretrovirals, antibiotics, antimicrobials, antifungal, antiparasitic, antiprotozoal, antivirals, antidiabetic, antidiarrheal, cardiovascular/anti-hypertensive, gastrointestinal, analgesics/muscle relaxants, hyperlipidemia, psychotherapeutic/neuropathy, allergy/respiratory, wasting, Hep C and others. Includes 4 vaccines. Call 1-888-826-6565 for drug list info. |
| Duration of Coverage: | Ongoing as long as funds are available. Yearly review of case occurs in February/March. |
| How to Apply: | Contact with local DHS offices, and MDCH office, as needed. DAP toll free phone number: 1-888-826-6565. For online information and application, go to www.mipwa.org and click on "ADAP Information". |

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| Program Title/ Administered By: | Food Assistance Program (FAP)/Michigan Department of Human Services |
| Eligibility Requirement: | Low/no income. No asset limit. |
| Benefits Amount: | \$16 to \$200 month for one person. Amount depends on household size, income, household expenses and out-of-pocket <u>medical expenses</u> . Out-of-pocket medical expenses may increase FAP amount. |
| Payment Intervals: | Issued monthly on electronic benefits transfer (EBT) card. |
| Duration of Coverage: | If you get SSI/SSDI you can be certified for two years, unless changes occur. Earned income cases are certified for three months, some cases certified for one month only. |
| How to Apply: | Local DHS Office. |

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| Program Title/ Administered By: | State Disability Assistance (SDA)/Michigan Department of Human Services |
| Eligibility Requirement: | Low/no income. Cash assets under \$3,000. Definition of disability: physical/mental impairment, meets SSI standards (not substance abuse) for minimum of 90 days. Residing in SATC and 30 days afterward, or a caretaker, living with a disabled person qualifies, or with an active case with MI REHAB Services, or AIDS Diagnosis also qualifies. |
| Benefits Amount: | \$269 per month. Considered to be a loan before SSI starts. Medical coverage available through Adult Medical Program, can only qualify during open enrollment periods. |
| Payment Intervals: | Twice a month, on electronic benefits transfer (EBT) card. |
| Duration of coverage: | Based on continued eligibility. |
| How to Apply: | Local DHS Office. |

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| Program Title/ Administered By: | Adult Medical Program (AMP)/Michigan Department of Human Services |
| | OPEN ENROLLMENT ENDS 5/31/09. |
| Eligibility Requirement: | For clients receiving State Disability Assistance (SDA) or for people who have low or no income and no other insurance. Low income clients may have a spend-down. Cash asset limit of \$3,000. |
| Benefits Amount: | Dr. visits (with \$3 co-pay), prescription coverage (with \$1.00 co-pay), laboratory services, emergency room services (with \$25 co-pay), outpatient hospital services (but not physical therapy), medical supplies, ambulance to hospital emergency room, and radiology. EXCLUDED: dental services. |
| Payment Intervals: | Beneficiaries receive a "mi health" permanent plastic identification card. |
| Duration of Coverage: | Redetermined yearly. |
| How to Apply: | Local DHS Office. |

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| Program Title/ Administered By: | Medical Transportation/Michigan Department of Human Services |
| Eligibility Requirement: | Must receive SSI, FIP or MA (inc. MA deductible amounts met). Not for clients receiving SDA or those enrolled in an HMO as these health plans are required to provide transportation (except for dental, substance abuse, community mental health services). Client completes statement monthly. Dr. completed Medical Needs Form (DHS 54-A) kept on file. |
| Benefits Amount: | Payment for chronic, ongoing treatment, prescriptions, supplies and one-time, occasional medical visits, and to obtain evidence to determine disability is reimbursed at 12 cents per mile for all personal vehicles. Transportation by medical transport vehicles, and taxis is reimbursed at 21 cents per mile. Parking fees reimbursed with receipts. |
| Payment Intervals: | Clients or transportation provider reimbursed by fiscal services of local district office. |
| Duration of Coverage: | Reimbursement received during month following incurred medical expense. |
| How to Apply: | Local DHS Office. |

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| Program Title/ Administered By: | State Emergency Relief (SER)/Michigan Department of Human Services |
| Eligibility Requirement: | \$50 cash asset limit \$1,750 non-cash asset limit for one member group. Must pursue payments, potential resources. If shelter-related service was approved, NOT eligible for another approval unless all required payments on all shelter-related items have been made. |
| Benefits Amount: | First month's rent and arrearage, security deposit, utility deposit, moving expenses, house payment, property taxes, home repairs, food, burial/cremation (application can be made up to 10 days after), water, cooking gas, heat and electricity. For relocation, home ownership or home repair services, housing affordability is a condition of eligibility. Total housing obligation can't exceed 75% of groups' total net income. |
| How to Apply: | Local DHS Office Emergency Services Funds: provided to local offices to meet needs not covered by the SER program, as long as funds are available. Services covered may include emergency groceries, housing, transportation, prescriptions, incidentals, and prepared meals. |

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| Program Title/ Administered By: | Home Help Services/Michigan Department of Human Services |
| Eligibility Requirement: | Receives MA/or in MA deductible. Doctor, Physical Therapist, Occupational Therapist, or Nurse Practitioner verifies need for someone to provide help with eating/feeding, toileting, bathing, grooming, dressing, mobility, transferring, laundry, meal preparation, shopping, errands, light housecleaning and/or administering drugs. Medical Needs form (DHS-54A) is required to verify need. |
| Benefits Amount: | Payment amount is related to the need for personal care and based on individual assessments. The amount may be used to reduce and/or meet MA deductible. |
| Payment Intervals: | Paid monthly to the chore provider, who can be a friend, neighbor, relative, and can be someone who lives with you. Required FICA taxes retained and forwarded to IRS. |
| Duration of Coverage: | Ongoing as long as need exists. |
| How to Apply: | Contact an adult services worker at local DHS Office. Physical Disability Services for Adults: MA eligible, and documented chronic condition with functional limitations. Includes: counseling, training, equipment, home/vehicle modifications, mobility/communication aids. |

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| Program Title/ Administered By: | Veteran's Benefits/U.S. Government Veteran's Administration |
| Eligibility Requirement: | Free health care for other than dishonorable discharges. Eligibility is also based on income and period of military service. |
| Benefits Amount: | Complete health care and Pension additionally available depending upon level of disability or age and SSDI amount. Aid and attendance: \$785 per month. Non-service connected pensions. \$2 co-pay for meds. Service connected disability benefits. See www.myhealth.va.gov for health benefits information. |
| Payment Intervals: | Once per month. |
| Duration of Coverage: | Long-term based on continued eligibility. |
| How to Apply: | Contact a National Service Officer at your VA (VFW, DAV, PVA). For more information call Onelia Zurbruegg @ (313) 576-1000 ext. 63498 (Detroit). Toll free: 1-800-827-1000, or www.va.gov . *Medical Centers: Ann Arbor, Detroit, Saginaw, Battle Creek, Iron Mountain. Out patient Clinics: Benton Harbor, East Lansing, Flint, Gaylord, Grand Rapids, Hancock, Kincheloe, Ironwood, Jackson, Marquette, Menominee, Muskegon, Oscoda, Pontiac, Sault Ste. Marie, Traverse City, and Yale. |

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| Program Title/ Administered By: | Short Term & Long Term Private Disability/Private Employer |
| Eligibility Requirement: | Unable to work as certified by physician. Paid in through employer. |
| Benefits Amount: | Varies. Percent of salary after 3-6 months waiting period. Integrated plan offers other payment systems. |
| Payment Intervals: | Once per month. |
| Duration of Coverage: | Varies. Usually to age 65. |
| How to Apply: | Check summary plan description. Current employees: get an evaluation of entitlements. *You may be able to retain your work-related life insurance, but you must do so before leaving employment. |

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| Program Title/ Administered By: | Consolidated Omnibus Budget Reconciliation Act (COBRA)/U.S. Government IRS (excluded from COBRA law – federal, religious institutions & some union employees). |
| Eligibility Requirement: | Worked for an employer with 20 or more employees. |
| Benefits Amount: | Employee receives group health benefits by paying his/her own group rate premium. |
| Payment Intervals: | Premiums paid monthly. 18 month coverage. If disabled at time of leaving, may be eligible for 29 months (to qualify Medicare). May keep coverage through wait period for pre-existing conditions on new insurance. Before COBRA ends, contact insurance company for possible CONVERSION policy. |
| How to Apply: | Check summary plan description for details. Must elect to do this within 60 days of leaving employer. |

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**Program Title/
Administered By:** **Insurance Assistance Program (IAP)/Michigan Department of Human Services**

Eligibility Requirement: Have own private health insurance with no pre-existing conditions. Have income less than \$1,805/mo. for an individual, monthly medical expenses (excluding cost of the insurance premium) are allowable deductions. Own less than \$10,000 cash assets. Doctor's statement is part of application.

Benefits Amount: DHS will pay medical insurance premiums on health insurance policy. Can be retroactive 3 months prior to application. Eligible clients with individual, COBRA, conversion policies, and Medigap policies may be covered.

Payment Intervals: Varies, depending on premiums. Program Coordinator arranges for payments to be made to employer or insurance company only.

Duration of Coverage: Coverage lasts as long as health insurance is in effect. Clients must re-qualify once a year. After COBRA of 18 or 29 months end, may be eligible for conversion policy. Call insurance company regarding possible conversion policy.

How to Apply: Contact John Bain at (313) 456-1677 or 1-877-342-2437 for an application.

**Program Title/
Administered By:** **Insurance Assistance Program-Plus (IAP-Plus)/Michigan Department of Human Services and Michigan Department of Community Health**

Eligibility Requirement: Have own private health insurance with prescription coverage and with no pre-existing conditions. Have income less than \$4,061/mo. for an individual. No cash asset limit. Must not be eligible for/receiving full Medicaid (MA). HIV status verified by doctor.

Benefits Amount: DHS/MDCH will pay the medical insurance premiums on health insurance policy. Eligible clients with individual, COBRA or conversion policies may be covered.

Payment Intervals: Varies, depending on premium. Program Coordination arranges for payments to be made to employer or insurance company only.

Duration of Coverage: Clients must re-qualify twice a year. Coverage lasts as long as health insurance is in effect. After COBRA of 18 or 29 months end, may be eligible for conversion policy. Call insurance company regarding possible conversion policy.

How to Apply: Contact Monty Davenport at (313) 456-3882 or 1-877-342-2437 or your HIV case manager for an application.

**Program Title/
Administered By:** **Michigan Dental Program (MDP)/Michigan Department of Community Health**

Eligibility Requirement: Have less than \$4,061/mo. unearned/earned gross income for 1 person. Proof of income required. Must complete application for MDCH which includes statement of medical status. Not eligible for MDP if you have private dental insurance. May be required to go to DHS and apply for MA.

Benefits Amount: Call MDP (1-888-826-6565) for information on what is covered.

Duration of Coverage: Ongoing as long as funds are available.

How to Apply: Applications are not being taken at this time. Program is currently closed due to lack of funding. Contact MDP, toll free phone number is: 1-888-826-6565.

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| Program Title/ Administered By: | Home and Community Based Waiver for Elderly and Disabled/Office of Services on Aging (OSA) |
| Eligibility Requirement: | Available statewide. Clients eligible for MA if in a nursing home, or have income less than 300% of SSI level (\$2,022/mo.) or MA recipients may qualify. Persons without full Medicaid, or enrolled in Medicaid managed care, or have Adult Medical Program or Med Basic coverage are excluded. |
| Benefits Amount: | Allows clients who are eligible for Medicaid covered nursing home services, to remain in their own homes. Provides personal care, homemaker services, respite, adult day care, housing modifications, transportation, supplies, equipment, chore services, counseling, delivered meals, home health, private duty nursing, training. |
| Payment Intervals: | Services provided are arranged by using MA enrolled providers or are directly purchased by AAA. |
| Duration of Coverage: | Care plans reviewed every 90 days or when health status changes. |
| How to Apply: | Contact the regional Area Agencies on Aging (AAA), or call (313) 456-1678 or (877) 342-2437 for the waiver service agent for your county. |

MAJOR CHANGES FROM MARCH, 2008 EDITION

- PG. 1 – CHANGES TO SUBSTANTIAL GAINFUL ACTIVITY AMOUNT, SSI AMOUNTS, MEDICARE AMOUNT.
- PG. 2 – INCOME LIMITS FOR MEDICARE SAVINGS PROGRAM, MA AND DAP INCREASED
- PG. 3 – INFORMATION ON FOOD ASSISTANCE CHANGED.
- PG. 6 – INCOME LIMITS FOR IAP AND IAP-PLUS AND MICHIGAN DENTAL PROGRAMS INCREASED.

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