

Chapter 6

INSURANCE AND FINANCIAL INFORMATION

Medical and Financial Programs

VETERANS' BENEFIT

The VA operates the nation's largest integrated health care system, with more than 1,700 hospitals, clinics, community living centers, domiciliary, readjustment counseling centers, and other facilities. Hospital care (under certain conditions only) from the Veterans' Administration is sometimes provided to veterans on a bed-available basis for treatment of non-service connected conditions, provided that the injured individual signs a statement of inability to defray the costs of comparable care.

Additional benefits and services include disability pensions, outpatient treatment, home health services, home improvements, counseling, educational assistance, etc. depending upon the years and the duration of the injured individual's military or naval service. For benefits, contact either:

The US Department of Veteran's Affairs

810 Vermont Avenue
NW Washington, DC 20420
800-827-1000
www.va.gov

Connecticut Department of Veteran Affairs

State of Connecticut, Department of
Veteran's Affairs
287 West Street
Rocky Hill, CT 06067
866-928-8387
www.ct.gov/ctva

CONNECTICUT STATE SOLDIERS' SAILORS' & MARINES' FUND

The State of Connecticut also has a special fund for temporary emergency assistance for Connecticut veterans with limited incomes. Contact them for more information:

Connecticut State Soldiers - Sailors and Marines Funds

864 Wethersfield Avenue
Hartford, CT 06114-3184

860-296-0719

<http://www.ct.gov/ssmf/site/default.asp>

Connecticut veterans who require assistance may contact one of the agency's full-time Veterans Aid Investigators or a volunteer Fund Representative serving their locality in order to discuss their situation as well as the assistance that the agency might be in a position to provide.

Individuals must have:

- Honorable wartime service as defined in Conn. Gen. Statutes Section 27-103
- Connecticut residency
- Demonstration of need

Assistance is provided for temporary periods only and is limited in amount, frequency, and duration as specified by the State Fund Commission in accordance with the provisions of the American Legion Bylaws. Income and asset limitations apply.

Also available is information regarding the types of available assistance, contact information for Fund Representatives as well as how and where to apply.

WORKER'S COMPENSATION

The Worker's Compensation Commission administers a program which provides employees with job-related injuries with health care, income payments, and rehabilitation services (including vocational training). All employers are required by law to have worker's compensation insurance. However, since each company contracts with an insurance company of their choice, individual benefits may vary. To apply for Worker's Compensation benefits, the injured employee should contact the Worker's Compensation Commissioner having jurisdiction over the city in which the worker has been injured. For detailed, up-to-date information concerning your district call 860-493-1500 or go to

<http://wcc.state.ct.us/wcc/dist-ct.htm>.

For available benefits and the application procedures go to the **Worker's Compensation Commission (WCC), State of Connecticut Website**

<http://wcc.state.ct.us/>.

The Worker's Compensation Commission (WCC) administers the worker's compensation laws of the State of Connecticut with the ultimate goal of ensuring that workers injured on the job receive prompt payment of lost work time benefits and attendant medical expenses.

To this end, the Commission:

- Facilitates voluntary agreements
- Adjudicates disputes
- Makes findings and awards
- Hears and rules on appeals
- Closes out cases through full and final stipulated settlements.

Here is what to do, if you have a work-related injury or illness. Download the information packet which contains comprehensive information and the 30C Form you can use to make an official claim for worker's compensation benefits. The website is comprised of more than 4,800 web pages and downloadable documents which include:

- News of Connecticut's workers' compensation system,
- Memorandums issued by the Workers' Compensation Commission Chairman that affect the daily operation of the worker's compensation system
- RSS Newsfeed to which you can subscribe as a free and convenient way to keep abreast of workers' compensation-related updates.

Agency Forms are available in Portable Document Format (PDF) and can be filled out online and printed. The online forms also have the capability to save any data you type into them. All that is needed in order to use this extended functionality is the free and easy-to-use Adobe Reader software program (version 7 or 8). Publications are also available in PDF, including Annual Reports, Benefit Rate Tables, informational Handbooks, Statute Books, and Glossary of workers' compensation

Statutes and Regulations: The Worker's Compensation Act (also known as Chapter 568 of the Connecticut General Statutes) was first enacted in 1913. There

have been numerous changes to the Act since that time, but the main premise of the Act has always been to provide wage replacement and other benefits, as well as medical treatment, for those employees who have been injured, disabled, or killed while performing their jobs.

The Act also sets up an administrative system to provide for worker's compensation benefits by creating the Worker's Compensation Commission as the agency to administer the provisions of the Act. Part of implementing those statutes includes issuing regulations that affect the operation of various aspects of the worker's compensation system.

Hearings and Appeals: The Commission holds hearings to resolve disputes in worker's compensation cases in the eight district offices located throughout Connecticut. The Commission's Compensation Review Board (CRB) hears and rules on appeals from hearings initially held in the Districts. CRB Calendars are available online that can be viewed and printed to follow the Board's upcoming hearing activities. The WCC also publishes the opinions that are issued from appeals. Currently all opinions from October 1, 1994 to the present are available on the website. Annotations of all CRB Opinions from 1980 to the present are also available as a research aid.

Additional Commission Services: In addition to its quasi-judicial duties, the Commission performs a number of related duties. Education services provide information about the worker's compensation system through website, toll-free telephone information service, publications, and more. Both injured workers and employers may benefit from the offerings of rehabilitation services, which assist eligible injured workers to return to the state's workforce. The safety and health services unit assists employers with implementation of the worker's compensation regulations regarding "Establishment and Administration of Safety and Health Committees at Work Sites." The Commission's statistical division measures and monitors the Commission's caseload, performance, researches insurance coverage and claims data. Agendas are posted for public meetings of the Workers' Compensation Advisory Board and Workers' Compensation Commissioners.

Licensing: The Commission is also charged with administration of several types of "licensing." The first of these is the granting to qualifying employers in the state the right to operate an approved Medical Care Plan (sometimes called a

PPO) to provide medical treatment for their employees' work-related injuries and illnesses. Second, the Commission reviews and approves applications for self-insurance plans in which employers insure their state-mandated worker's compensation liabilities themselves, rather than through purchasing insurance coverage from commercial insurance carriers.

FEDERAL PROGRAMS

BENEFITS CHECKUP

BenefitsCheckUp www.benefitscheckup.org is the National Council on Aging's on-line tool for people ages 55+ to see what federal and state programs may be available to them.

MEDICARE

Medicare is a federal health insurance program for people 65 or older, people with permanent kidney failure, and certain people who have disabilities. **Medicare** parts include Hospital insurance (Part A) and medical insurance (Part B). Anyone who has **Medicare A or B** is eligible for the **Medicare** prescription drug benefit that began in January 2006. For more information on the MEDICARE RX or MEDICARE PART D – MEDICARE PRESCRIPTION DRUG BENEFIT look below at “**PRESCRIPTION DRUG/MEDICATION COVERAGE**” or go to <http://www.medicare.gov/>

Hospital insurance helps pay for three kinds of care. These are inpatient hospital care, medically necessary inpatient care in a skilled nursing facility after a hospital stay, and home health care. Medical insurance (Part B) can help pay for any doctor's services, outpatient hospital care, outpatient physical therapy and speech pathology services, home health care, and a number of other health services and supplies which are not covered by hospital insurance. **Medicare** handbooks listing the exact services provided by www.medicare.gov are also available in the local Social Security.

Individuals under the age of 65 who qualify for **Medicare** by virtue of being SSDI recipients, are automatically eligible for Medicare hospital insurance (Part A) two years after their injury. However, one does not automatically

qualify for benefits under the medical insurance (Part B) program. To obtain these benefits an application has to be submitted to the local **Social Security Administration** office. Moreover, medical insurance (Part B) is not free; it is subject to payment of a monthly premium.

Medicare provides basic protection against the high cost of health care. However, it does NOT cover all medical and hospital expenses, and few expenses related to special equipment needs. Therefore, many private insurance plans supplement **Medicare**. The federal government does not sell or service such insurance. If you do not have another form of insurance, look closely at **Medigap** insurance.

If you want help in deciding whether to buy private supplementary insurance, call any **Social Security Administration** office for the latest guides to health insurance for people with **Medicare**, consult with any one of the other appropriate information sources listed in this chapter, or seek assistance from a private insurance agent of your own choosing.

If you disagree with a decision on the amounts Medicare will pay on a claim or have questions regarding the services provided, you always have the right to ask for a review of the decision. Any Social Security Administration office can be asked for assistance concerning formal hearings. Certain cases can eventually be appealed to a federal court.

MEDIGAP INSURANCE

MEDIGAP INSURANCE - Go to the CT Department of Insurance's list of companies approved to sell **Medigap** policies to supplement Medicare A and B, providing a basic benefit package, and different combinations of other benefits depending upon the plan selected. There are 10 standard **Medigap** plans, designated by letters A through L; Plan A is the basic benefit package; each of the other 11 plans offer different combinations of benefits. The CHOICES counselors at the Area Agencies on Aging can also provide lists of companies offering **Medigap** insurance in Connecticut, and can help people understand the differences among the plans. A PDF file on Medigap can be found at http://www.ct.gov/cid/lib/cid/Medigap_Fact_Sheet.pdf.

SOCIAL SECURITY DISABILITY INSURANCE (SSDI)

Social Security Disability Insurance is a federal program for people with disabilities who have worked enough quarters. There are no income or asset requirements. A person must meet the eligibility criteria of being unable to engage in substantial gainful employment for at least 12 consecutive months. A disabled widow or widower can collect benefits beginning at age 50. Benefits do not begin until the individual has been out of work for five months and are based on the level of earned income and quarters of insurance coverage.

For more information, or to apply, contact the **Social Security Office** 800-772-1213 or go to <http://www.socialsecurity-disability.org/content/about-ssdi>. You have the right to appeal and can request a pamphlet from the **Social Security Office** that explains this process.

SUPPLEMENTAL SECURITY INCOME (SSI)

Supplemental Security Income is a federal program to supplement the income of persons who are elderly, blind and/or have disabilities and who have limited income and assets. You do not need to have paid into social security to be eligible, however the same disability criteria used for SSI applicants as for SSDI applicants. It is possible to receive both SSI and SSDI. For more information or to apply call 800-772-1213 or go to <http://www.ssa.gov/ssi/>. You can request an appeal if you are denied.

MEDICARE ADVOCACY

Medicare Advocacy <http://www.medicareadvocacy.org> **Center for Medicare Advocacy** provides information, advocacy, and legal assistance to help Medicare beneficiaries with all aspects of Medicare-related questions or problems, including help with filing Medicare appeals. For information, assistance and advocacy: call (800)262-4414.

CONNECTICUT PROGRAMS

CT AREA AGENCIES ON AGING

Connecticut Area Agencies on Aging Area Agencies on Aging (AAAs) are a funding source for the Older Americans Act and other federal and state dollars. AAAs research and evaluate elderly issues, and offer community education to senior adults, caregivers, students and the community at large. They have extensive information on the needs of seniors as well as the services that can meet those needs and serve as an advocate for older individuals.

Local area Agencies on Aging administer programs and services for frail elderly and caregivers including:

- Statewide Respite Care Program
- National Family Caregiver Support Program
- CHOICES Program (Information and Assistance)
- CT Home Care Program for Elders (SWCAA and AASCC only)
- Aging Resource Centers
- Private care management is provided by some AAAs

For more information go to

<http://www.ctagenciesonaging.org/pages/home.php>.

STATEWIDE RESPITE CARE PROGRAM

Statewide Respite Care Program This program offers relief to stressed caregivers by providing information, support, the development of an appropriate plan of care, and services for the individual with Alzheimer's disease or related dementias. Clients may receive care through the delivery of services through agencies (traditional care option) or caregivers may hire someone of their choice to provide care (self-directed care option). There is a maximum of seven thousand five hundred dollars in services available per year to each applicant (subject to the Care Manager's discretion), and a maximum of 30 days of out of home respite care services (excluding Adult Day Care) available per year to each applicant. This program is a joint partnership between the Alzheimer's Association Connecticut Chapter, the Area Agencies on Aging, and the State of Connecticut Department of Social Services, Aging Services Division. For more information go to <http://www.ct.gov/agingservices/cwp/view.asp?a=2513&q=313026>.

CHOICES

Call 800-994-9422 to reach your closest **CHOICES** program. **CHOICES** is managed by the regional Area Agencies on Aging and is a free counseling program for people ages 60+, or people under age 60 who are disabled and need help with Medicare issues. The five program components of **CHOICES** include counseling and information to older adults about public and private insurance programs, outreach, information, and referral to senior services, counseling about resource options, and eligibility screening for state and federal benefit and support programs. **CHOICES** is the lead program in Connecticut responsible for helping Medicare beneficiaries understand and choose a Medicare Prescription Drug Plan. <http://www.ct.gov/agingservices/cwp/view.asp?a=2513&q=313032>.

DEPARTMENT OF SOCIAL SERVICES MEDICARE SAVINGS PROGRAMS

Medicare Savings Programs (MSP's) pay a person's Medicare B premiums, and in some cases, their co-payments and deductibles. Apply at Department of Social Services offices and sub offices. Visit the Connecticut's MSP website.

- **QMB: The Qualified Medicare Beneficiary program** helps low to moderate-income elderly or disabled Medicare beneficiaries by paying the Medicare Part B premium, deductibles and coinsurances.
- **SLMB: A Special Low-Income Medicare Beneficiary Program** pays Medicare Part B premiums for Medicare beneficiaries. Income and asset eligibility is determined.
- **ALMB: The Additional Low-Income Medicare Beneficiary Program** - pays the Medicare Part B premiums for eligible Medicare beneficiaries. Note: ALMB is not an entitlement program and the funding is limited.

When available funds are exhausted and applications will be denied. Income and asset eligibility will need to be determined. For more information go to <http://www.ct.gov/dss/cwp/view.asp?A=2345&Q=451390>.

CT HOME CARE PROGRAM FOR ELDERS

CT Home Care Program for Elders manages medical and non-medical support services that are needed by frail individuals ages 65+ to avoid institutionalization. Managed services include visiting nurse services, home health

„aide, chore assistance, homemakers, adult day care, home delivered meals, companion services, respite care, transportation, emergency response systems, and other services necessary to support independent living. Cost of services cannot exceed cost of institutional care. The purpose of the program is to keep elders from being institutionalized when community based services will help them stay in the community.

There are no income limits for the program, but clients in higher income ranges are required to contribute to the cost of the services they need. Asset limits depend upon income level. The benefit of program participation for older adults with higher incomes and who must pay for full cost of care is that they can receive the case management and care oversight services that **CT Home Care Program** case managers can provide.

For information and to apply, call Alternate Care Unit at DSS Central Office, (800)445-5394 or go to <http://www.ct.gov/dss/cwp/view.asp?a=2353&q=305170>.

CT MEDICARE ASSIGNMENT PROGRAM

Connecticut Medicare Assignment Program (ConnMAP) - To apply for **ConnMAP**, call DSS Elderly Services, 800-443-9946. **ConnMAP** issues cards to income-eligible CT residents who are enrolled in Medicare Part B. **ConnMAP** provides eligibility cards to people whose income is below a prescribed level which requires physicians to not charge more than what Medicare determines a reasonable charge 800-443-9946, 860-424-4925.

CONNPACE

ConnPACE helps eligible individuals pay for prescription drugs and insulin. (Conn. Pharmaceutical Assistance Contract to people who are elderly or disabled). **ConnPACE** is a state prescription drug assistance program for income eligible people who are either ages 65+, or ages 18-65 who are receiving disability benefits under the Social Security Disability Program or the Supplemental Security Income Program (SSI), must be a Connecticut resident for at least 6 months, must be a U.S. citizen or have legal resident status. **ConnPACE** pays the cost of prescription drugs, insulin, and insulin syringes. There is an annual registration fee

of \$30. Starting in June 2005 annual income (previous year's income is used for current year eligibility) must be under \$22,300 for single individuals, or under \$30,100 for married couples. All ConnPACE enrollees are required to enroll in a Medicare Rx Prescription Drug Plan. People with low income are also required to apply for the Medicare Rx Low Income Subsidy. People eligible for the Low Income Subsidy (LIS) will have co-pays as low as \$2; other **ConnPACE** enrollees who are not eligible for the LIS will not have co-pays higher than \$16.25. For more information call toll free or the local at 860-269-2029.

MEDICAL ASSISTANCE/MEDICAID

Medicaid (Title 19) is a program administered by the Connecticut Department of Social Services to assist people with limited income and resources in paying medical expenses. To be eligible you must be over 65, blind, have a disability, or be a member of a family with dependent children under 21 and one parent unemployed, incapacitated, absent from home or deceased. Income levels are established on a regional basis. However, a “spend-down” process may be possible if you have medical bills that equal or exceed your excess income and resources. A wide scope of health services is available including physicians’ services, hospitals, nursing homes, prescribed medication, home health aide services, and personal care services. The ownership of a home you live in does not affect eligibility in the community and a lien is not required for people under 65.

If you are having difficulty meeting medical expenses, do not assume you are ineligible. Call and ask. Remember the “spend-down” clause. Income and asset guidelines are established by the state legislature. They need your input. For more information on Medicaid, or to apply, contact the district office of the Department of Social Services. You can also go to <http://www.quickbrochures.net/>. This site is dedicated to helping people find basic information on the government programs Medicare and Medicaid.

Topics on this page include:

- [Connecticut Medicaid Insurance definitions](#)
- [Medicaid in Connecticut: How It Works](#)
- [Connecticut Medicaid Eligibility; Income Limits](#)
- [Connecticut Medicaid Citizenship Requirements](#)
- [Connecticut Medicaid Offices; Medicaid HOTLINE](#)

- Connecticut Medicaid Health Plans, Managed Care HMO,
 - Find Connecticut Medicaid Physicians, Doctors
- Connecticut Health Insurance: Affordable Health Insurance, Health Care Options
 - Health Programs for Children: CHIP: Connecticut
- Connecticut Medicaid Benefits and Coverage: Medicaid Services
 - Medicaid Prescription Drugs; Preferred Drug List
 - Medicaid Dental Services
- Connecticut Medicaid and Nursing Homes, Assisted Living, Home Health Care
- Connecticut Medicare / Medicaid Dual Eligible - Medicare Savings Program
 - Connecticut Medicaid Waiver Programs

CT FINANCIAL ASSISTANCE

Financial assistance programs provide income support to individuals and families to meet their basic needs while encouraging their maximum degree of independence. For additional information go to

<http://www.ct.gov/dss/cwp/view.asp?a=2353&q=305152&pp=12&n=1>.

TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF)

The TANF program was signed into law on August 22, 1996. This federal legislation provides block grants to states to fund programs that provide services and benefits to needy families. TANF was designed to give states flexibility to operate programs that serve one of the following purposes:

- Provides assistance to needy families so that children may be cared for in their own homes or in the homes of relative.
- Ends the dependence of needy parents on government benefits by promoting job preparation, work and marriage.
- Prevents and reduces the incidence of out-of-wedlock pregnancies and establishes annual numerical goals for preventing and reducing the incidence of these pregnancies.
- Encourages the formation and maintenance of two parent families.

In Connecticut, TANF funds the Temporary Family Assistance program, Safety Net, Employment Services and many other programs and services for needy families. For a description of all of the programs and services funded by TANF as well as additional information on eligibility go to

<http://www.ct.gov/dss/cwp/view.asp?a=2353&q=305152&pp=12&n=1>.

TEMPORARY FAMILY ASSISTANCE PROGRAM

- **Jobs First Temporary Family Assistance (TFA) provides cash assistance to families.** For families with an employable adult, there is a 21-month lifetime limit for the receipt of TFA. Families in which there is no employable adult have no limit to the duration of the benefits. Eligibility is based on income being lower than a set standard and assets being below limits. Earned incomes of recipients of TFA that are working are not counted until they are equal to the federal poverty level.
- **Jobs First Employment Services (ES)** are designed to rapidly move recipients of TFA into employment and toward self-sufficiency. Priority is given to families subject to the 21-month time limit and all such families are required to participate in employment services. Jobs First uses a workforce attachment model, with employment being the immediate goal of the participant and job search is generally required before any other services are made available. Childcare and transportation assistance is available for families participating in activities that will lead to employment.
- **Childcare assistance** is available to TFA recipients who need child care to accept or retain employment. Such assistance continues until the family's income reaches 75% of the state's median income level.
- **Families receiving TFA are eligible for medical assistance under Medicaid.** Such assistance continues for at least two years following ineligibility for TFA if a member of the family was working at the time, or if a family member went to work within six months of ineligibility for TFA.
- **Because the Jobs First program is a research and demonstration program, an evaluation component involves control groups in two areas of the state.** The control groups continue to receive benefits under the rules of the Aid to Families with Dependent Children (TFA) program.

STATE SUPPLEMENT

The State Supplement program provides cash assistance to the Aged, Blind, or Disabled to supplement their income and maintain them at a standard of living established by the State Legislature. In order to receive benefits, individuals must have another source of income such as Social Security, Supplemental Security Income, or Veterans' benefits. To qualify as aged, an individual must be 65 years of age or older; to qualify as disabled, an individual must be between the ages of 18 and 65 and meet the disability criteria of the federal Social Security Disability Insurance program; and to qualify as blind, an individual must meet the criteria of the Social Security Disability program, or the State Board of Education and Services for the Blind.

The program is funded entirely by state funds, but operates under both state and federal law and regulation. Incentives are available to encourage recipients to become as self-supporting as their ages or abilities will allow. State Supplement program payments also promote a higher degree of self-sufficiency by enabling recipients to remain in non-institutional living arrangements. People eligible for State Supplement are automatically eligible for Medicaid.

For more information on the program go to <http://ctlawhelp.org/state-supplement-financial-assistance-aged-blind-and-disabled>.

STATE ADMINISTERED GENERAL ASSISTANCE (SAGA)

Through the **SAGA** program, the Department provides cash assistance to individuals who are unable to work for medical or other prescribed reasons, and to families that do not meet the blood-relationship requirements of the TFA program.

Employable individuals are not eligible for **SAGA** cash assistance. However, employable individuals who have substance abuse problems may be eligible to receive treatment and some financial support through the Department of Mental Health and Addiction Services' (DMHAS) Basic Needs Program. You can get information about the Basic Needs Program by calling toll-free 800-658-4472.

- **General application for SAGA services is made at a local office of the Department of Social Services.** For referral to the closest DSS office to you,

visit the regional offices_section of this website, call Infoline at 2-1-1, or look in the blue government pages of your phone book.

- **Qualifying for SAGA cash assistance benefits** is reported on this site: In order to qualify for SAGA cash benefits, individuals must meet the following eligibility requirements: Categorical, Unemployable, Short-Term Transitional or Long-Term Transitional. Also included are benefit levels, income rules, asset rules, citizenship, third party benefits, and substance abuse. Go to <http://www.ct.gov/dss/cwp/view.asp?a=2353&q=305152&pp=12&n=1> to learn more.
- **Funeral Allowance for SAGA**
- **Out-of-State Transportation** - The department will provide transportation for individuals receiving public or general assistance to any other state or country if such individual has a relative who agrees to support the individual, or the individual has a job in the other state.

ADDITIONAL PROGRAMS

DEPARTMENT OF DEVELOPMENTAL DISABILITIES SERVICES

The mission of the Department of Developmental Services is to partner with the individuals they support and their families, to support lifelong planning and to join with others to create and promote meaningful opportunities for individuals to fully participate as valued members of their communities. For more information go to <http://www.ct.gov/dds/site/default.asp>.

THE CONNECTICUT COUNCIL OF DEVELOPMENTAL DISABILITIES

The Council on Developmental Disabilities is a Governor-appointed body of people with disabilities, family members and professionals who work together to promote the full inclusion of people with disabilities in community. Developmental disability is a term used in the United States and Canada to describe lifelong disabilities attributable to mental or physical impairments, manifested prior to

age 22. It is not synonymous with "developmental delay" which is often a consequence of a temporary illness or trauma during childhood. The Council on Developmental Disabilities is not the Department of Developmental Services. The Council is not a direct service provider.

DEPARTMENT OF MENTAL HEALTH & ADDICTION SERVICES

The mission is to improve the quality of life of the people of Connecticut by providing an integrated network of comprehensive, effective, and efficient mental health and addiction services that foster self-sufficiency, dignity, and respect. For more information go to their website at

<http://www.ct.gov/dmhas/cwp/view.asp?a=2899&q=334082#overview>.

PRESCRIPTION DRUG/MEDICATION COVERAGE

PRESCRIPTION DRUG EXPENSE ASSISTANCE, MEDICAID, HUSKY A, HUSKY B, HEALTHY START, and SAGA MEDICAL all include prescription drug coverage. The Benefits CheckUp www.benefitscheckup.org, the National Council on Aging on-line tool, may help point people to federal, state, and private prescription assistance programs for which they may be eligible. (The site is primarily oriented to people who have Medicare but are not eligible for Medicaid.)

MEDICARE RX / MEDICARE PART D –MEDICARE PRESCRIPTION DRUG BENEFIT

www.medicare.gov

Anyone who has Medicare A or B is eligible for the Medicare prescription drug benefit that began in January 2006. For Connecticut, there are 44 plan options. Unlike Medicare Parts A and B, Part D is offered by individual prescription drug plans and people must enroll in one of the plans to receive the benefit. Each plan has a different constellation of premiums, deductibles and co-pays, and different formularies, but all plans must offer at least the standard benefit. People with low income and assets who qualify for the Low Income Subsidy (LIS) may not have to pay premiums or deductibles. For details go to www.medicare.gov and click on Frequently Asked Questions. This web site also has a Plan Finder Tool and

a Formulary Finder Tool to help people select the best plan for their circumstances. For assistance by phone call – 800-MEDICARE or CHOICES - 800-994-9422.

VETERANS

The Department of Veteran Affairs (VA) offers a prescription benefit to honorably discharged veterans who are enrolled with the VA Health Care System and who have been seen by a VA doctor. Each 30-day supply of prescription medications has a \$2 co-pay. The VA may charge for the doctor's visit, but your insurance may cover this charge. (Veterans who are disabled or have low income do not have co-pays for prescription or doctor's visits.) For information, call 877-222-VETS.

TRICARE

TRICARE Senior Pharmacy Program is a prescription drug program for active duty military and their families; and for military retirees and their families. For information call (877) DOD-MEDS

PARTNERSHIP FOR PRESCRIPTION ASSISTANCE (PPARX)

The Coalition of pharmaceutical companies and other national organizations provides a single point of access to patient assistance programs that in turn provide free or low-cost medications to income eligible individuals. People can call 1-888-477-2669 for assistance or to access to information and applications. More information can also be found at <https://www.pparx.org/Intro.php>.

TRANSPORTATION FOR PEOPLE WITH DISABILITIES

MEDICAL TRANSPORTATION

Many towns offer ride programs for elders and for people with disabilities. For information, call a town's senior center or human services department. Medicaid, HUSKY A, and Healthy Start benefits include transportation to medical

appointments; SAGA Medical benefits do not include medical transportation unless it is for dialysis, chemotherapy, or radiation therapy appointments.

OTHER TRANSPORTATION FOR PEOPLE WHO ARE ELDERLY OR PEOPLE WITH DISABILITIES

Some towns and some community-based organizations have transportation services for adults of any age who have disabilities. In addition, public buses have ADA Para transit programs for individuals with mental or physical disabilities that prevent them from being able to use the regular public transportation system. The person's disability can be permanent, temporary, or conditional. (A "conditional" disability is one that exists under specified conditions; for example, at night, or when the temperature is very high or very low.) Fares, routes, and schedules closely follow the public bus route. There is no age restriction, no income/asset restriction, and it is not necessary to be on SSI or SSDI. The CT Dept. of Transportation manages the ADA Para transit system in Connecticut.

LOAN/PURCHASE PROGRAMS: MEDICAL EQUIPMENT AND ASSISTIVE TECHNOLOGY DEVICES

MEDICAL EQUIPMENT Loan Closets Many agencies, and sometimes town social service departments, operate loan closets that lend equipment such as wheelchairs, walkers, etc. to people who need them. Some loan closets may also sell used medical equipment and assistive technology equipment for nominal fees.

NEAT MARKETPLACE – www.neatmarketplace.org. The NEAT Marketplace's (New England Assistive Technology) Equipment Restoration Center (ERC) restores donated assistive devices and medical equipment/supplies. Restored items are available for sale at lower cost than a new item. For information, call NEAT at (866) 526-4492.

TECH ACT PROJECT/ASSISTIVE TECHNOLOGY LOAN PROGRAM – www.techactproject.com. Independent Living Centers administer the Bureau of Rehabilitation Services' Tech Act Project, which provides low interest loans to people with disabilities to purchase equipment or to make home or vehicle modifications to maintain or improve functional capabilities.

CONVERSE COMMUNICATIONS – www.conversecommunications.com. Converse Communications provides loaner TDD phones and closed caption interpreting for video tapes. They also repair TDD phones at no charge for people who are deaf/hearing impaired.

MUSCULAR DYSTROPHY ASSOCIATION – Northern/Southern CT Chapter – 860-633-4466 or 203-777-1273 Lower Fairfield Co Chapter – 203-256-8118. MDA has a loan closet with wheelchairs, lifts, walkers, shower benches, etc. for people with diagnosis of any of 43 neuromuscular diseases, including ALS. Individuals must be registered with the Muscular Dystrophy Association.

CHARIOTS OF HOPE – www.chariotsofhope.org for information and to apply call (860)242-HOPE. They are an international charitable agency loans wheelchairs at no cost to needy Connecticut residents who are not covered by any insurance plan. Individuals need a church or social service agency referral and must complete an application form.

DISEASE SPECIFIC ADVOCACY GROUPS – Many groups that specialize in supporting and advocating for people with specific illnesses or disorders, such as American Cancer Society, Multiple Sclerosis Society, United Cerebral Palsy, Spina Bifida Assn., Amyotrophic Lateral Sclerosis Assn., Voice for Joanie (ALS), have equipment loan or purchase programs.

CHARITABLE FUNDS – To see if there is a charitable fund for your town, please call 2-1-1 or your town's social services department. Local charitable funds may offer limited and sometimes one-time help with medical equipment needs for eligible people. Eligibility requirements vary, but are usually for low-income people residing in the charity's service area. This guide was prepared in January 2006. For updated information or for additional resources, please call 2-1-1 or go to www.211ct.org.

DEPARTMENT OF REHABILITATION SERVICES (DRS) – (recent name change from BRS). Assistance may be available from the Department of Rehabilitation Services for employment related needs in areas such as medical/rehabilitation services, training, transportation, psychotherapy and other counseling services, equipment

and so on. Refer to the Employment Chapter for further information on DRS assistance.

ENERGY ASSISTANCE PROGRAMS – Several energy assistance programs are available to Connecticut residents. They provide financial aid to many low-income households to help pay energy costs. Contact INFO LINE (2-1-1) for information on programs in your area. You may also want to contact the State’s ENERGY HOTLINE, 800-842-1132.

NUTRITION – Food Stamps – The Food Stamp program is a federal program designed to give low-income households extra money to purchase food. In Connecticut, the program is administered by the Department of Income Maintenance listed in the blue pages under “Connecticut State of.” You can also get information by calling the Food Stamp Hotline 800-842-1508 or 860-842-1508. To request an appeal write to Fair Hearing Division, Department of Housing 120 Charles Street Meriden, Connecticut 06450.

ELDERLY NUTRITION & CHILD NUTRITION PROGRAMS – Many communities offer special federal and state government subsidized programs such as Meals on Wheels for persons unable to get out of their homes. Contact your local 2-1-1 info-Line for a program near you.

PERSONAL CARE ASSISTANCE – Connecticut has some programs that address the need for personal care assistance for people who have physical disabilities. If you have a disability that affects your ability to perform activities of daily living (for example, dressing, toileting, eating, driving, etc.) you may be eligible for personal care services under either the Personal Care Assistance Program through the Department of Social Services for people who are employed or employable, or through Medicaid.

LOCAL ASSISTANCE PROGRAMS – Connect to your town hall or social service department or go to 2-1-1 Info-Line to see what services may be available such as Senior Centers, Recreation and Parks Departments, education funding, emergency funding, local transportation, etc. Many of these programs are available through State and Federal funding so the town budgets may change as the amount of money available for programs changes.

PRIVATE INSURANCE

MEDICAL, DISABILITY, LIFE INSURANCE & RETIREMENT PLANS

Many employees have all or some of these benefits. Begin with a visit to your Human Resources Office and ask for a copy of any benefits you are eligible to receive. You may choose to purchase your own insurance or to purchase additional insurance. In addition, there are annuities and tax-free investments you can make.

For those people covered through private insurance companies coverage is not affected by personal income. For further information, contact your employer or agent. It is always important to check with your insurance company rather than assuming they will not cover a particular service. It is often difficult to understand their explanation of coverage. Do not give up until you understand and are satisfied with their explanations.

It is also recommended you contact a financial advisor and/or an attorney in making individual choices. To view what the Connecticut State Insurance Department offers go to <http://www.ct.gov/cid/site/default.asp>. A Consumer Helpline is available, call 800-203-3447.

You can also get more information by going to either <http://www.ct.gov/cid/cwp/view.asp?a=3165&Q=412862> (Find An Insurance Company) or http://www.ct.gov/cid/lib/cid/2012_CT_Consumer_Report_Card_on_Health_Insurance.pdf (Report Card on Health Insurance Carriers).

For Connecticut Laws and Regulations

<http://www.ct.gov/cid/cwp/view.asp?Q=300444>.

Copies of the Insurance Department's regulations are provided as a courtesy. While the Insurance Department makes every effort to ensure the accuracy and completeness of this information, the Department makes no warranty as to their accuracy, completeness, reliability, timeliness, or usefulness.

An official copy of the Regulations of Connecticut State Agencies may be purchased from the Commission on Official Legal Publications at <http://jud.ct.gov/colp/publicat.htm>.

To find insurance plans in Connecticut go to the States Department of Insurance at <http://www.ct.gov/cid/site/default.asp> or more specifically at <http://www.ct.gov/cid/cwp/view.asp?a=1272&Q=480608>. At the State Department of Insurance you can also get a list of regulation recently adopted, a list of proposed regulations, information on life insurance, information on disability insurance and information on retirement insurance.

The State of Connecticut Insurance Department handles complaints and disputes concerning most types of insurance problems, including medical insurance claims. The only exceptions are federal programs or Worker's Compensation claims. All complaints should be addressed to the:

State of Connecticut Insurance Department

PO Box 816

Hartford, CT 06142-0816

860-297-3884

Email: cid.ca@ct.gov

Health Plans & Benefits – Go to the United States Department of Labor at <http://www.dol.gov/> to get information on the following programs:

- Child Care Assistance
- Compliance Assistance
- Consumer Information on Health Plans
- Continuation of Health Coverage (COBRA)
- Employee Retirement Income Security Act (ERISA)
- Fiduciary Responsibilities
- Health Benefits Education
- Mental Health Benefits
- Newborns' & Mothers' Protections (Newborns' Act)
- Participant Rights
- Plan Information
- Portability of Health Coverage (HIPAA)
- Women's Health & Cancer Rights Protections

COBRA

www.dol.gov/dol/topic/health-plans/cobra.htm#dolttopics

The Consolidated Omnibus Budget Reconciliation Act (COBRA) gives workers and their families who lose their health benefits the right to choose to continue group health benefits provided by their group health plan for limited periods of time under certain circumstances such as voluntary or involuntary job loss, reduction in the hours worked, transition between jobs, death, divorce, and other life events. Qualified individuals may be required to pay the entire premium for coverage up to 102 percent of the cost to the plan.

COBRA generally requires that group health plans sponsored by employers with 20 or more employees in the prior year offer employees and their families the opportunity for a temporary extension of health coverage (called continuation coverage) in certain instances where coverage under the plan would otherwise end. COBRA outlines how employees and family members may elect continuation coverage. It also requires employers and plans to provide notice.

LONG TERM CARE

Long-term care is a variety of services that includes medical and non-medical care to people who have a chronic illness or disability. Long-term care helps meet health or personal needs. Most long-term care is to assist people with support services such as activities of daily living like dressing, bathing, and using the bathroom. Long-term care can be provided at home, in the community, in assisted living or in nursing homes. It is important to remember that you may need long-term care at any age.

For a description of long-term care, go to <http://publications.usa.gov/USAPubs.php?PubID=5879> and click on the right to download a free pamphlet or www.medicare.gov/LongTermCare/Static/Home.asp.

EXCERPTS FOR THE HEALTH CARE LAW & YOU

INCREASING ACCESS TO AFFORDABLE CARE

<http://www.hhs.gov/healthcare/>

The Affordable Care Act puts in place strong consumer protections, provides new coverage options, and gives you the tools you need to make informed choices about your health. In this section, learn about how the law affects you. Read the full text of the Affordable Care Act or browse and download the law by section at <http://www.hhs.gov/healthcare/rights/law/index.html>.

Key Features of the Law – Read this section to learn more about your rights and protections, insurance choices, and insurance costs. Get information on important benefits and programs available to seniors and small businesses.

Information for You – Find out how the health care law benefits you. Learn how the law helps young adults, families, seniors, small business owners, and more. Find audience-specific resources, videos, and top things to know.

Find Insurance Options – <http://finder.healthcare.gov/>. This tool will help you find the health insurance best suited to your needs, whether it's private insurance for individuals, families, and small businesses, or public programs that may work for you. It was created to help consumers under the health insurance reform law, the Affordable Care Act.

THE AFFORDABLE CARE ACT BECOMES LAW

Timeline: What's Changing and When – The health care law puts in place reforms that will roll out through 2014 and beyond. Use the timeline or a printable list of key features in chronological order to learn what is changing and when.

On March 23, 2010, President Obama signed the Affordable Care Act. The law puts in place comprehensive health insurance reforms that will roll out over four years and beyond.

In 2013: The Health Insurance Marketplace – Individuals and small businesses can buy affordable and qualified health benefit plans in this new transparent and competitive insurance marketplace.

In 2014: Tax Credits for Families – Tax credits to help the middle class afford insurance will become available for those with income between 100% and 400% of the poverty line who are not eligible for other affordable coverage.

HOW THE HEALTH CARE LAW IS MAKING A DIFFERENCE FOR PEOPLE OF CONNECTICUT

For too long, too many hardworking Americans paid the price for policies that handed free rein to insurance companies and put barriers between patients and their doctors. The Affordable Care Act gives hardworking families in Connecticut the security they deserve. The new health care law forces insurance companies to play by the rules, prohibiting them from dropping your coverage if you get sick, billing you into bankruptcy because of an annual or lifetime limit, or, soon, discriminating against anyone with a pre-existing condition.

All Americans will have the security of knowing that they do not have to worry about losing coverage if they are laid off or change jobs. In addition, insurance companies now have to cover many preventive care services like mammograms and other cancer screenings. The new law also makes a significant investment in State and community-based efforts that promote public health prevent disease and protect against public health emergencies.

Health reform is already making a difference for the people of Connecticut. The health care law will expand health insurance coverage in every state, establish the Health Insurance Marketplace, increase access to Medicaid, provide new coverage options for young adults, make prescription drugs affordable for seniors, cover preventive services with no deductible or co-pay, provide better value for your premium dollar through the 80/20 rule, create new coverage option for individual with pre-existing conditions, support Connecticut's work on Affordable Insurance Exchanges, prevent illness and promote health, and increase support for community health centers and primary care clinicians.

KEY FEATURES OF THE LAW

The health care law offers clear choices for consumers and provides new ways to hold insurance companies accountable. The most important parts of the

law are broken into groups below. We will highlight new features of the law here as they roll out between now and 2014. Go to www.Healthcare.gov to get information on the following topics:

Rights and Protections:

- Summary of Benefits and Coverage (SBC) and Uniform Glossary
- Consumer Assistance Program
- Appealing Health Plan Decisions
- Preventive Care
- Patient's Bill of Rights
- Children's Pre-Existing Conditions
- Doctor Choice & ER Access
- Grandfathered Health Plans
- Curbing Insurance Cancellations

Insurance Choices:

- Pre-Existing Condition Insurance Plan (PCIP)
- Young Adult Coverage
- The Health Insurance Marketplace
- CO-OP Insurance Plans

Insurance Costs:

- Value for Your Premium Dollar: 80/20 Rule and MLR
- Lifetime and Annual Limits
- Flexible Spending Account Changes
- Rate Review

65 or Older:

- Medicare Preventive Services
- Medicare Drug Discounts
- \$250 "Donut Hole" Rebate (2010)
- Strengthening Medicare

Employers:

- Small Employer Tax Credits
- Early Retiree Reinsurance Program (ERRP)

If you need help dealing with your insurance, finding insurance, or getting answers to questions about how the health care system works, visit the Insurance Basics section.

******The website is going under consent changes and some of the above information on the Affordable Healthcare may have changed. For the most accurate information, go to www.HealthCare.gov.******

FEDERAL, STATE & LOCAL BUDGETS

Federal, State and Local budgets in Connecticut – As previously mentioned these would all have an impact on what services are available. Look in your web browser for “Budgets and Impact on Connecticut” for the most up-to-date information.

CREATIVE FUNDING

Funding is not easily available for many items such as ramps, adaptive equipment, and vans. It becomes important to think creatively. Some ideas to consider include contacting civic clubs, churches and synagogues, employers, labor unions, school districts and local technical schools. Fund raising events have benefited some people; contact an attorney regarding how to handle these funds. Consider combining funds from several sources or asking a friend or family member to supply the labor and request only the cost of materials. It is important for you to state your need succinctly, use documentation when possible, and be clear about how much money you will need. You may in turn be able to provide a service or help the group with a project they are planning in the future. A staff member from a community agency may be able to assist you in developing a plan of action. Advocacy and tenacity will be important ingredients.