

**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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October 2011

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<b>Program Title/ Administered By:</b>	<b>Social Security Disability (SSDI)/U.S. Government Social Security Administration</b>
Eligibility Requirement:	<b>Disability: Unable to perform any substantial gainful activity (earning more than \$1,000/m, gross) and suffering from an incapacity or disease that is expected to last 12 months or longer or results in death.</b>
Financial Eligibility:	Must have worked and paid into system five out of last 10 years, if age 31 or more.
Benefits Amount:	Amounts vary, and depend on FICA taxes paid while employed.
Payment Intervals:	Paid on 3 <sup>rd</sup> of month, covers prior month. Applicants after 5/97 = checks received 2 <sup>nd</sup> -4 <sup>th</sup> 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 \$1,000/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 <b>(800) 772-1213</b> (7 a.m. to 7 p.m.). Appointments can be in person or by phone.

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<b>Program Title/ Administered By:</b>	<b>Supplemental Security Income (SSI)/U.S. Government Social Security Administration</b>
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 <sup>st</sup> 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 regarding HIV/AIDS diagnosis 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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<b>Program Title/ Administered By:</b>	<b>Medicare (Part A-Hospital, Part B-Doctor)/U.S. Government Social Security Administration</b>
Eligibility Requirement:	65 or older, or kidney failure at any age, or received Social Security Disability Ins. for 24 months.
Benefits Amount:	Part D: Script coverage. Part A (Hospital) & Part B (Doctor visits & lab work). Part A/B gives 80% coverage. You are liable for remaining 20%. <b>You may be eligible for a MEDIGAP policy and Insurance Assistance Program to cover remaining 20%, co-pays &amp; deductibles.</b>
Payment Intervals:	Card provided. Part A: no cost. Part B: \$96.40/m or \$115.50/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 < \$908/m., Limited QMB < \$1,089/m. ALMB (Additional Low-Income Medicare Beneficiary) < \$1,226/m.

**Benefits Amount:** Medicaid pays Medicare Part B premium of \$96.40/m or \$115.50/m. Full QMB: co-insurances 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:** Disabled: See SSDI. Income below 100% poverty level = \$908/mo. can qualify for coverage without deductible. Over \$340/m income becomes deductible. The amount can be met by current medical expenses, old bills, personal care needs. Asset limit \$2,000.

**Benefits Amount:** Paid direct to service provider. Retroactive three months if requested and found eligible.

**Payment Intervals:** Beneficiaries receive a green "mi health" permanent plastic identification card.

**Duration of Coverage:** Ongoing. \*Medicaid clients (excluding deductible 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:** **THIS PROGRAM IS SPECIFIC TO PEOPLE WITH HIV/AIDS.** Have less than \$4,083/m income (for one person). Must apply for Medicaid or Adult Medical Program at DHS. Must complete application for MDCH, which includes statement on your medical status. Also covers private insurance co- pays on prescriptions, with less than \$4,083/m income. Call DAP for details.

**Benefits Amount:** Formulary covers most HIV and many 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 four 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](http://www.mipwa.org) and click on "ADAP Information".

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<b>Program Title/ Administered By:</b>	<b>Food Assistance Program (FAP)/Michigan Department of Human Services</b>
Eligibility Requirement:	Low/no income. Cash asset limit <\$5,000. Vehicle asset limit <\$15,000.
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. Also go to <a href="http://www.pantrysnet.org">www.pantrysnet.org</a> for additional food resources.
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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<b>Program Title/ Administered By:</b>	<b>State Disability Assistance (SDA)/Michigan Department of Human Services</b>
Eligibility Requirement:	Low/no income. Cash assets under \$3,000. Definition of disability: physical/mental impairment, meets SSI standards (no substance abuse) for minimum of 90 days. Residing in SATC and 30 days afterward, or a caretaker, living with a disabled person qualifies <b>or AIDS Diagnosis also qualifies.</b>
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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<b>Program Title/ Administered By:</b>	<b>Adult Medical Program (AMP)/Michigan Department of Human Services</b>
	<b>PERIODIC OPEN ENROLLMENT.</b>
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 deductible. Cash asset limit of \$3,000.
Benefits Amount:	Doctor 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. <b>EXCLUDED:</b> dental services.
Payment Intervals:	Beneficiaries receive a green "mi health" permanent plastic identification card.
Duration of Coverage:	Redetermined yearly.
How to Apply:	Local DHS Office.

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<b>Program Title/ Administered By:</b>	<b>Medical Transportation/Michigan Department of Human Services</b>
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. Doctor completed Medical Needs Form (DHS 54-A) kept on file.
Benefits Amount:	Payment for chronic, ongoing treatment, occasional medical visits, and to obtain evidence to determine disability is reimbursed. Transportation by medical transport vehicles and taxis may be reimbursed. For Wayne, Oakland and Macomb clients: contact LOGISTICARE (866-569-1902) for transportation.
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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<b>Program Title/ Administered By:</b>	<b>State Emergency Relief (SER)/Michigan Department of Human Services</b>
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  <b><u>Emergency Services Funds:</u></b> 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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<b>Program Title/ Administered By:</b>	<b>Home Help Services/Michigan Department of Human Services</b>
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.

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<b>Program Title/ Administered By:</b>	<b>Veterans Benefits/U.S. Government Veterans Administration</b>
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 <a href="http://www.myhealth.va.gov">www.myhealth.va.gov</a> 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 <a href="http://www.va.gov">www.va.gov</a> .  *Medical Centers: Ann Arbor, Detroit, Saginaw, Battle Creek, Iron Mountain. Outpatient 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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<b>Program Title/ Administered By:</b>	<b>Insurance Assistance Program (IAP)/Michigan Department of Human Services</b>
Eligibility Requirement:	<b>THIS PROGRAM IS SPECIFIC TO PEOPLE WITH HIV/AIDS.</b> Have own private health insurance with no pre-existing conditions. Have income less than \$1,815/m. 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 three 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 Tammi Hollins at (313) 456-1677 or (877) 342-2437 for an application.

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<b>Program Title/ Administered By:</b>	<b>Insurance Assistance Program-Plus (IAP-Plus)/Michigan Department of Human Services and Michigan Department of Community Health</b>
Eligibility Requirement:	<b>THIS PROGRAM IS SPECIFIC TO PEOPLE WITH HIV/AIDS.</b> Have own private health insurance with prescription coverage and with no pre-existing conditions. Have income less than \$4,084/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 (877) 342-2437 or your HIV case manager for an application.

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<b>Program Title/ Administered By:</b>	<b>Michigan Dental Program (MDP)/Michigan Department of Community Health</b>
<b>Eligibility Requirement:</b>	<b>THIS PROGRAM IS SPECIFIC TO PEOPLE WITH HIV/AIDS.</b> Have less than \$4,083/mo. unearned/earned gross income for one person. Proof of income required. Must complete an 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.
<b>Benefits Amount:</b>	Call MDP (1-888-826-6565) for information on what is covered.
<b>Duration of Coverage:</b>	Ongoing as long as funds are available.
<b>How to Apply:</b>	Contact MDP, toll free phone number is: 1-888-826-6565.

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**MAJOR CHANGES FROM APRIL 2009 EDITION**

PG. 1 – CHANGES TO SUBSTANTIAL GAINFUL ACTIVITY AMOUNT, MEDICARE INFORMATION.

PG. 2 – INCOME LIMITS FOR MEDICARE SAVINGS PROGRAM, MA AND DAP INCREASED.

PG. 4 – INFORMATION ON MEDICAL TRANSPORTATION CHANGED.

PG. 5 – INCOME LIMITS FOR IAP AND IAP-PLUS AND MICHIGAN DENTAL PROGRAMS INCREASED.

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