

HIV BENEFITS INFORMATION ON STATE/FEDERAL PROGRAMS

ADMINISTERED BY: U.S. GOVERNMENT SOCIAL SECURITY ADMINISTRATION (SSA)

Program Title: Supplemental Security Income (SSI)

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 \$733/m. \$488/m 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 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.

Program Title: Social Security Disability (SSDI)

Eligibility Requirement:	<u>Disability:</u> Unable to perform any substantial gainful activity (earning more than \$1,040/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, and depend on FICA taxes paid while employed.
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 \$1,130/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.

HIV BENEFITS INFORMATION ON STATE/FEDERAL PROGRAMS

Program Title: Medicare (Part A-Hospital, Part B-Doctor)

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 (Dr. visits & lab work). Part A/B gives 80% coverage. You are liable for remaining 20%. May be eligible for a MEDIGAP policy (covers remaining 20%, & deductibles). Apply for Insurance Assistance Program (see pg.6) to pay for MEDIGAP.
Payment Intervals:	Card provided. Part A: no cost. Part B: \$104.90 - \$121.80 per month 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.

ADMINISTERED BY: U.S. GOVERNMENT VETERAN'S ADMINISTRATION

Program Title: Veteran's Benefits

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. 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.

HIV BENEFITS INFORMATION ON STATE/FEDERAL PROGRAMS

ADMINISTERED BY: MICHIGAN DEPARTMENT OF HEALTH & HUMAN SERVICES (MDHHS)

Program Title: Medicare Savings Program

Eligibility Requirement:	Assets < \$4,000. Income limits for one person: less than \$1,344/m (effect. 4/15).
Benefits Amount:	Medicaid pays Medicare Part B premium of \$159.30/m.
Payment Intervals:	Paid monthly to SSA on behalf of client.
Duration of Coverage:	As long as Medicare is in effect.
How to Apply:	Contact local MDHHS office OR www.mibridges.michigan.gov

Program Title: Medicaid (MA)

Eligibility Requirement:	Disabled: See SSDI. Income below 100% poverty level = \$1000/m (effect. 4/15) 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 MDHHS Office OR www.mibridges.michigan.gov

Program Title: Food Assistance Program (FAP)

Eligibility Requirement:	Low/no income. Cash asset limit of \$5,000.
Benefits Amount:	\$16 to \$194 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 www.pantrysnet.org 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 MDHHS Office OR www.mibridges.michigan.gov

HIV BENEFITS INFORMATION ON STATE/FEDERAL PROGRAMS

Program Title: State Emergency Relief (SER)

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 MDHHS Office.

Program Title: State Disability Assistance (SDA)

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 may also qualify.
Benefits Amount:	\$200 per month. Considered to be a loan before SSI starts.
Payment Intervals:	Twice a month, on electronic benefits transfer (EBT) card.
Duration of coverage:	Based on continued eligibility. Redetermined yearly.
How to Apply:	Local MDHHS Office OR www.mibridges.michigan.gov

Program Title: Healthy Michigan Plan (HMP)

Eligibility Requirement:	U.S. citizen. Ages 19-64. Not covered by MA or Medicare. Legal immigrant. for 5 yrs. Has income below 133% of FPL (2015: \$1,333/m). No cash asset limit.
Benefits Amount:	Essential Benefit Package plus dental, vision, podiatry, chiropractic and non-emergency transportation.
Payment Intervals:	Beneficiaries receive a green "mi health" permanent plastic identification card.
Duration of Coverage:	Redetermined yearly.
How to Apply:	Local MDHHS Office OR www.mibridges.michigan.gov

HIV BENEFITS INFORMATION ON STATE/FEDERAL PROGRAMS

Program Title: Home Help 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 MDHHS Office.

Program Title: Michigan Dental Program (MDP)

Eligibility Requirement:	THIS PROGRAM IS SPECIFIC TO PEOPLE LIVING WITH HIV/AIDS , a Michigan resident, does not have private dental insurance and income does not exceed 450% of Federal Poverty Level.
Benefits Amount:	Contact MDP (1-844-648-3384) for a participating dentist in your area
Duration of Coverage:	A renewal application is required once a year for each client. A 6 month verification application will be sent to the client within this year. Coverage will be given for 6 months at a time as long as eligibility does not change and funds are available.
How to Apply:	www.Michigan.gov/OralHealth for an application, click link titled Michigan Dental Program and forms and instructions are toward bottom of page. Mail or fax applications back to MDP with proof of income, current labs within last 6 months of application date and proof of residency to Michigan Dental Program, 109 W. Michigan Ave, 8 th Floor, Lansing, MI 48913. FAX #517-335-8697. (MDP) 1-844-648-3384

HIV BENEFITS INFORMATION ON STATE/FEDERAL PROGRAMS

Program Title: Michigan Drug Assistance Program (MIDAP)

Eligibility Requirement:	<p>THIS PROGRAM IS SPECIFIC TO PEOPLE WITH HIV/AIDS. To receive prescription coverage from the Michigan AIDS Drug Assistance Program (MIDAP), applicants must meet the following criteria:</p> <ol style="list-style-type: none">1. Must provide documentation of HIV disease2. Applicant must be a resident of the State of Michigan. Proof of residency must be attached to the application.3. In some cases, applicant must have applied for public assistance (Medicaid and/or the Healthy Michigan Plan) with the Department of Human Services (DHS) within the past 90 days and have a pending, denial, or spend-down status.4. Applicant's monthly/annual gross income cannot exceed 450% of the Federal Poverty Level (F.P.L.) and will be evaluated based on FPL guidelines in effect when MIDAP receives a completed application. Earned Income and/or Unearned Income (income from employment or self-employment, SSI, SSDI, disability etc.)
Formulary Coverage:	<p>Formulary covers all HIV and many non-HIV meds and vaccines. For information on what is included on the formulary, click on the link: http://www.michigan.gov/documents/mdch/2015_Formulary_490578_7.pdf</p>
Duration of Coverage:	<p>Ongoing as long as funds are available. In order to maintain eligibility clients must recertify twice a year.</p>
How to Apply:	<p>Contact your case manager or the Michigan Drug Assistance Program as needed. The MIDAP toll free number is: 1.888.826.6565. To access any of the applications or obtain further information about MIDAP, please go to www.michigan.gov/dap</p>

Program Title: Insurance Assistance Program (IAP)

Eligibility Requirement:	<p>THIS PROGRAM IS SPECIFIC TO PEOPLE WITH HIV/AIDS. Have own private health insurance with no pre-existing conditions. Have income less than \$1,961/mo. (2015) for an individual. Own less than \$10,000 cash assets. Doctor's or RN Practitioner's verification is part of application. May also be getting Medicaid or Medicare and still qualify.</p>
Benefits Amount:	<p>MDHHS will pay medical insurance premiums on health insurance policy. Eligible clients with individual, COBRA, conversion policies, and Medigap policies may be covered.</p>
Payment Intervals:	<p>Varies, depending on premiums. Program Coordinator arranges for payments to be made to insurance company.</p>
Duration of Coverage:	<p>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.</p>
How to Apply:	<p>Call 1-877-342-2437 for an application or www.Michigan.gov/mdhhs (search under forms).</p>

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Program Title: Insurance Assistance Program-Plus (IAP-Plus)

Eligibility Requirement:	THIS PROGRAM IS SPECIFIC TO PEOPLE WITH HIV/AIDS. Must be a current active MIDAP member. Have own private health insurance with prescription coverage and with no pre-existing conditions. Have income less than \$4,413.75/m per household size of one. 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 insurance company.
Duration of Coverage:	Clients must re-certify 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:	Call MIDAP (Michigan Drug Assistance Program) (888) 826-6565, your HIV case manager, or go to www.michigan.gov/dap for an application.

***PREVIOUS EDITIONS ARE OBSOLETE.
INFORMATION MAY BE SUBJECT TO CHANGE WITHOUT NOTICE.
Call 1-877-342-2437 FOR MORE INFORMATION***