



Serving Crawford, Grand Traverse, Leelanau, Missaukee, Roscommon and Wexford Counties

## CONSUMER ADVOCACY COUNCIL

[www.northernlakescmh.org](http://www.northernlakescmh.org)

Administrative Office  
105 Hall Street, Suite A  
Traverse City MI 49684  
(231) 922-4850  
(231) 935-3871 TDD/TTY  
(231) 935-3082 FAX

527 Cobbs Street  
Cadillac MI 49601  
(231) 775-3463  
(231) 876-3281 TDD/TTY  
(231) 775-1692 FAX

2715 South Townline Road  
Houghton Lake MI 48629  
(989) 366-8550  
(231) 876-3281 TDD/TTY  
(989) 366-9420 FAX

204 Meadows Drive  
Grayling MI 49738  
(989) 348-8522  
(231) 876-3281 TDD/TTY  
(989) 348-6434 FAX

For information  
about our services  
call Alpha Center  
at 1-800-49-ALPHA  
or (231) 922-4850

After-Hours  
Crisis Intervention  
1-800-442-7315 TDD/TTY  
or (231) 922-4850

Northern Lakes Community Mental Health  
105 Hall Street, Third Floor Conference Room, Traverse City, Michigan  
**with Video Conference to**  
**2715 S. Townline Road, Houghton Lake, Michigan**

### AGENDA

April 13, 2011

- 1:30 p.m. Welcome and Introductions
- 1:35 p.m. Public Comment/Advocacy Stories
- 1:40 p.m. Accept Meeting Minutes of March 9, 2011
- 1:45 p.m. Presentation on Medicare by Lynn Ross
- 2:15 p.m. Presentation on NLCMH Website
- 2:30 p.m. CAC Assessment
- 2:40 p.m. Old Business
  - Update on Budget
  - Freedom to Work Amendment
  - RCF Meeting
  - Transportation Issues in TC
  - Calling Michigan Protection & Advocacy
- 2:50 p.m. Current Literature, Articles and Movies
- 2:55 p.m. New Business
  - Rescheduling of May meeting
- 3:00 p.m. Agenda Planning
  - NLCMH Strategic Plan
  - Network Provider
- 3:05 p.m. Public Comment
- 3:10 p.m. Meeting Evaluation/Adjourn

Enclosures: Consumer Advocacy Council Minutes 03/9/2011  
CAC Assessment

Please call Greg Paffhouse (231-876-3200 or 231-935-3083) if you need transportation assistance; and contact Deb Lavender (231-935-3677) if you are unable to attend the meeting.

Let's talk about  
Medicare Savings Program (MSP)  
BEM 165

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**Medicare**  
Medicare has three parts

1. Part A – free
2. Part B – has a premium, coinsurances and deductibles (Medicare Savings Program (MSP) may pay for these)
3. Part D – has a premium and deductibles (Extra Help also known as Low Income Subsidy (LIS) may pay for these)

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**Medicare Savings Programs**  
BEM 165  
SSI-Related MA Category  
This category does not cover Medical expenses  
Three categories of  
Medicare Savings Programs

- 1) QMB  
(Qualified Medicare Beneficiaries)
- 2) SLMB  
(Specified Low-income Medicare Beneficiaries)
- 3) ALMB  
(Additional Low-income Medicare beneficiaries)

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# Medicare Savings Programs

BEM 165

1. Some MA categories include automatic QMB
2. Some MA categories require a separate determination for eligibility for QMB

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# Medicare Savings Programs

BEM 165

Some of the automatic QMB categories are:

- FIP Recipients
- SSI Recipients
- DAC
- AD-Care

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# Medicare Savings Programs

BEM 165

Some of the categories that require a separate determination are:

- Group 2 Aged, blind, disabled (*deductible*)
- Freedom to Work

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# Medicare Savings Programs

## QMB (Qualified Medicare Beneficiaries)

- Countable income can't exceed 100% of Federal Poverty Level
  - Pays Medicare Part B premium
  - Pays Medicare coinsurances
  - Pays Medicare deductibles

100% FPL = \$908 per month for single

100% of FPL = \$1226 per month for couple

# Medicare Savings Programs

## SLMB (Specified Low-income Medicare Beneficiaries)

- Countable income between 100% and 120% of Federal Poverty Level
  - Pays Medicare Part B premiums

120% FPL = \$1089 per month for single

120% FPL = \$1471 per month for couple

# Medicare Savings Programs

## ALMB (Additional Low-income Medicare Beneficiaries)

Countable income between 120% and 135% of Federal Poverty Level

- Pays Medicare Part B premiums provided funding is available.
- DCH decides whether funding is available
- FTW individuals are not eligible for ALMB

135% FPL = \$1226 per month for single

135% FPL = \$1655 per month for couple



## Medicare Prescription Drug Plan Choosing a Plan

Medicare prescription drug coverage began January 1, 2006.

Anyone who has Medicare Part A (hospital insurance) and/or Medicare Part B (doctor/provider insurance) can enroll in a Medicare Prescription Drug plan.

Unlike Medicare Part A and Part B where a person is automatically enrolled, **you have to take action.** You need to enroll in a plan to get the coverage. If you do not enroll when you are first eligible, you may have to pay a late enrollment penalty. The late enrollment penalty is an increased monthly premium for as long as you have Medicare. The increase is up 10% for each full 12-month period that you could have had Part B, but didn't sign up for it. However, there is no penalty if the reason you chose to not enroll is because you have another insurance (not Medicaid) that is at least as good as the Medicare Prescription Drug plan. This is called creditable insurance.

This new program is working with drug companies to provide different prescription drug plans to choose from. The decision about which one is best for you will depend on the different medications you take.

- First: Look over the names, dosages and costs of the prescriptions you now use.
- Second: Compare those to the plans that are available.
- Third: Be sure that the plan you choose is one that your pharmacy will accept.

There are no income limits for this prescription drug plan, but you may have out of pocket expenses, such as monthly premiums, a deductible and co-pays.

For people with limited income and assets there is a low-income subsidy available. It will help pay the out of pocket expenses.

If you have questions or need help choosing a plan, go to the website [www.medicare.gov](http://www.medicare.gov) or call 1-800MEDICARE or MMAP (Michigan Medicare/Medicaid Assistance Program) 1-800-803-7174.



Lynn Ross and Jack Anderson – Work Incentive Planning and Assistance / UCP Michigan - 2011

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## **Medicare Prescription Drug Plan (Medicare Part D) For Dual Eligible People (People with both Medicare and Medicaid)**

If you are eligible for both Medicare and Medicaid, you are considered Dual Eligible.

The Medicare Prescription Drug Plan has a monthly premium and other costs. However, there is a low income subsidy which is referred to as “extra help” available for people who have both Medicaid and Medicare. The extra help will pay for the drug plan’s monthly premium and for most of the costs of your prescriptions. You do not need to apply for the extra help as you are automatically eligible.

The Medicare Prescription Drug Plan is a program that works with drug companies. The drug companies provide different prescription drug plans for you to choose from. The decision about which plan is best for you will depend on the different medications you take.

If you do not choose a plan on your own, Medicare will randomly enroll you into a plan. The plan they enroll you in may not be the best plan for you. You need to look over the plans and choose the plan that is best for you. You can change plans at any time. Be sure that the plan you choose is one that your pharmacy will accept.

If you have questions or need help choosing a plan, go to the website [www.medicare.gov](http://www.medicare.gov) or call 1-800MEDICARE or MMAP (Michigan Medicare/Medicaid Assistance Program) 1-800-803-7174.

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## **Medicare Prescription Drug Plan (Medicare Part D) Extra Help for people who are not Dual Eligible**

**Dual Eligible means people with both Medicare and Medicaid**

We all know the high cost of medicine can be a burden on people who have limited income and resources. Medicare Part D is a help but it still has out-of-pocket expenses. But there is *extra help* — available through Social Security — that could pay part of the monthly premiums, annual deductibles and prescription co-payments.

To figure out whether you are eligible, Social Security needs to know your income and the value of your savings, investments and real estate (other than the home you live in). To qualify for the *extra help*, you must be receiving Medicare and also have:

- Annual income limited to \$16,335 for an individual or \$22,065 for a married couple living together.
- Even if your annual income is higher, you may still be able to get some help. Some examples where income may be higher include if you or your spouse:
  - Support other family members who live with you; or
  - Have earnings from work

Not all cash payments count as income. For example, **Social Security will not count:**

- Food stamp assistance;
- Housing assistance;
- Home energy assistance;
- Medical treatment and drugs;
- Disaster assistance;
- Earned income tax credit payments;
- Assistance from others to pay your household expenses;
- Victim's compensation payments; and
- Scholarships and education grants.

### **Resources**

Resources need to be limited to \$11,990 for an individual or \$23,970 for a married couple living together. Resources include such things as bank accounts, stocks and bonds. Social Security does not count your house and car as resources.

Social Security has an easy-to-use online application that can be completed. You can find it at [www.socialsecurity.gov](http://www.socialsecurity.gov). To apply by phone or have an application mailed to you, call Social Security at 1-800-772-1213.

Adapted from Medicare and You 2011 and Center for Medicare and Medicaid Website  
<https://www.cms.gov/home/medicare.asp>

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# Medicare or Medicaid


## **SSDI – Medicare**

- **Medical coverage**
- **Starts 24 months after entitlement to SSDI**
- **Part A covers Hospitalization**
- **Part B covers Medical Providers**
- **Medicare Part D began January 2006, prescription drug coverage**
- **No resource limits**

## **SSI - Medicaid**

- **Automatic medical coverage**
- **Starts the same month as eligibility for SSI**
- **Hospitalization, Medical Providers, Prescriptions**
- **Resource limits \$2,000 for single, \$3,000 for a couple**

Some SSDI Beneficiaries may be eligible for both Medicare and Medicaid. They will need to apply for Medicaid separately from SSDI. DHS determines eligibility for Medicaid.



## **Freedom to Work Medicaid (FTW) for SSDI Beneficiaries (DHS Policy BEM 174) 2011 Fact Sheet on Work Incentives**

***Freedom to Work Medicaid begins when an SSDI individual who is eligible for Medicaid (not a deductible) starts working. The asset limit is \$75,000. There is no income limit. There are premiums when an individual earns more than approximately \$53,000 per year.***

For more information and support on your work incentives, contact:

**Goodwill Industries of Greater Detroit**

1-888-232-4140 / (313) 557-8718

**Counties Served:** Wayne

**UCP of Metropolitan Detroit**

1-800-827-4843 / (248) 557-5070

**Counties Served:** Lapeer, Macomb and Oakland

**The Arc Michigan**

1-800-292-7851

**Counties Served:** Allegan, Barry, Berrien, Branch, Cass, Calhoun, Clinton, Eaton, Hillsdale, Ingham, Ionia, Jackson, Kalamazoo, Kent, Lenawee, Livingston, Monroe, Ottawa, St. Joseph, Van Buren & Washtenaw

**UCP of Michigan**

1-800-828-2714

**Counties Served:** Arenac, Bay, Clare, Genesee, Gladwin, Gratiot, Huron, Isabella, Midland, St. Clair, Saginaw, Sanilac, Shiawassee & Tuscola  
1-800-211-1356

**Counties Served:** Alcona, Alpena, Antrim, Benzie, Charlevoix, Cheboygan, Crawford, Emmet, Grand Traverse, Iosco, Kalkaska, Lake, Leelanau, Manistee, Mason, Mecosta, Missaukee, Montcalm, Montmorency, Muskegon, Newaygo, Oceana, Ogemaw, Osceola, Oscoda, Otsego, Presque Isle, Roscommon & Wexford  
1-888-873-8812

**Counties Served:** Alger, Baraga, Chippewa, Delta, Dickinson, Gogebic, Houghton, Iron, Keweenaw, Luce, Mackinaw, Marquette, Menominee, Ontonagon & Schoolcraft

This is an overview only. The Michigan Department of Human Services (DHS) determines eligibility for this program.

Freedom to Work is a Medicaid program that became effective January 1, 2004. It is for working people with disabilities.

This Medicaid program has an asset limit of \$75,000. DHS does not count the house you live in, one car, or retirement funds when determining assets.

Beginning January 1, 2004, working people with disabilities who have:

1. been eligible for regular Medicaid (not a deductible) for at least one month and
2. are currently working

then you will be able to:

1. move from regular Medicaid to the Freedom to Work Medicaid program
2. pay a premium, and
3. keep Medicaid

The monthly premium starts at \$0 a month and does not increase until you are earning more than \$53,000 a year. Then it increases as your earned income increases. This is a work incentive and therefore the only reason you will be eligible for it is if you are working.

You can have a temporary break in employment for up to 24 months and keep Freedom to Work Medicaid. The break must be due to an involuntary layoff or be medically necessary. If you return to work within 24 months, Freedom to Work Medicaid will continue. If you do not return to work within 24 months, Freedom to Work Medicaid will end. If Freedom to Work Medicaid ends, you may be eligible for another Medicaid category. DHS will make that decision.

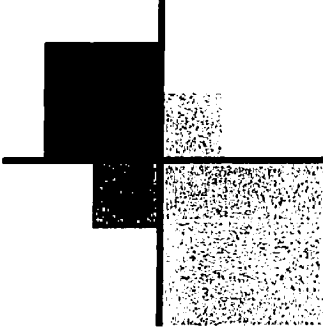
Freedom to Work Medicaid has no earned income limit, however unearned income cannot exceed 100% of the Federal Poverty Level plus \$20, which in 2011 is \$908 + \$20 = \$928, per month for a single person.

There is no earned income limit, but when you earn \$75,000 or more per year you will have to pay the full premium of \$920 per month for the Medicaid.

For more information call your local Community Work Incentive Coordinator (CWIC).

**Work Incentive Planning and Assistance - Effective date April 1, 2011**

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## **Freedom to Work Medicaid (FTW) for SSI Beneficiaries (DHS Policy BEM 174) 2011 Fact Sheet on Work Incentives**

***Freedom to Work Medicaid begins when a working SSI individual earns more than \$29,036 per year or increases their assets to more than the asset limit of \$2,000 for a single person/ \$3,000 for a married couple.***

This is an overview only. The Michigan Department of Human Services (DHS) determines eligibility for this program.

Freedom to Work is a Medicaid program that became effective January 1, 2004. It is for working people with disabilities.

FTW Medicaid has an asset limit of \$75,000. DHS does not count the house you live in, one car, or retirement funds when determining assets.

Beginning January 1, 2004, if you are or were:

1. eligible for SSI automatic Medicaid, and
2. working, and
3. You earn too much money for SSI Medicaid or increase your assets above the SSI Medicaid asset limit,

then you will be able to:

1. move from SSI Medicaid to the Freedom to Work Medicaid program
2. pay a premium, and
3. Keep Medicaid

The monthly premium starts at \$0 a month and does not increase until you are earning more than \$50,000 a year. Then it increases as your earned income increases. This is a work incentive and therefore the only reason you will be eligible for it is if you are working and lose SSI regular Medicaid coverage due to earnings from work or increased assets.

You can have a temporary break in employment for up to 24 months and keep Freedom to Work Medicaid. The break must be due to an involuntary layoff or be medically necessary. If you return to work within 24 months, Freedom to Work Medicaid will continue. If you do not return to work within 24 months, Freedom to Work Medicaid will end. If Freedom to Work Medicaid ends, you may be eligible for another Medicaid category. DHS will make that decision.

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Barry, Berrien, Branch, Cass,  
Calhoun, Clinton, Eaton, Hills-  
dale, Ingham, Ionia, Jackson,  
Kalamazoo, Kent, Lenawee,  
Livingston, Monroe, Ottawa, St.  
Joseph, Van Buren & Washten-  
aw

UCP of Michigan

1-800-828-2714

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land, St. Clair, Saginaw,  
Sanilac, Shiawassee & Tuscola  
1-800-211-1356

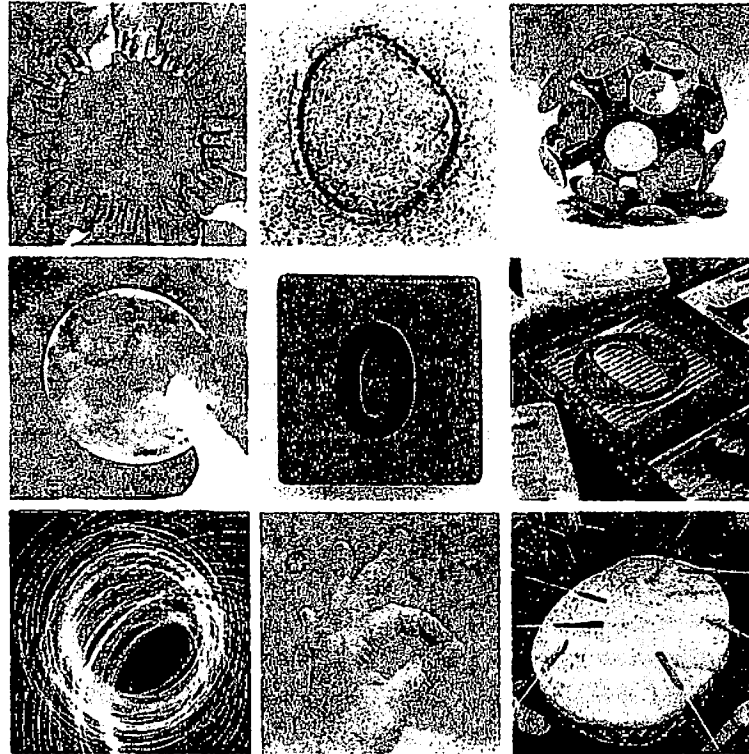
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pena, Antrim, Benzie, Charle-  
voix, Cheboygan, Crawford,  
Emmet, Grand Traverse, Ios-  
coo, Kalkaska, Lake, Leelanau,  
Manistee, Mason, Mecosta, Mis-  
saukee, Montcalm, Montmor-  
ency, Muskegon, Newaygo,  
Oceana, Ogemaw, Osceola,  
Oscoda, Otsego, Presque Isle,  
Roscommon & Wexford  
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Baraga, Chippewa, Delta, Dick-  
inson, Gogebic, Houghton, Iron,  
Keweenaw, Luce, Mackinaw,  
Marquette, Menominee, Onto-  
nagon & Schoolcraft

## Be Part of the Beginning

April is National  
Child Abuse  
Prevention Month

Community Celebration  
Saturday - April 16 - 1:30-4 pm  
State Theatre - Traverse City



# Zero tolerance for child abuse

Come to the State Theatre to be a part of something amazing. Celebrate our community's commitment to children with the Medicine Lodge Singers, dancing, live music, clowns, and more. This family friendly event marks the beginning of achieving zero tolerance for child abuse in our community. Please join us - for free tickets go to [www.traversebaycac.org](http://www.traversebaycac.org).

# Consumer Opportunities

## What's next for Learning Communities & Recovery Council?

After a review of input received from the December Open Forum and many other discussions about what is possible, affordable, logistically practical, empowering and energizing, the Recovery Planning Team has come up with an idea which tries to capture the important themes recently expressed about the Learning Communities and Recovery Council (see sidebar).

The idea has three parts - Learning, Doing, and Local Networks:

- 1 **Learning** - Learning Opportunities less often (quarterly instead of monthly) but longer and better, with food, speakers, activities, i.e., Mini-Conferences.
- 2 **Doing** - "Action" Groups - Would meet monthly and be open to all interested in doing things, i.e., working on recovery transformation (blueprint) projects, such as preparing for recovery awards, working on community events, and stigma buster activities. The meetings would be videoconferenced in three locations each month so people could participate without extensive travel involved.
- 3 **Local Networks** - Local flexible, empowered groups would meet with whatever frequency people wanted and focus on activities and projects that the group determines, i.e., volunteer projects in the community, social activities, crafts, meditation, exercise, budgeting, walking, spirituality recovery, WRAP groups, etc. Would have some staff support to help keep groups connected.

☆☆☆

## Other Special Opportunities

- April 27 - Annual PIHP Advocacy Training (Ludington)
- May 11 - Walk a Mile in My Shoes Rally (Lansing)
- July 21, 22 or 23 - Power Day for Clubhouses (Lansing)
- July 28 - Annual State Consumer Conference (Lansing)
- Sept 20 - Annual Recovery Celebration (Traverse City)
- Nov 2 - Art of Recovery Show (Traverse City)
- Movie Nights to be determined

### What we have heard:

## Important Themes

- ☆ The groups need to be reenergized;
- ☆ Learning opportunities are good;
- ☆ Being able to participate and DO things to transform the system and educate the community is good;
- ☆ More people and more energy would be good;
- ☆ Food provided makes a difference;
- ☆ Stipends are not as important as opportunities to get together to learn things and do things and for camaraderie;
- ☆ Volunteering makes people feel good and helps give life meaning;
- ☆ People are looking for ways to get involved, meet new people, connect with people, and contribute;
- ☆ Jobs and community participation and wellness are important;
- ☆ Community outreach and events are important;
- ☆ Lively discussions, presentations and variety spice up learning.

*(postponed)*

## More information on the Learning Opportunities

There would be a total of two consumer mini-conference opportunities for each location (with Grayling [GR] and Houghton Lake [HL] rotating) with lunch provided at these mini-conferences, plus the annual celebration in September. This would be similar to Learning Communities, except instead of offering the same content 4X per month (once in each location) there would be a longer mini-conference with lunch served, 1X per month.

### ☆ Mini-Conference Schedule:

May 24	Consumer Mini-Conference	TC Board Room
June 23	Consumer Mini-Conference	Cadillac Gym
July 19	Consumer Mini-Conference	HL Board Room
Aug 23	Consumer Mini-Conference	TC Board Room
Sept 20	Annual Recovery Celebration	for Everyone (in TC)
Oct 27	Consumer Mini-Conference	Cadillac Gym
Nov 16	Consumer Mini-Conference	GR Board Room
Dec	None	

### ☆ Mini-Conference Format Example: 10:00 AM to 3:00 PM, with lunch included

10:00-11:00	Session 1 - Employability/Small Business Development
11:00-12:00	Session 2 - Volunteerism
12:00-1:00	Lunch - Networking
1:00-2:00	Session 3 - Health/Wellness
2:00-3:00	Session 4 - Stigma Busters