About NCOA

Our Mission:
Improve the lives of millions of older adults, especially those who are struggling

Collaborative Leadership:
NCOA works closely with other aging and disability organizations to achieve our mission

Aging and Disability Collaborative:
Coalition of over 40 national aging and disability organizations that work together to advance Home and Community Based Services.
Center for Benefits Access

- Funded by the U.S. Administration for Community Living (HHS)
- Helps community-based organizations find and enroll seniors and younger adults with disabilities with limited means into benefits programs for which they are eligible
- [ncoa.org/centerforbenefits](http://ncoa.org/centerforbenefits)
Benefits Enrollment Centers (BECs)

- NCOA funds 46 BECs in 29 states through a grant from the U.S. Administration for Community Living
- BECs help people with Medicare:
  - Identify and enroll in all of the possible programs they may be eligible for
  - Assist with application, troubleshooting, and follow-up to ensure the person received and is using the benefits

Find whether there’s a BEC near you at: www.ncoa.org/map
Focus of Presentation

1) Role of stigma in applying for benefits
   • Share finding of NCOA study and discuss implications for younger and older individuals with disabilities

2) Outreach to younger individuals with disabilities and family caregivers about access to benefits
   • Share data from Benefits CheckUp

Encourage discussion about ways to improve outreach to younger individuals with disabilities
Background on Stigma

- NCOA heard from many benefits counselors that stigma is a major cause of why individuals do not apply for benefits
- In 2015, NCOA did a literature reviews and conducted comprehensive interviews with 40 counselors to better understand this phenomenon
- Report: An End to Stigma
Stigma Takes Two Forms

- **Internal Stigma** – Feelings of personal shame or embarrassment
  - “I don’t want to be one of those people with the card.” [EBT cards]
  - “Other people need these benefits more than me.”
  - “My neighbor could find out I’m getting food assistance.”
  - “Welfare isn’t for me, it’s for young moms who pop out kids.”
  - “I don’t need any handouts.”

- **External Stigma** – Negative experiences with or perceptions of benefit or the agency that administers that benefit
  - “They’re going to take my house away.” [fear of estate recovery]
  - “It’s not worth the time to only get $15.” [SNAP minimum benefit]
  - “I don’t trust the quality of care because it’s on a budget.” [Medicaid]
  - “I don’t want to deal with the social services department.”
Consequences of Stigma

- Only **2 in 5** older adults likely eligible for SNAP were enrolled in the benefit in 2013.
- Individuals with disabilities eligible for low-income subsidies (LIS) other benefits that could help with independent living.
Factors Related to Stigma

Individual characteristics

- **Age**: Those born before/during Great Depression less likely to seek help
- **Residence**: Individuals from seemingly affluent areas less likely to apply for fear of being singled out
- **Disability**: Complicated. Some younger adults with disabilities may face less stigma about applying for benefits. But may depend on many factors, including onset, type of disability, connection to peers with disabilities.
Factors Related to Stigma (cont.)

- Characteristics of administering agencies/benefits
  - Benefits associated with Social Security and Medicare have very little stigma attached to them
    - Perception that people have paid into these programs
  - Method of receiving benefits helps to de-stigmatize them
    - Medicare Savings Programs: recipients get Part B premium back in Social Security check
    - Energy assistance: paid directly to utility company
  - SNAP and Medicaid are highly stigmatized
    - Complexity of applications turns people off
    - Burden of documentation, interviews, receipts, etc.
Texas SNAP application…

- 18 page application
- Dependent care expenses well laid out, but there’s no parallel explanation for how medical costs are calculated for deduction, what documents applicant needs to prove
Techniques for Fighting Stigma: Counselors

- Counter the deserving vs. undeserving narrative
  - Emphasize that people pay into these benefits when working

- Focus on economic landscape
  - Many older adults saw their savings reduced during economic downturn; Many in your community are also getting help
  - Employment of people with disabilities

- Help clients apply for all programs they may be eligible for

- Demonstrate the value of a benefit
  - Freeing up income for other priorities, e.g., grandchildren
  - Minimum SNAP benefit: You wouldn’t discard a coupon for that, would you?
Techniques for Fighting Stigma: Policymakers and Program Administrators

- Improve enrollment processes
  - Take advantage of existing waiver programs
    - Medicare Savings Programs: States can eliminate asset/resource requirements, raise income thresholds
    - SNAP: Can simplify applications, get a standard medical expenses deduction, length certification period
  - Improve data-sharing
- Support counselors in the field who are helping clients
Resource: BenefitsCheckUp®

www.BenefitsCheckUp.org

- Web-based tool that screens for over 2,000 public and private benefits
  - Online LIS/Extra Help application
  - Enhanced Application Forms Center
  - Office Locators
  - 50,000+ local offices

- Has helped more than 5 million people find more than $16 billion in benefits
Benefits Checkup®

• Can be an effective tool to assist with reaching younger individuals with disabilities and family caregivers of individuals with disabilities

• In 2015:
  – 28% of users of BCU indicated they had a disability
    • 44% were under 65
    • 56% were over 65
  – 31% of users of BCU were caregivers
Benefits Checkup®

Which benefits do people under 65 with disabilities most often screen eligible for?

<table>
<thead>
<tr>
<th>Benefit Description</th>
<th>Eligibility</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weatherization</td>
<td>National</td>
<td>15,317</td>
</tr>
<tr>
<td>Lifeline</td>
<td>National</td>
<td>13,290</td>
</tr>
<tr>
<td>America the Beautiful - Access Pass (National Parks Pass)</td>
<td>National</td>
<td>11,468</td>
</tr>
<tr>
<td>Chronic Disease Self-Management Program</td>
<td>National</td>
<td>9,487</td>
</tr>
<tr>
<td>Low Income Home Energy Assistance Program (LIHEAP)</td>
<td>National</td>
<td>9,079</td>
</tr>
<tr>
<td>HUD Public Housing Program</td>
<td>National</td>
<td>7,430</td>
</tr>
<tr>
<td>FamilyWize Prescription Savings Program</td>
<td>National</td>
<td>7,210</td>
</tr>
<tr>
<td>Housing Choice Vouchers (Section 8) Program</td>
<td>National</td>
<td>7,014</td>
</tr>
<tr>
<td>USDA Housing Repair Program</td>
<td>National</td>
<td>6,052</td>
</tr>
<tr>
<td>Rx Outreach (Prescription Drug Discount Program)</td>
<td>National</td>
<td>5,879</td>
</tr>
<tr>
<td>Supplemental Security Income (SSI)</td>
<td>National</td>
<td>5,457</td>
</tr>
<tr>
<td>Tax Credit for the Elderly and Disabled</td>
<td>National</td>
<td>5,428</td>
</tr>
<tr>
<td>Elderly Nutrition Program - Congregate or Group Meals</td>
<td>National</td>
<td>5,246</td>
</tr>
<tr>
<td>Elderly Nutrition Program - Home Delivered Meals</td>
<td>National</td>
<td>5,246</td>
</tr>
<tr>
<td>Senior Farmers’ Market Nutrition Program</td>
<td>In 42 States</td>
<td>5,084</td>
</tr>
<tr>
<td>Health Centers for Primary Health Care and Dental Services</td>
<td>National</td>
<td>5,040</td>
</tr>
<tr>
<td>Donated Dental Services (DDS)</td>
<td>National</td>
<td>4,815</td>
</tr>
<tr>
<td>Medicare Part D Low Income Subsidy (LIS)</td>
<td>National</td>
<td>4,341</td>
</tr>
<tr>
<td>Medicare Savings Program - Qualified Medicare Beneficiary (QMB)</td>
<td>National</td>
<td>3,644</td>
</tr>
<tr>
<td>Pfizer RxPathways (Patient Assistance Program)</td>
<td>National</td>
<td>3,408</td>
</tr>
<tr>
<td>Legal Services and Assistance Programs</td>
<td>National</td>
<td>3,036</td>
</tr>
</tbody>
</table>
Join us!

- **Visit** [ncoa.org](http://ncoa.org) and sign up for e-news
- **Access** resources in our library: [www.ncoa.org/resources](http://www.ncoa.org/resources)
- **Share** NCOA’s free, trusted tools
  - [BenefitsCheckUp.org](http://BenefitsCheckUp.org)
  - [EconomicCheckUp.org](http://EconomicCheckUp.org)
  - [MyMedicareMatters.org](http://MyMedicareMatters.org)
Outreach: Targeting Individuals with Disabilities and Caregivers
2015 I&R Survey

2015 Network Survey of I&R Specialists in Aging and Disability:

• Developed and administered by NASUAD in partnership with the National Council on Independent Living (NCIL)
• Web-based survey instrument
• In the field March - April 2015
• Captured trends, developments, and promising practices from the perspectives of state agencies, AAAs, ADRCs, CILs, nonprofit human service organizations, and national organizations
2015 Survey: Respondent agency

What type of agency do you work in?

- AAA, 49.7%
- ADRC, 18.4%
- CIL, 10.3%
- Other Non-Profit, 9.5%
- State Agency, 12%

Percent of Respondents
N=358
2015 Survey: Targeted Screening

Do I&R/A specialists in your agency screen for eligibility for Medicare low-income subsidies?

- Yes, 70.8%
- No, 21.2%
- Other, 8.0%

Percent of Respondents
N=325
2015 Survey: Targeted Screening

If your agency screens for eligibility for Medicare low-income subsidies: Does your agency target older adults?

Yes, 91.0%

No, 9.0%

Percent of Respondents
N=222
2015 Survey: Targeted Screening

If your agency screens for eligibility for Medicare low-income subsidies: Does your agency target younger individuals with disabilities?

- Yes, 56.3%
- No, 43.7%

Percent of Respondents
N=222
2015 Survey: Training

Are I&R/A specialists in your agency given training on the Medicare low-income subsidies?

Yes, 78.1%  
No, 16.8%  
Do not know, 5.1%

Percent of Respondents  
N=292
The Medicare Population

Medicare by Age

- Over age 65: 83%
- Under age 65: 17%

SOURCE: [2012, Kaiser, Medicare at a Glance]
Outreach Efforts for Beneficiaries with Disabilities

- Increase consumer awareness
- Provide basic qualification criteria
- Provide key referral sources
Call for Collaboration

• Identifying potential partners

• Media campaign targeting adults with disabilities

• Fact Sheet with media information and instructions
Sample Posts

Facebook

• “Are you a working individual with a disability? Are you having a hard time paying your Medicare costs? Help may be available through the Medicare Savings Program.”

Twitter

• Do you want to save on Medicare costs? If you are low-income, you may qualify for a Medicare Savings Program #MedicareSavings

• Medicare costs are high! If you are low-income there are Medicare Savings Programs and Low-Income Subsidies to help you pay. #MedicareSavings
Developing the Resources

Design  Develop  Disseminate
SAVE on MEDICARE COSTS!

If you are low-income, a Medicare Savings Program may help with some of your Medicare costs.
Get HELP with your MEDICARE COSTS!

A Medicare Savings Program may help with some of your Medicare costs.

FOR ASSISTANCE, CALL:

Resources
Available 
MEDICARE SAVINGS:

If you are low-income, a Medicare Savings Program may help with some of your Medicare costs.

If your monthly income is close to the limits listed below, a Medicare Savings Program may help you.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>$1,357</td>
<td>$1,823</td>
<td>Part B monthly premium</td>
</tr>
</tbody>
</table>

*Income limits are approximated and vary by state.

If you are a working person with a disability and your monthly income is close to the limits listed below, the Qualified Disabled Working Individuals Medicare Savings Program may help you.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>$4,045</td>
<td>$5,425</td>
<td>Part A monthly premium</td>
</tr>
</tbody>
</table>

*Income limits are approximated and vary by state.

FOR ASSISTANCE, CALL: (877)839-2675
The SHIP National Technical Assistance Center

Current as of March 2016
I’m working again, but I still can’t afford my **MEDICARE COSTS**…
Is there any **HELP** out there for me?

**YES!** If you are a working person with a disability under 65 and on Medicare, the Qualified Disabled Working Individuals Program (QDWI) may help you!

**QDWI is a Medicare Savings Program** that may help pay some Medicare costs for low-income working individuals with a disability.

If you are single with a monthly income of about $4,045 (or married with a combined monthly income of about $5,425), this program may help you.*

*Income limits vary by state.

**FOR ASSISTANCE, CALL:** The SHIP National Technical Assistance Center
(877)839-2675

Current as of March 2016
THE MEDICARE LOW INCOME SUBSIDIES

WHAT THEY ARE: The Medicare low-income subsidies are a set of federally and state funded programs that help make Medicare more affordable for low-income Medicare recipients. These programs include the Medicare Savings Programs (MSPs), and the Medicare Part D Low Income Subsidy/Extra Help program (often referred to either LIS or Extra Help).

For information on how to apply, see next page.

UNDERSTANDING MSPs

MSPs are a set of 4 programs run by the state Medicaid agencies that can help low-income Medicare recipients save on Medicare costs. MSPs include the Qualified Disabled and Working Individual (QDWI), Qualifying Individual (QI), Specified Low-Income Medicare Beneficiary (SLMB), and Qualified Medicare Beneficiary (QMB) programs.

HOW THEY WORK: Individuals must have Medicare Part A and must fall into the income and asset guidelines in their state to qualify for an MSP (see charts below).

The QDWI program applies to working people with disabilities.

<table>
<thead>
<tr>
<th>Program</th>
<th>Program Details</th>
<th>Monthly Income Limits*</th>
<th>Asset Limits*</th>
<th>Pays for:</th>
</tr>
</thead>
<tbody>
<tr>
<td>QDWI</td>
<td>Open to working people with disabilities who lose their Social Security Disability Insurance (SSDI) benefit and lose premium-free Part A. Not for those who have Medicaid.</td>
<td>$4,045</td>
<td>$5,425</td>
<td>Single</td>
</tr>
</tbody>
</table>

*Limits vary by state and are updated annually.

The QI and SLMB programs cover the cost of the part B monthly premium for low-income Medicare recipients.

<table>
<thead>
<tr>
<th>Program</th>
<th>Program Details</th>
<th>Monthly Income Limits*</th>
<th>Asset Limits*</th>
<th>Pays for:</th>
</tr>
</thead>
<tbody>
<tr>
<td>QI</td>
<td>Not for those who have Medicaid. Enrollment is limited.</td>
<td>$1,357</td>
<td>$1,823</td>
<td>Single</td>
</tr>
<tr>
<td>SLMB</td>
<td>Open to those who have Medicaid.</td>
<td>$1,208</td>
<td>$1,622</td>
<td>Single</td>
</tr>
</tbody>
</table>

*Limits vary by state and are updated annually.

<table>
<thead>
<tr>
<th>Program</th>
<th>Program Details</th>
<th>Monthly Income Limits*</th>
<th>Asset Limits*</th>
<th>Pays for:</th>
</tr>
</thead>
<tbody>
<tr>
<td>QMB</td>
<td>Open to those who have Medicaid. Doctor must accept Medicare and Medicaid for cost of care to be covered.</td>
<td>$1,010</td>
<td>$1,355</td>
<td>Single</td>
</tr>
</tbody>
</table>

*Limits vary by state and are updated annually. Current as of March 2016

Turn Page Over

UNDERSTANDING LIS / EXTRA HELP

LIS or Extra Help is a program run by the Social Security Administration that helps low-income Medicare recipients save on Medicare Part D prescription drug costs.

HOW THEY WORK: Individuals must fall into the federal income and asset limits (see chart below). Individuals who receive Extra Help must sign up for a Medicare Part D prescription drug plan or a Medicare Advantage plan with prescription drug coverage.

Medicare pays for the full monthly premium if an individual signs up for one of the stand-alone Prescription Drug Plans that offer the standard Part D benefit, referred to as low-income benchmark plans. People who are dual-eligible (on both Medicaid and Medicare), receive Supplemental Security Income (SSI), or have an MSP are automatically signed up for the Extra Help program.

<table>
<thead>
<tr>
<th>Level of Coverage</th>
<th>Monthly Income Limits*</th>
<th>Asset Limits*</th>
<th>Benefits:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Single</td>
<td>Married</td>
<td>Single</td>
</tr>
<tr>
<td>Full LIS</td>
<td>$1,357</td>
<td>$1,823</td>
<td>$6,780**</td>
</tr>
<tr>
<td>Partial LIS</td>
<td>$1,505</td>
<td>$2,023</td>
<td>$13,640**</td>
</tr>
</tbody>
</table>

*Amounts are updated annually.
**Amounts include a $1,500 per person disregard for burial expenses.

HOW TO APPLY:

Interested persons may apply for an MSP at their local Medicaid office. For Extra Help, individuals can apply online or at their local Social Security office.

More information and assistance available at:

- State Health Insurance Assistance Program (SHIP): www.shipcenter.org
- Medicare Rights Center: www.medicarerights.org; (800) 333-4114
- NCOA Center for Benefits Access: www.centerforbenefits.org; centerforbenefits@ncoa.org
- www.medicare.gov

Current as of March 2016

NASUAD
NCOA
Preferred Older Americans Network
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Measuring Outcomes

• Follow Up Survey

• Hashtag History
MIPPA Outreach: How can we improve?

Promising Practices
Promising Practice #1

Insert MIPPA outreach into the internal framework of your organization.

• Provide all staff with access to screening information
• Ensure all staff are involved in screening efforts
Promising Practice #1
Promising Practice #1
Promising Practice #2

Go where the consumer is / where the consumer will be.

Senior Farmers' Market Nutrition Program (SFMNP)
Promising Practice #3

Rebrand the Medicare low-income subsidies to appeal to the consumer.

Medicare Boot Camp
Promising Practice #4

Insert MIPPA outreach into everyday places that consumers visit

• Bus ads
• Mall benches and floors