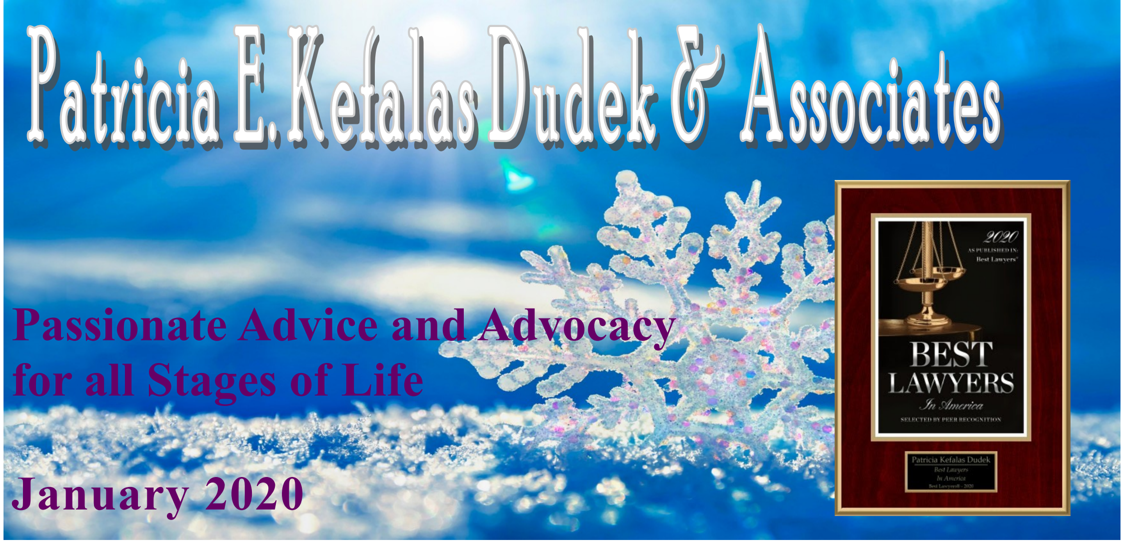

Families, providers ask tough questions on plans to integrate Medicaid mental health

Family members, patients, providers and nonprofit agency executives tied to Michigan's behavioral health system gathered Wednesday night in Detroit at the first of four town hall events to hear how state officials are planning to improve and integrate the state's Medicaid physical and behavioral health care programs.

During the first 20 minutes of the nearly two-hour Detroit meeting, Robert Gordon, director of the Michigan Department of Health and Human Services, outlined steps the department has taken so far in an effort to create special managed-care organizations to manage the complete health care needs of more than 300,000 people in the Medicaid behavioral health system.

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Free Independent Living Training

Inspector General Warns Public About New Twist To Social Security Phone Scams

The Inspector General of Social Security, Gail S. Ennis, is warning the public that telephone scammers may send faked documents by email to convince victims to comply with their demands. The Social Security Administration Office of the Inspector General (OIG) has received reports of victims who received emails with attached letters and reports that appeared to be from Social Security or Social Security OIG. The letters may use official letterhead and government "jargon" to convince victims they are legitimate; they may also contain misspellings and grammar mistakes.

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New Law Makes Big Changes to Retirement Plans

President Trump has signed a spending bill that makes major changes to retirement plans. The new law is designed to provide more incentives to save for retirement, but it may require workers to rethink some of their planning.

The Setting Every Community Up for Retirement Enhancement (SECURE) Act changes the law surrounding retirement plans in several ways:

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Movement Grows to Add Dental Coverage to Medicare

Medicare does not offer much in the way of dental benefits. To get dental coverage, you need to purchase separate and often costly dental insurance or sign up for a Medicare Advantage plan that includes dental care. Advocates for Medicare beneficiaries are arguing for a change.

Common dental procedures or supplies, such as cleanings, fillings, tooth extractions, dentures, dental plates, or other devices are currently not covered. Medicare Part A, the insurance for inpatient hospitalizations, will cover certain emergency or necessary dental procedures that are received in the hospital. For example, if you are hospitalized after an accident and require jaw reconstruction, Medicare Part A will pay for the dental work required as part of that procedure. In addition, Medicare Part A specifically covers oral examinations for patients who are in the hospital to receive a comprehensive workup for a kidney transplant or heart valve replacement.

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Special Needs Trusts: New Rules - An Audio Webinar

Help Your Clients Weigh ALL Their Disability Savings Options

The recent ABLE Act and proposed federal legislation have changed financial planning for disabled clients, with new options potentially offering clients better outcomes with less complexity. Can you determine how ABLE accounts stack up against SNTs and when to use them? Do you have the latest information on benefits eligibility and how it interplays with financial planning for disability? This timely legal course will give you the skills and knowledge to pick the right tool for your clients and execute it impeccably. Register today!

- Get an incisive update on the recent and upcoming laws and rules governing disability planning.
- Plan ahead, know what counts as a qualified expense in ABLE vs. SNT accounts.

Get answers to questions regarding Medicaid estate recovery rights and remedies.

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Confused About Michigan's New Medicaid Work Requirement?

Right now, more than 650,000 people across Michigan are having a strange moment with their health insurance. Some of them could lose their health coverage if they don't take certain steps, starting soon. They may be confused about what those steps are. Other Michiganders may be worried that they could lose their coverage too. But their coverage is actually safe, or they just have to take a single step to keep it.

And everything could change, depending on what happens in a courtroom in Washington, D.C.

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Editorial: Why do the developmentally disabled wait so long for care? Debt and dysfunction steal services from Illinois families.

Illinois families seeking care for developmentally disabled young adults face unacceptably long waits to be eligible for community-based services, from daytime programs to job training, that are essential to supporting some of the state's most vulnerable residents. Once families finally reach the top of that list, often after years of patience, they can run smack into a new problem: no available services that match their needs.

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Protect Nursing Home Nurse Aide Training Requirements; Protect Residents' Right to High Quality Care

Certified nurse aides provide most of the direct hands-on care to the nation's 1.3 million nursing home residents. Aides' central role in caregiving means that the training that aides receive to become certified must be adequate and appropriate to ensure that they are capable of providing high quality of care and quality of life services to residents.

At present, training can be provided by a variety of entities, including vocational schools, unions, and nursing facilities themselves. If a nursing facility wants to provide certification training using its own staff, it is crucial that care practices in the facility meet or exceed federal standards, so that new aides are taught good practices. Equally important, a facility conducting a nurse aide training program must have sufficient numbers of staff so that residents are not put at risk when a facility shifts nurses from the floor to the classroom.

Unfortunately, the nursing home industry is exploiting the current enthusiasm for deregulation to weaken these essential safeguards.

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Caregivers Are Getting Younger, Making Planning for Long-Term Care Even More Important

As baby boomers age, more and more millennials are becoming caregivers. Many are taking on this role while just getting started in their own lives, leading to difficult decisions about priorities. Proper planning can help them navigate this terrain.

The term "sandwich generation" was coined to refer to baby boomers who were taking care of their parents while also having young children of their own. Now millennials are moving into the sandwich generation at a younger age than their parents did. According to a study by the AARP, one in four family caregivers is part of the millennial generation (generally defined as being born between 1980 and 1996). And a study by Genworth found that the average age of caregivers in 2018 was 47, down from 53 in 2010. Gretchen Alkema, vice president of policy and communications at the SCAN Foundation, told the New York Times that the rise in younger caregivers may be because baby boomers had kids later in life than their predecessors and many are divorced, so they do not have a spouse to provide care.

Younger caregivers have different challenges than older caregivers. They may have younger kids to manage and careers that are just beginning, rather than established. In addition, more millennial men are caregivers compared to previous generations. The AARP study found that millennials spend an average of 21 hours a week on caregiving, and one in four spend more than 20 hours per week. More than half (53 percent) also hold a full-time job in addition to their caregiving duties and 31 percent work part time.

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SSA Issues Controversial Proposal That Could Cut Hundreds of Thousands From Disability Rolls

Advocates are warning that a little-noticed proposed rule change could result in hundreds of thousands of Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI) recipients, many of them children, losing benefits. The change would subject millions of recipients to a more frequent review process that is already difficult to comply with.

The Social Security Act mandates that the Social Security Administration (SSA) perform so-called continuing disability reviews of SSDI and SSI recipients every three years, although the SSA may extend the three-year time limit if the person's disability is permanent.

Over the years, the SSA has created a three-part classification system to determine the frequency of reviews. People with the most severe conditions are listed under the category "Medical Improvement Not Expected" and are reviewed once every seven years. Those classified as "Medical Improvement Possible" are reviewed every three years, and those designated "Medical Improvement Expected" are reviewed every six to 18 months.

The proposed regulations, published in the Federal Register on November 18, would create a fourth category, called "Medical Improvement Likely." People who fall under this category—an estimated 4.4 million recipients—would be reviewed every two years.

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Feds Release 2020 Guidelines Used to Protect the Spouses of Medicaid Applicants

The Centers for Medicare & Medicaid Services (CMS) has released the 2020 federal guidelines for how much money the spouses of institutionalized Medicaid recipients may keep, as well as related Medicaid figures.

In 2020, the spouse of a Medicaid recipient living in a nursing home (called the "community spouse") may keep as much as $128,640 without jeopardizing the Medicaid eligibility of the spouse who is receiving long-term care. Known as the community spouse resource allowance or CSRA, this is the most that a state may allow a community spouse to retain without a hearing or a court order. While some states set a lower maximum, the least that a state may allow a community spouse to retain in 2020 will be $25,728.

Meanwhile, the maximum monthly maintenance needs allowance (MMMNA) for 2020 will be $3,216. This is the most in monthly income that a community spouse is allowed to have if her own income is not enough to live on and she must take some or all of the institutionalized spouse's income. The minimum monthly maintenance needs allowance for the lower 48 states remains $2,113.75 ($2,641.25 for Alaska and $2,432.50 for Hawaii) until July 1, 2020.

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When Inheriting Real Estate, Consider Your Options

Inheriting real estate from your parents is either a blessing or a burden -- or a little bit of both. Figuring out what to do with the property can be overwhelming, so it is good to carefully think through all of your choices.

There are three main options when you inherit real estate: move in, sell, or rent. Which one you choose will depend on your current living situation, whether or not you have siblings, your finances, whether the house has a mortgage or liens, and the physical condition of the house. The following are some things to consider:

Click Here to Read the Things to Consider

What Happens When a House That Is Split Three Ways Is Rented, Sold, or Passed at Death?

Q: My mother is 90 years old and owns a house with no mortgage. Seven years ago she had trouble keeping up with taxes, so she added her daughter and her daughter's husband to the deed. They paid the taxes with the understanding that they would get money back if and when the house was sold. She has now moved out of the house. If the house is sold, would she only receive one-third of the profits? If she rented, would the money be split three ways? If she passed before the house is sold, would the other two owners receive the house or can she will her share in the house? The agreement was never put in writing.

A: If the house is sold, the proceeds should be divided three ways with your mother receiving a third. This is also true of any rental income. A key issue after your mother's death is whether she, your sister, and your brother-in-law own the property as joint tenants or as tenants in common. If they own it as joint tenants, upon your mother's death her interest will automatically disappear and your sister and brother-in-law will be the sole owners. If they own it as tenants-in-common, your mother's one-third interest will pass to her estate and will be distributed according to her will, or if none, equally to her children.

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Who Gets Cash Hidden in House By Deceased Former Owner?

Imagine you bought a house and, a year and a half later, you discovered bundles of cash totaling more than $100,000 that had been hidden away by the deceased former owner. Who would be entitled to the money -- you or the former owner's estate? Confronted with just such an unusual case, a court determined that the new owner should keep the windfall.

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Medicare Home Health Coverage and Care Is Jeopardized By the New Payment Model – The Center for Medicare Advocacy May Be Able to Help

Actual Recent Case Study

Mrs. Green has advanced multiple sclerosis. She spends her time either in bed or in a tilting wheelchair. After receiving Medicare-covered home health care for two years, for skilled nursing and home health aide services, Mrs. Green's home health agency told her Medicare was "closing a loophole" as of January 1, 2020. As a result, the agency told Mrs. Green, she would be discharged from all home care in January 2020, after the end of her current certification period.

As it is, Mrs. Green has been receiving very limited home health care – far less than authorized under the law.[1] A home health nurse comes to her home every two weeks to observe her conditions and change her suprapubic catheter. Her doctor states it is difficult and unsafe for her to have the catheter changed in her wheelchair at the doctor's office; it should be done at home to be safe. In addition to the nurse, a home health aide helps Mrs. Green just twice a week, and only for a bath.

In the past, Mrs. Green's husband and caregiver was told by the home health nurse that she would be "all-set" with home health care for Mrs. Green's life, as she is homebound (requires a wheelchair for all mobility) and has a debilitating, disabling condition. Nonetheless, in December, 2019, a month before a new Medicare home health payment system begins, the home health agency told the Greens that care would end because: (1) Her condition was "stable", (2) The agency had adopted a policy not to provide long-term care, and (3) Medicare was changing its payment system on January 1, 2020. Mr. Green, who has his own health challenges, was told he could change his wife's catheter himself.

Mr. and Mrs. Green contacted the Center for Medicare Advocacy (the Center) for help, saying they were devastated by the pending loss of home health care. The Center assured the Greens that Medicare coverage law has not changed. Medicare has not "closed any loophole".

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GAO Calls for Increased Oversight of Organizations That Handle Social Security Benefits for Nearly 1 Million

Every year nearly one million Social Security recipients nationwide rely on non-profits, nursing homes and other so-called organizational payees to manage their benefits. However, the Social Security Administration exercises limited oversight to ensure that these organizations are not misusing beneficiaries' funds, according to a new report by the Government Accountability Office (GAO).

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Will Restrictive Immigration Policies Cause a Shortage of Caregivers for the Elderly?

As the population ages, the need for caregivers is growing, but more restrictive immigration policies such as those being promoted by the Trump administration could have a negative impact on a caregiving industry that is already facing workforce shortages.

The Supreme Court is currently considering the administration's decision to end the program that protected young undocumented immigrants from deportation, known as Deferred Action for Childhood Arrivals, or DACA. Among other policies, the administration has also ended Temporary Protected Status -- a program that gives immigrants who can't return to their home countries due to violence or natural disaster permission to work and live in the United States -- for several groups, including immigrants from Haiti, El Salvador, and Nicaragua. In addition, another effort is to shift from "chain migration," where people enter the country based on family ties, to immigration based on skills, which are presumably not caregiving skills but more high-tech abilities.

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Do You Have the Right Fiduciary?

A fiduciary is a fancy legal term for the person who will take care of your property for you if you are unable to do it yourself, such as the executor of an estate, the trustee of a trust, or an attorney-in-fact under a power of attorney. Your first instinct might be to name one of your children as a fiduciary, but if you want to avoid conflict among your children, this might not be the best option.

When naming a fiduciary, it is important to be able to trust the individual, which is why people often name family members as fiduciaries. However problems can arise when a parent with two or more children names one child as a fiduciary. A child is often not the best fiduciary for several reasons:

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Understanding the Differences Between a Living Trust and an Irrevocable Trust

You may be thinking about setting up a trust to protect your assets, save on estate taxes, or perhaps set aside money for a special needs family member. Before you commit to a plan, make sure you understand the differences between the two basic types of trusts: the revocable (also called “living”) trust and the irrevocable trust. These differ in how they are structured and taxed, and each offers advantages and disadvantages depending on their purpose.

Both are tools for setting assets aside and distributing them according to specific wishes and instructions. They can protect one’s property, safeguard a family’s financial future, and provide tax-saving strategies.

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Understanding Revocable Trusts

Revocable trusts are an effective way to avoid probate and provide for asset management in the event of incapacity. In addition, revocable trusts--sometimes called "living" trusts--are incredibly flexible and can achieve many other goals, including tax, long-term care, and asset-protection planning.

A trust is a legal arrangement through which one person holds legal title to property for another person. As the creator of a revocable trust, you are called the "grantor" or the "donor." While you are alive, you are a beneficiary of the trust and can also serve as either the sole trustee or as one of a number of co-trustees. The trustees manage the assets in the trust, which can include real estate, bank accounts, investments, and tangible property (such as fine art) under the terms set forth in the trust document.

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What Happens to an ABLE Account If the Beneficiary Is No Longer Disabled?

It is possible that an individual, once diagnosed as a person with special needs, sometime in the future will no longer qualify as "disabled" according to IRS regulations. The individual's condition might have improved through remission or medical treatment, for example, or perhaps the original diagnosis was inaccurate. If an ABLE account had been set up for the person with special needs, what happens to it in such cases? Here are several key questions to understand the timetable and options available.

Click Here to Read the Questions

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