

## People with Disabilities Springing into Action: Staying Active and Involved



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Please contact Westchester Disabled On the Move to be added to our mailing list.  
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# A Message from the Executive Director

While the weather remains cold as I am writing this, we have officially welcomed Spring, the season of regeneration and hope. Our newsletter will provide you with information about recreational activities you may want to participate in as the weather improves. Despite looking forward to these days, I must also report that gray skies remain for many people with disabilities as we are faced with: a scarcity of affordable, accessible housing, many of us needlessly and unwillingly locked away in institutions; and looming federal cuts to essential programs such as Medicaid.

In the wee hours of Dec. 19, 2005, before rushing home to their families loaded with holiday cheer, leaders of Congress delivered a budget reconciliation bill that will cut the federal Medicaid budget by \$16 billion over the next 10 years. To add insult to injury, these cuts would not be used to reduce the deficit, nor to provide relief to the devastated Gulf Coast region; rather, the money was needed to make up for revenue lost by two pending tax cuts.

The cost of these two tax cuts between 2005 and 2010 exceeds the savings from all of the reductions in low-income programs in the reconciliation bill over the same period, according to the Center on Budget and Policy Priorities. More than half the gains from the two tax cuts — 54 percent of them — will go to the 0.2 percent of households with annual incomes above \$1 million, while 97 percent of the tax-cut benefits will go to the 4 percent of households with incomes above \$200,000, according to the Urban Institute-Brookings Institution Tax Policy Center. Households with incomes under \$100,000 would be recipients of 0.1 percent of the tax cut. The Joint Committee on Taxation estimates that, over the next five years, the two tax cuts that took effect Jan. 1 will cost about \$27 billion.

When will our elected representatives stop playing the role of Robin Hood in reverse and truly represent all of their constituents, including those who are disabled, are on fixed incomes and rely on Medicaid for essential health and supportive services?

The cuts to Medicaid will create severe hardships for elderly and disabled recipients who, without necessary services, would be inappropriately institutionalized. Beneficiaries will face increases in co-payments and the imposition of new premiums. These cost-sharing mechanisms will force recipients to choose between paying for rent and other necessities and paying for health-care services, since they generally have incomes below \$1,500 per month. Unfortunately, many individuals will forgo medical care until there is a medical crisis that will be more expensive to the Medicaid system. The bill would also allow states to substantially scale back the coverage Medicaid provides for certain beneficiaries.

Finally, for individuals needing long-term care, the bill would further restrict eligibility by penalizing non-affluent individuals who transfer modest amounts of resources to family members before applying for Medicaid and needing long-term care services.

Once again I urge you to get involved to advocate for changes that will benefit people with disabilities. WDOMI's System Advocate can keep you abreast of the latest issues and help you take action for change.

Sincerely, Melvyn R. Tanzman, CSW

# Top 10 things to know about Medicare Part D

(excerpt from [www.medicaredrug.info](http://www.medicaredrug.info))

This is a good place to start to learn about Medicare Part D if you don't have much time yet or just want a quick overview. Later you should get more details. So the Top 10 things to Know about Part D are...

1. Medicare Part D is the new prescription drug program **available to all people eligible for Medicare** (that is, anyone who has Medicare Part A and/or Part B) beginning January 1, 2006. Its benefits can include saving you money today as well being your insurance policy for the future.
2. Medicare Part D is optional for everyone (except it is mandatory for people receiving Medicaid in addition to Medicare; more on that later). After researching the available Part D Plans, you might decide that Medicare Part D is not worth the monthly premium that it will cost you. But you should be careful: missing your first opportunity to join could cost you more money. Plus, there is financial assistance available to people with limited income and resources.
3. You must enroll in a particular Medicare Part D Plan. That's right, you will only get the benefits of Medicare Part D if you take action and sign up for a particular plan. Medicare is doing its best to make this easy, and is providing program information to eligible participants in fall 2005. For a very few people, a Plan will be selected for them if they don't make a choice, although they can still change plans later.
4. Medicare Part D will be available for a monthly premium you will pay from a variety of private companies over a six-month open-enrollment period beginning November 15, 2005 and ending May 15, 2006.
5. You will have choices in plans. Medicare Part D Plans must meet the government's basic requirements but **Plans will vary** based on cost, which prescription drugs are covered, and pharmacies that may be used. Compare the plans to find the one right for you.
6. Medicare Part D works with **Medicare Parts A and B**. Or, you can sign up with a Medicare Advantage plan that offers a Part D Prescription Drug Plan. Individuals entitled to Part A or enrolled in Part B can receive help paying for prescription drugs. In general, Medicare Part D will become more beneficial to the enrollee as prescription drug costs increase. (In case you're wondering, Medicare Part C referred to the Medicare+Choice plans, which are now known as Medicare Advantage.) Also, note that under Medicare Part D, when you use the plan's network pharmacies, you can purchase prescriptions at discounted prices negotiated by the plans with the drug companies. So, when you pay for drugs within the Prescription Drug Plan, you will benefit from discounted prices even when you are responsible for paying some or all of the cost under the Plan.
7. Assistance is available for individuals with limited income and resources can get financial help for Medicare Part D, including no monthly premiums, no deductibles and no gap in coverage for qualified individuals. Click here if your individual annual income is below \$9,570.

*Continued on page 16*

# Medicaid Buy-In - At a Glance

Did you know that individuals with disabilities who return to work can still have Medicaid benefits? This article gives the facts. If you need assistance in applying for the Medicaid Buy-In Program contact Scott Barber or Ada Cabassa at WDOMI.

## Who is Covered?

- *Basic Coverage Group:* Workers who are at least 16 but under age of 65, who meet the SSI definition of disability.
- *Medical Improvement Group:* Workers who received coverage in the Basic Coverage Group and, on a continuing disability review, lost eligibility for that group as a direct and specific result of medical improvement but retain a severe medical impairment.

## Basic Coverage Group: Who Is Eligible?

Individuals who:

- Have certification of disability as defined by the Social Security Administration; and
- Are at least 16 but not yet 65 years of age;
- Are engaged in paid work (includes part-time and full-time work);
- Have a gross income that may be as high as \$51,276 for an individual and \$67,788 for an eligible couple (as of January 1, 2006);
- Have non-exempt resources that do not exceed \$10,000;

**Note:** There is no substantial gainful activity rule (i.e., an individual can earn more than \$860 per month in 2006 and still be eligible for the Buy-In)

## Medical Improvement Group: Who Is Eligible?

Individuals who are:

- Members of the Basic Coverage Group, who lose eligibility for the Basic Coverage Group due to medical improvement but retain a severe medical impairment, and
- Are engaged in paid work (40 hours per month and earn at least the federal minimum wage)

*Continued on page 15*

## New Rent Freeze Program For Yonkers Residents With Disabilities

In the summer of 2005, Governor George Pataki signed an act amending the Senior Citizen Rent Increase Exemption (SCRIE) law for seniors residing in rent-regulated buildings to include people with disabilities, now known as Disability Rent Increase Exemption (DRIE).

Thanks to its adoption by the City of Yonkers, residents with Disabilities may now apply to have their rents frozen. The DRIE is administered by the State Division of Housing & Community Renewal, and is mirrored on the rent freeze program for senior citizens (SCRIE) that Westchester County communities have long provided to hold-down rents for their senior residents. Yonkers is the first city in Westchester to adopt the DRIE program, so now *both* seniors *and* disabled residents can apply to have their rents frozen.

DRIE and SCRIE have similar requirements, and Yonkers residents may qualify if:

- 1) They live in rent controlled or rent regulated apartments;
- 2) Their total household income is under \$24,000 per year, and;
- 3) Their rent is at least 1/3 of their income.

Importantly, DRIE/SCRIE is not a “rent rollback” program, but a protective measure against future increases; so DRIE/SCRIE does not reduce a family’s rent if it’s already more than 1/3 of their income, but it will “stop the bleeding” - save the family from further rent increases. Also, although the program saves tenants money, it does *not cost* landlords anything, as the program provides owners with property tax abatements equal to the amount of tenants’ exempted rent increases.

DRIE/SCRIE application forms are available at the offices listed below, and qualifying tenants who are facing rent increases within the next couple months may request help in filling them out. Tenants who want to know more about the program will need to provide the following information when they contact these offices:

- 1) Their address;
- 2) Their age and/or the nature of their disability - whether they receive SSI, SSD, Veterans’ Disability, etc.;
- 3) The gross income of everyone in their household, and;
- 4) The amount of their rent, and the amount & timing of their rent increase

- CLUSTER Housing Resource Center: 376-0438 (Spanish speaking)
- Yonkers Office of Constituent Services: 377-6010 (Spanish speaking)
- Yonkers City Council: 377-6311
- Westchester Disabled On the Move: 968-4717
- NYS Division of Housing & Community Renewal (DHCR): 948-4434

# Westchester Access To Home

Access to Home is a community collaborative to make houses and apartments of low-income households significantly more accessible for persons in wheelchairs and with other mobility impairments. Its focus is to reduce housing barriers that lead to nursing home placement and to promote independent living.

Westchester Residential Opportunities, Inc (WRO) is the lead agency, responsible for overall program coordination. WRO will contract with local firms to make substantial property improvements such as widening doors, lowering kitchen cabinets, bathroom modifications, exterior ramps, lifts, etc, usually at no cost to the consumer, homeowner or landlord.

Westchester Independent Living Center and Westchester Disabled on the Move will screen applicants for eligibility and provide other necessary social services or case management to maximize self-sufficiency.

The Westchester County Department of Planning Property Improvement Program will inspect potential sites eligible for accessibility modifications, outline the scope of work and monitor construction. They will also identify other renovations needed for health and safety that could be achieved with funding through their additional property improvement programs such as Restore, Lead Safe Westchester, and other funding streams.

## Income Guidelines

Total households income\* cannot exceed:

1 person	2 persons	3 persons	4 persons	5 persons
\$32,700	\$37,350	\$42,050	\$46,700	\$50,450

\* as of March, 2006. Income ceilings may increase slightly later in 2006.

Assets (excluding a home) and savings cannot exceed \$15,000.

Residency: Applicants must be residents of Westchester County. Persons in nursing homes seeking Access to Home grants must be returning/establishing residency at a Westchester location.

## HOW TO APPLY:

Go the WRO website [www.wroinc.org/Access](http://www.wroinc.org/Access) To Home/pre-application or call WRO 428-4507 ext. 303, Westchester Disabled On the Move voice/TDD 968-4717, or Westchester Independent Living Center voice/TDD 683-3926 to request a pre-application.

Funding: Westchester Access to Home is funded by a grant from the NYS Division of Housing and Community Renewal with substantial additional financial commitments from participating agenci Westchester Access To Home

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# Recreation for Youth in Westchester County

From time to time, I receive phone calls from parents of special education students who are seeking after school or recreational programming for their child. To my surprise, Yonkers Public Schools offers no after school programming for their special education population. Next, I decided to go surfing on the Internet to see what was available for individuals with developmental disabilities, the population with whom I most closely work. I tried to search specifically for programs in Westchester however, I didn't have much luck. When I began this project, I wanted it to be as comprehensive as possible. Providing a synopsis of many programs in the county and surrounding areas. However, the World Wide Web has so much information concerning youth with disabilities, that it became frustrating. There was so much information to list and I wanted to include it all! So, I decided to provide you with some general information to help get you started. During the summer, I hope to be able to work on developing a page on our website in which we can provide this information and update it as needed. Happy Hunting!



I contacted the Yonkers Department of Parks and Recreation and information about the programs they offer. They can be found on the web at:

[www.cityofyonkers.com](http://www.cityofyonkers.com) or at: (914) 377-6000

The Office for the Disabled located in White Plains has various programs and services. They have recently updated their information and they can be found at:

Office for the Disabled  
(914) 995-2957  
[www.westchestergov.com/disabled](http://www.westchestergov.com/disabled)

Westchester ARC offers a myriad of programs and services for individuals with developmental disabilities and they can be found on the web at:

[www.westchesterarc.org](http://www.westchesterarc.org) or by calling (914) 831-3864

Young Adult Institute of Westchester (YAI) offers some recreational as well as employment opportunities for individuals with developmental disabilities. They are located in Tarrytown New York and can be reached at (914) 631-2400 or you can find out more about YAI at:

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

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## Spring and Summer Fun in Westchester

There are many great parks in Westchester County that are handicapped accessible. But just to make sure the park you would like to enjoy is handicapped accessible feel free to call the Recreation & Parks Department at 914.422.1336 or visit [www.NYSparks.com](http://www.NYSparks.com) and click on the regional map on the left side of the page, then click on region 3, the Taconic Region for parks in Westchester County. By clicking on the park that interests you, you are able to find out the information you need. The parks also have reduced rates for people with disabilities. Don't forget to get your park pass for added benefits.

Westchester County also has nice beaches for people to enjoy. For a listing of beaches in Westchester County, you can visit the Clean Beaches Counsel at: <http://www.cleanbeaches.org/bluewave/county.cfm?state=New%20York&county=Westchester> or call the Recreation & Parks Department at 914.422.1336.

If you're looking to attend the next Mets baseball game, "A Ride For All" is an accessible limousine service that services all Mets fans in the 5 boroughs to take you and your friends to the games. The service is ADA compliant and has side-entry minivans, and professionally trained drivers are there to take you to the game.

To find out more, call (718) 706-RIDE (7433).

Scott Barber  
BPAO, Benefits Specialist



## Looking For More Fun...

The Clearwater Folk Festival is an annual tradition held every June in Croton Point Park located on the beautiful shore of the Hudson River. This festival boasts storytelling, dance, and an eclectic mix of musical styles such as: bluegrass, folk, reggae and funk. Not only does Clearwater feature high quality entertainment, but they have also won numerous awards for accessibility. The festival provides wheelchairs to borrow free of charge, and volunteers to assist in getting around the festival. There are also designated areas at the front of every stage for wheelchair accessibility. Programs and maps in Braille and large print are also available. American Sign Language interpreters are available and will interpret performances on the Rainbow Stage, in Story Grove, and various other performances. There is also a TTY on site. A refrigerator is also on site for any medications or any other items that need to be refrigerated, as well as an Access Hospitality tent featuring refreshments, information and resources. For more information please e-mail: [ClearwaterAccess@aol.com](mailto:ClearwaterAccess@aol.com)

By: Marissa Manzino, Social Work Intern

## Rethinking Nursing Home Placement

*For many nursing home residents, institutional placement becomes undesirable; many wish to return home to their communities.*

Quality of life can be dramatically improved and Medicaid costs drastically reduced when appropriate community long term care options are made available to unhappy nursing home residents. WDOMI's Nursing Home Transition and Diversion Program seeks to address the needs of consumers who find themselves in unwanted institutional placements. The coordinator also provides services to *at risk* consumers and prevent unwanted nursing home placement from occurring. This prevention process is called diversion. The process of *transition* is an intervention by the coordinator, who visits the consumer at the nursing home facility, and then attempts to provide information, support, and service coordination. The ultimate goal is to move nursing home residents outside institutional walls— allowing them to live in the community of their choice. This is a right that all Americans with disabilities share under the law, based on the 1999 US Supreme Court Olmstead Decision. Currently, statistics indicate that thousands of consumers are dissatisfied with nursing home life and are anxious to get back to the world they lived in before they became residents of institutions that isolate and depress them.

In both transition and diversion, consumers are confronted with a disability related barrier. These barriers are often used as rationales for nursing home placement in the absence of finding community long term care solutions. A few examples of barriers that can be addressed by the Nursing Home Transition and Diversion Program Coordinator are:

**Architectural access**, the need to install ramps, grab bars, and other home modifications.

**Equipment**: consumers suddenly need wheelchairs, hospital beds, adaptive transfer lifts, and devices to control incontinence.

**Home care**: the assistance of nurses and home health aids that give consumers independence by assisting with activities of daily living, *ADLs*.

**Housing**: Consumers can no longer afford their rent and/or their housing is not accessible.

*Currently, statistics indicate that thousands of consumers are dissatisfied with nursing home life and are anxious to get back to the world they lived in before they became residents of institutions that isolate and depress them.*

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# Living With Diabetes: A Personal Story

In 1996, while I was home waiting to undergo back surgery, I was diagnosed with diabetes. I hadn't noticed the signs; I didn't even know what they were. However, I soon found out.

The day before surgery, the surgeon's office called me and told me that my sugar levels were very high, and before they could operate, I'd need to check it out. I went to my primary doctor who did the blood test, and sure enough, I was diagnosed.

I went through the full range of emotions. I didn't believe him; I was angry, and then, deeply depressed. Remember, I was also dealing with significant back pain and taking major anti-inflammatory drugs at the time. On the way home, I decided that I was going to have a full blown "blow out" and I picked up all my favorite sugary treats, locked myself up in my apartment, and wallowed in my depression.

When I came out of it and ready to face reality, I began to learn about the disease. I learned that I was a type 2 diabetic and my diabetes could be managed through oral medication. I would not need to take insulin shots. Well, that just made my day! That was all I needed to hear. Knowing that I would not have to inject myself twice or more each day was all I wanted to know. I didn't bother to continue to learn about the disease. I thought I could continue to do the things I had been doing as long as I took my medication every day.

Well, if you're a diabetic, you know that this kind of thinking is wrong. If you follow a daily regimen, check your levels often, and try to eat as healthy as you can, you probably don't need my advice and you may want to stop reading here. If you're like me, what I call a "bad" diabetic, a person who can't seem to put down the cake and cookies, maybe we can get together and commiserate.

A few things have taken hold for me. For example, I remember saying at one time that I'd never drink anything diet. Now, I can't stand to drink non-diet soft drinks. I thought I'd never be able to use an artificial sweetener on my cereal or in my coffee and tea, but now I do. I'm still far from where my doctor would like me to be. When I eat too many sweets or miss taking my medication, I'm fully aware of how that makes me feel, and I know that my behavior is a direct cause of how I'm feeling. I'm tired, irritable, my sleep is erratic, and my ability to concentrate is affected. When I'm good, I feel so much better and it's so much easier for my co-workers, friends and family members to be around me! So, what do we "bad" diabetics do? How do we begin to take better care of ourselves so we can live longer, healthier lives?

Well, I think the first step is to recognize how dangerous this disease is and do everything we can to stick to a regimen. We need to see our doctors as often as possible. We need to make sure we don't miss a dosage of medicine. We should check our glucose levels at least twice a day. We need to pay attention to our skin and keep it moist. We need to pay particular attention to our feet making sure to take note of any pain, tingling, etc. It may be beneficial for us to be regularly checked by a podiatrist who specifically works with people with diabetes.

We should schedule "treat" days for ourselves and only have that doughnut, piece of cake, and plate of pasta or whatever the item is on that particular day. My doctor once told me that I didn't have to stop eating the things I like so much, its just that now, I'm only going to be able to eat them on occasion. Moderation, that's the key! We also need to develop some sort of exercise program for ourselves. This doesn't mean running out and joining a gym. As long as we get in about twenty minutes a day toward doing some kind of physical activity, even if it's taking a daily walk. I know organizations like the American Diabetes Association exist, but I'm wondering if we could get together to support and educate each other. Let's talk!

## SSDI Work Incentives for 2006

On January 1<sup>st</sup> 2006 the new numbers came out for consumers who are on Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI). As you may know, consumers that are in Title II benefits SSDI get a non-consecutive nine month Trial Work Period (TWP) of \$620.00 per month. According to the Social Security Administration (SSA), when an SSDI beneficiary starts working, any month earning over \$620.00 is considered a successfully completed TWP month. The consumer can make as much money as he wants and keep his SSDI check and his paycheck during the Trial Work Period. At the end of the TWP, SSA will call him in for a review of his earnings. At that point, a Social Security liaison will look at the SSDI beneficiary's earnings in three terms: a. Substantial Gainful Activity (SGA), which, in 2006 is \$860.00 (\$1,450.00 for the blind) or more per month; b. TWP; c. status of disability. SSA defines disability on page 17 of the Social Security 2005 Red Book: "The inability to engage in any substantial gainful activity (SGA) because of a medically determinable physical or mental impairment(s): that can be expected to result in death, or; that has lasted or that we can expect to last for a continuous period of not less than twelve months."

For example, if the beneficiary is earning SGA in the ninth month, he has three more months, one cessation and two grace months known as the Grace Period, to make as much money as he wants and still receive an SSDI check. After that time, the beneficiary will not be entitled to a check in the following month. He will also have to wait twenty-four months from the date of entitlement in order to receive Medicare coverage.

Directly after his ninth TWP month, the SSDI recipient will engage in the Extended Period of Eligibility (EPE). During the thirty-six month EPE, SSA looks at a consumer in terms of SGA, which is every month the beneficiary makes \$860.00 or more. During EPE, for the months the beneficiary makes over SGA, he will not be entitled to an SSDI check. However, the months that he makes under SGA, he will get an SSDI check and his under SGA paycheck.

After his thirty-sixth month, if the beneficiary makes over SGA, he is taken off the roles and will no longer receive SSDI checks. However, should the recipient stop working or lose his job, he may ask for an Expedited Reinstatement of Benefits (EXR).

If the Beneficiary asks for EXR, he will receive six months of provisional benefits. During this time he will get his full SSDI check and Medicare after waiting the required twenty-four months. While he is receiving the provisional benefits, SSA will make their determination on whether he is still disabled or not. If SSA decides he is not entitled to receive benefits at that time, he will stop receiving the provisional SSDI checks and Medicare, though he will not be responsible for any overpayments for the provisional benefits. If the SSA decides the beneficiary is in fact disabled, then a new TWP, grace period and EPE are awarded.

Scott Barber, BPAO, Benefits Specialist

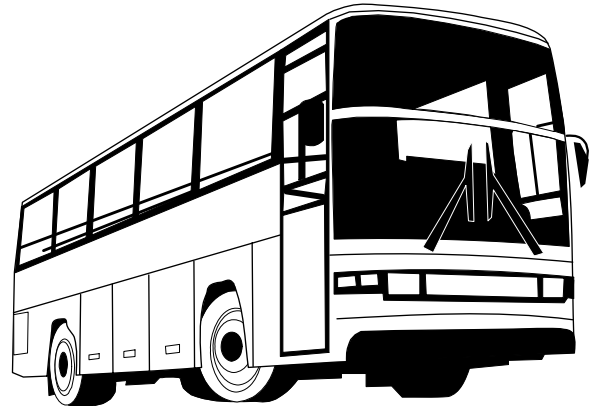
Ada Cabassa, BPAO, Benefits Specialist/Housing & Benefits Advocate

## The Westchester Network for People with Disabilities

The Westchester Network for People with Disabilities is a social and recreational program for adults with physical disabilities. The Network provides unique opportunities and experiences that promote interaction between the physically challenged and the general public in an effort to foster new friendships, and help create a sense of community.

**Telephone Conferencing Network** takes place every other week. Disabled adults get a chance to converse with peers through a one-hour telephone conference. This program provides an opportunity for open discussions on issues that impact participants.

**Advocacy Theatre** is designed to teach self-advocacy and build community awareness. Under the direction of a theatre consultant, Advocacy Theatre productions, based on personal stories about living with disabilities, are presented at local venues in an effort to sensitize the public about the lives of the physically disabled in their communities.



The Network also goes on recreational trips. For a full schedule of activities contact Tricia Gressel at (914) 366-7898 ext 144.

WNPD is a collaborative project between the JCC on the Hudson, Beth Abraham Adult Health Care Center, Northern Westchester Center for the Arts, United Cerebral Palsy of Westchester, Westchester Disabled On the Move, Westchester Independent Living Center, Opus, the American Council of the Blind of Westchester, the National Multiple Sclerosis Society, and the Richard G. Rosenthal JCC of Northern Westchester.

*This program is funded through a grant from the J. E. and Z. B. Butler Family Foundation*

Join The  
Systems Advocacy Network.  
Contact WDOMI at 914-968-4717

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Youth Forum is a peer run organization where participants are involved in the operation. The organization serves individuals with mental illness ages 16-24. Groups meet on Mondays and Wednesdays. Mondays are usually educational in nature and Wednesdays are usually recreational. The group plans occasional weekend trips. Youth Forum serves Westchester County.

Youth Forum  
Family Services of Westchester  
1 Summit Avenue  
White Plains, NY  
(914) 872-5280  
(914) 872-5287, Ken Mitchell, Program Coordinator

## Summer Camps

[www.acacamps.org](http://www.acacamps.org)  
[www.kidscamps.com](http://www.kidscamps.com)

### **Other Related sites**

[www.searchguide.biz](http://www.searchguide.biz)  
[www.local.com](http://www.local.com) (for conducting searches for local programs)  
[Disabilities.AlltheServices.com](http://Disabilities.AlltheServices.com)  
[Disability.Best4Sites.net](http://Disability.Best4Sites.net)

**Continued from page 10**

We have found that former nursing home residents who successfully transition back to the community lead meaningful lives as members of the community. They are representative of a wide spectrum of people everywhere, from all walks of life and all ages. Recently, a growing number of Americans are questioning the wisdom of institutionalizing members of society based on age and/or disability. There are still many barriers to overcome before everyone at risk of placement and those who wish to get out of unwanted institutional placements truly have a choice. However, as solutions to barriers become available, we look forward to a day when all of us can live in the community of their choice!

New York State has applied to the Federal Government for a Medicaid waiver designed to assist with transition or diversion. Should the application be approved in the Spring of 2006 we will be able to provide greater assistance and fulfill the goal of freeing our people.

There is some very good information and publications on the subject of transition from institutions. If you or someone you know wishes to know wish to learn more about Nursing Home Transition and Diversion, please call John Strothenke at 914-968-4717 ext. 13.

### Grace Periods Or What If I Lose My Job?

- *Change in Medical Condition:* A grace period of up to six months will be allowed if, for medical reasons, the Medicaid Buy-In recipient is unable to continue working. Medical verification will be required.
- *Job Loss (through no fault of recipient):* A grace period of up to six months will be allowed if, through no fault of the recipient, job loss occurs (layoff, etc.). Verification will be required that the recipient is reasonably expected to return to work as it is a temporary layoff, or that the recipient is actively seeking new employment.

### Income Limits

- Individuals with countable income up to 250% of federal poverty levels (FPL) (i.e., gross wages as high as \$51,276 in a household of 1, and \$67,788 in a household of 2 for the year 2006)
- Monthly countable income for a household of 1 must be \$2,094 or less in 2006 (i.e., up to 250% of FPL). If monthly countable income is \$2,782 or less in 2006 (i.e., up to 150% of FPL), no premiums will be due.
- Individuals with income above 250% of FPL may not purchase Medicaid coverage.

### Determining Countable Income

- Will follow the same SSI budgeting rules as used in the regular Medicaid spend-down program.
- Typical deductions from income: first \$20 of unearned income excluded; first \$65 (or \$85 if no unearned income), plus 50% of remaining earned income excluded; impairment related work expenses are a deduction from earned income; money set aside in an approved Plan for Achieving Self Support (PASS) can be excluded from unearned or earned income.
- Example: An individual has \$3,885 in gross monthly wages and no other income. This individual will have \$1,900 in countable monthly income.

$(\$3,885 - 20 - 65 = 3,800 - 1,900 = \$1,900)$ . Since this is less than 250% of the FPL for 2006, this individual will be eligible for the buy-in.

### Asset Limits

- \$10,000 is allowed in countable resources (i.e., bank accounts and other liquid resources)
- Exempt resources include: a house, a vehicle, certain life insurance policies, a limited burial reserve, and several other items.

*Continued from page 16*

## Premiums

- A moratorium exists on premium collection until the Department of Health completes the automated payment system.
- Premiums range from \$0 to \$753 yearly (assuming all income is earned) in a household of 1.
- Premiums apply to all net income.
  - Below 150% of FPL – NO PREMIUM
  - 150% - 250% of FPL – Premium of 3% of net earned income plus 7.5% of net unearned income.
- Thus, a single individual with a disability could return to work and earn \$51,276 annually by paying a Medicaid premium of approximately \$62 per month (at the top level).
- Example: Using the example above, with \$3,885 in gross monthly income and \$1,900 in countable income, the individual's monthly buy-in premium would be \$57 (i.e., .03 x \$1,900).

## Applying For The Medicaid Buy-In Program

- Application for the Medicaid Buy-In Program for Working People with Disabilities must be made at the Local Department of Social Services or the Human Resources Agency in New York City.

Prepared by Neighborhood Legal Services, Inc. (Originally prepared by Niagara Frontier Center for Independent Living - Updated April 25, 2005 - Reviewed for accuracy by the New York State Department of Health) (716) 847-0650 • Work Incentives Hotline: 1-888-224-3272 • [www.nls.org](http://www.nls.org)

Ada Cabassa  
BPAO, Benefits Specialist/Housing & Benefits Advocate

*Continued from page 4*

8. Individuals who are enrolled in both Medicare and Medicaid ("[Dual Eligibles](#)") who have not already selected a Part D plan will be automatically enrolled in Medicare Part D by their state agency in the fall. This also applies to nursing home residents receiving Medicaid.
9. Eligible individuals who choose not to enroll during the **initial open-enrollment period** (November 15, 2005-May 15, 2006) may enroll from November 15 and December 31 of each subsequent year, but penalties will apply.
10. Enrollees can change their qualified prescription drug coverage plan any time through June 30 of 2006. From July 1 through December 31, they cannot change plans. For subsequent years, enrollees will be able to change their plan from November 15 to December 31 of each year to be implemented on January 1 of the following year. For example, starting November 15, 2006 you can sign up for a new plan to be effective January 1, 2007.

Ada Cabassa, BPAO, Benefits Specialist/Housing & Benefits Advocate  
Scott Barber, BPAO, Benefits Specialist

## Helpful Resources

<http://www.abilitybeyonddisability.org/home.cfm>

### Ability Beyond Disability

To enable individuals whose independent living skills are impaired by disability, illness or injury, to achieve and maintain self-reliance, fulfillment and comfort at home, at work and in the community, by providing the best comprehensive home, health and rehabilitation services.

<http://www.alanon.org.za/>

### Alanon

Al-Anon offers understanding help; support to families and friends of problem drinkers.

[http://www.alcoholics-anonymous.org/default/en\\_contact.cfm](http://www.alcoholics-anonymous.org/default/en_contact.cfm)

Information on alcoholics-anonymous and finding an AA meeting

<http://www.ssa.gov/work/ServiceProviders/BPAODirectory.html>

Nationwide BPA&O Directory, find the benefits Specialist near you.

<http://www.bgclubfoxvalley.org/>

Boys & Girls Club Of America-The mission of the Boys & Girls Clubs of the Fox Valley is to be a safe place for youth from all backgrounds to learn and grow, with special concern for those from challenging circumstances. The Clubs provide resources and opportunities for youth to be active, happy, responsible, and caring community members.

### Burke.org

#### Burke Rehabilitation Hospital

Burke is a private, not-for-profit physical rehabilitation hospital and medical research center.

[http://www.workworld.org/wwwwebhelp/disability\\_program\\_navigator\\_dpn\\_.htm](http://www.workworld.org/wwwwebhelp/disability_program_navigator_dpn_.htm)

#### Disability Program navigator

The "Navigator" will conduct outreach to the disability community and organizations that serve them, provide expertise and information on SSA work incentives and employment support programs, provide assistance on navigating through the variety of programs and services that impact their employment (e.g., transportation, housing, health care, etc.) and serve as a resource to other One-Stop Center staff.

**Continued on page 15**



## **Helpful Resources** (Continued)

*Continued from page 18*

<http://mail.ctcnet.org/americaconnects/panel20/subject.htm>

America Connects Consortium: Panel Twenty:  
Youth Transitions By Subject a resource guide

<http://www.odod.state.oh.us/cdd/ocs/heap.htm>

Home Energy Assistance Program designed to help eligible low-income families and individuals meet the high costs of home heating.

<http://www.foodpatch.org/>

Food Pantries for low income individuals.

<http://www.ssa.gov/work/>

The Social Security official website.

<http://www.burquip.com/>

Burquip- Full line of mobility products.

<http://www.ocfs.state.ny.us/main/cbvh/>

Commission for the Blind and Visually Handicapped. Vocational Rehabilitation.

<http://204.131.235.67/programs/health/Forum/tickettowork.htm>

Information on the Medicaid Buy-In for working people with disabilities.

<http://www.yourtickettowork.com/>

Ticket-To-Work website.

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Fax: (914) 968-6137  
E-mail : info@wdom.org**

## **JOIN WDOMI AT OUR ANNUAL MEETING**

**WDOMI's Annual Meeting has been scheduled for Wednesday June 14, 2006 from 2:30-5:30 PM at the Yonkers Riverfront Library One Larkin Plaza, Yonkers, second floor meeting room. This year, we will feature a theater group of people with disabilities who perform a play based on their real life experiences. Consumers will also vote to elect members to our Board of Directors. A light dinner will also be provided. So bring your friends and your appetites and become part of your Independent Living Center.**

**Are you interested in volunteering at WDOMI?  
Please contact Claudia Slater  
at 914-968-4717 ext. 21**