



Volume 17
Number 2
April 2014

**Elder Law Section
Executive
Committee**

Chair

Michael A. Schmidt
Aloha

Chair-elect

Erin M. Evers
Hillsboro

Past Chair

Whitney D. Yazzolino
Portland

Secretary

Kay Hyde-Patton
Springfield

Treasurer

Tim McNeil
Portland

Members

Kathryn M. Belcher
Salem

J. Geoffrey Bernhardt
Portland

Victoria D. Blachly
Portland

Jason C. Broesder
Medford

Don Blair Dickman
Eugene

Jan Friedman
Portland

Stephen R. Owen
Portland

Monica D. Pacheco
Salem

Thomas Pixton
Lake Oswego

Madelynne Sheehan
Scappoose

Changes in Oregon Medicaid eligibility under the Affordable Care Act

By Darin Dooley, Attorney at Law

Medicaid provides health care coverage to low-income families with children and the aged, blind, or disabled. Now, the Affordable Care Act's (ACA) adult coverage expansion creates a new category of Medicaid recipients by giving the states the option of expanding Medicaid eligibility for health care coverage to more low-income individuals and families. Oregon is participating in the expanded coverage that gives more Oregonians access to the Oregon Health Plan (OHP) under a revised program with improved benefits. Eligibility for this category is calculated on the applicant's modified adjusted gross income (MAGI).

Expanded income eligibility

Beginning in January 2014, the ACA expanded income eligibility for Medicaid by requiring participating states to cover nearly all non-pregnant adults ages 19 through 64 who have household incomes up to 133% of the federal poverty level (FPL). 42 U.S.C. § 1396a(a)(10)(A)(i)(VIII), ACA Sec. 2001(a)(1) & 2002(c).

The law includes an income disregard of 5% FPL, effectively making the income limit 138% of the FPL. 42 U.S.C. §§ 1396a(e)(14)(C), 1396a(e)(1)(1), ACA Sec. 2002(a).

138% of the FPL is about \$1,342 a month (\$16,104/year) for an individual and \$2,742 a month (\$32,913/year) for a family of four. The FPLs are updated early in each calendar year. 79 Fed. Reg. 3594

Unlike traditional Medicaid, this expanded Medicaid coverage has no asset limits. 42 C.F.R. § 435.603(g), ACA Sec. 2002(a)(C), (a)(D).

Individuals who receive Social Security Disability Insurance (SSDI) and are in the two-year waiting period for Medicare may be eligible for expanded Medicaid coverage. Individuals who apply for Supplemental Security Income (SSI) and traditional Medicaid may be eligible for expanded Medicaid coverage while awaiting a disability determination.

The ACA establishes the MAGI methodology for determination of income eligibility for expanded Medicaid coverage. MAGI is defined in section 36B of the Internal Revenue Code. MAGI is composed of income-counting and household composition. Household income includes the income of all members of the family for whom the taxpayer is allowed a deduction. 26 I.R.C. § 36B(d)(2), ACA Sec. 1401(d)(1). However, the income from claimed tax dependents does not count toward the household income if the dependent's income remains below the threshold that requires the dependent to file a separate tax return, regardless of whether a return is filed. 42 C.F.R. § 435.603(d)(2)(ii). The MAGI figure is used for both expanded Medicaid eligibility and health-insurance subsidies or tax credits.

In this issue...

Focus on Medicaid	
Changes in eligibility under ACA.....	1
Estate recovery and OHP	2
Medicaid, ACA, & long term care	3
DIY income cap trust forms	5
Plus	
Misc. news items.....	6
Resources	7
Important elder law numbers	8

Medicaid expansion under the ACA *Continued from page 1*



Darin Dooley is an attorney with the Law Offices of Nay & Friedenberg in Portland. He helps people plan for their future, including the prospect of declining health. Before becoming an attorney, Darin taught English as a second language and lived in Japan for more than ten years.

Expanded OHP services

In 2013, Governor Kitzhaber and the Oregon legislature approved opening the OHP to more low-income Oregonians, as allowed under the ACA. This expanded coverage, OHP Plus, became available on January 1, 2014. HB 2859, effective July 29, 2013. Adults previously covered under OHP Standard health benefits now receive OHP Plus. Adults newly eligible under the ACA expanded coverage will be enrolled in OHP Plus.

OHP Plus covers more services than OHP Standard. The ACA mandates that participating states offer a comprehensive package of ten items and services known as “essential health benefits” (EHB) to people who are eligible for expanded Medicaid coverage. OHP Plus includes:

- access to regular check-ups and preventive care
- access to primary care doctors
- mental health care services
- some vision and dental care

The following website lists what is covered under each OHP benefit package: <https://apps.state.or.us/Forms/Served/oe1418.pdf>

Costs

OHP Plus has no monthly premium. However, there may be a co-pay for some of the additional services. Examples include a \$3 co-pay for outpatient services and a \$1 or \$4 co-pay for some prescription drugs.

Cover Oregon

Oregonians who do not qualify for expanded Medicaid health coverage through OHP Plus may qualify for help in paying for private health insurance through Cover Oregon.

Applicants with annual income up to 250% of the FPL (\$29,175 for an individual and \$59,625 for family of four in 2014) can receive assistance paying for insurance premiums, co-pays, deductibles, and co-insurance, as well as reduced out-of-pocket limits.

Applicants with annual income up to 400% of the FPL (\$46,680 for an individual and \$95,400 for family of four in 2014) may qualify to receive assistance in paying private health insurance premiums. Financial assistance may be in the form of monthly payments or a lump sum when filing a tax return.

Funding

From 2014 through 2016, federal funds will pay 100% of the costs for people eligible for expanded Medicaid under the increased income limits. Beginning in 2017, federal funding will gradually decrease by about two percent per year to 90 percent in 2020, where it will remain. ACA Sec. 2002(a)(3). Given that the Medicaid match rate has never been reduced in the history of the program, it seems unlikely that the states will be asked to share a greater percentage of the coverage costs. ■

Estate recovery and the Oregon Health Plan

After an initial flurry over fine print on Oregon’s insurance exchange applications under the Affordable Care Act, the state changed course when it came to estate recovery for persons enrolled in the Oregon Health Plan (OHP). OHP is the state’s public medical, dental, and mental healthcare benefit for low-income citizens.

The application indicated that younger people who enrolled in the OHP were potentially liable for any medical expenses paid by the plan after age 55. The fine print also appeared to give the state the right to pursue spouses and parents for “medical support.”

As of October 1, 2013, however, the Oregon

Health Authority said that members of OHP who are not receiving long term care services will not be subject to estate recovery.

Estate recovery is done only for people who receive long term care services and/or for people over 55 or who have been in an institutional setting. Long term care services can include care in a nursing home or full-time assistance with daily living in a community setting or in an individual’s home.

Long term care is not covered under the OHP. If someone needs long term care services, a separate assessment process must be initiated by filing an application through a DHS Aging and People with Disabilities office. ■

Medicaid, the ACA, and long term care services

By Cynthia Barrett, Attorney at Law



Cynthia Barrett has practiced law in Oregon since 1976. Her practice focuses on elder law, special-needs planning, and same-sex-couple planning. She served as the President of the National Academy of Elder Law Attorneys (NAELA) and the Multnomah County Bar Association.

The Affordable Care Act established a new eligibility pathway to Medicaid for adults under age 65, based solely on modified adjusted gross income (MAGI). (See article on page 1 for details.) However, for elder law and special-needs planners, it is crucial to understand that the ACA's expanded Medicaid is *not* an expansion of Medicaid long term care (LTC) coverage.

The Affordable Care Act is designed to get health insurance to everyone who does not yet have it. But no health plan—not Medicare, not private insurance—*ever* provides much long term care coverage. Medicare, for example, pays for up to 100 days of skilled nursing care, as does Cover Oregon's Kaiser Gold plan, but neither Medicare nor any private insurer pays for assisted living, foster care, or more than a few months of skilled nursing care.

Twenty-six states, including Oregon, have implemented MAGI Medicaid for adults younger than 65, and there are no resource limits or gift-transfer penalties for MAGI Medicaid eligibility. However, if an enrollee later develops a need for long term care services and supports, then classic 42 USC 1396p(c) Medicaid transfer, trust, asset, and income restrictions will be applied.

If a Medicare recipient or a privately insured younger person needs long term care, he or she “spends down,” and after the spend-down, classic long term care Medicaid rules determine if the bills are paid by the taxpayer.

MAGI Medicaid will provide long term care services and supports [LTSS] to enrollees who need it—but unlike private insurers, it does not have a strict limit on long term care level of care and days of care provided. Oregon will develop a trigger when LTSS billings begin for a MAGI enrollee, requiring a new assessment and imposing the 42 USC 1396p(c) transfer, trust, asset, and income restrictions.

Because there is no asset or resource test for MAGI Medicaid eligibility, the enrollees will often own both exempt (home, auto) and countable assets. Elder law and special-needs planning lawyers will help MAGI Medicaid recipients deal with classic Medicaid eligibility, exemption, estate recovery, and hardship waiver rules. Of course, most young MAGI Medicaid enrollees who need long term care will be classically “disabled” and may seek to qualify for SSI or SSD monthly income, and linked Medicaid or/and

Medicare. This complex special-needs planning problem is tailor-made for elder law and special-needs lawyers.

CMS issued guidance February 21, 2014, to confirm that the annuity, promissory note, home equity limits, trust, and life estate limitations of federal classic Medicaid transfer penalty rules of 42 USC 1396p(c) apply to MAGI Medicaid enrollees who need long term care. Regarding transfer penalties, CMS explained how eligibility for MAGI Medicaid did not erase the LTSS coverage restrictions of federal law:

[T]he application of the transfer rules in section 1917(c) is not limited by the eligibility category in which a Medicaid beneficiary is enrolled or the methodology by which the individual's eligibility is determined. We have concluded that the transfer rules should apply to MAGI individuals who meet the definition of “institutionalized individuals,” and to “non-institutionalized individuals” in states that have opted to apply the transfer rules to non-institutionalized individuals.

2/21/2014 State Medicaid Director Letter, SMDL #14-001 ACA #29

Now, MAGI Medicaid enrollees who need long term care must be assessed like an applicant for classic long term care Medicaid, even if “disability” has not been established. Classic Medicaid is provided only to “categories”—aged, blind, and disabled. Classic Medicaid programs are often SSI-related, with strict income and resource limits. A younger person must prove disability and meet the program income and resource rules.

Most MAGI enrollees, if ill enough to need significant long term care, will also be “disabled” under the official definition, but may not yet admit they are disabled, or may not have successfully completed the Social Security Disability or SSI application process. MAGI Medicaid will continue—but in order for LTSS billings to be paid, the enrollee must meet the annuity, promissory note, home-equity limits, trust, and life estate limitations of federal classic Medicaid.

Long term care can be provided in nursing homes or in home and community-based licensed facilities, such as assisted living or foster homes. Some younger individuals may

Continued on page 4

Medicaid, ACA, and LTC Continued from page 3



MAGI Medicaid is easier to obtain than classic Medicaid, and is a great interim health plan for a younger disabled person who does not need to live in a licensed facility.

also live at home with a Medicaid-funded Personal Care Plan (PCP)—a form of long term care.

Which program (MAGI Medicaid or disability based classic Medicaid) is better for the enrollee?

From the client's perspective, being "disabled" means having Social Security income (\$721/month SSI; SSD check based on an earnings account). Families hope to have their less-functional relative live outside licensed facilities, and might prefer MAGI Medicaid. The arcane SSI in-kind income rules, transfer penalties, and estate recovery can be bypassed, if the family member stays in the community with MAGI Medicaid.

Special-needs planners find that MAGI Medicaid is easier to obtain than classic Medicaid, and is a great interim health plan for a younger disabled person who does not need to live in a licensed facility. Planners are now using both MAGI Medicaid and exchange private policies as interim coverage if a disabled younger person loses SSI for financial reasons.

MAGI Medicaid sounds good, right? But there is a catch.

When the individual declines and needs long term care services and supports, the case worker will refer the MAGI enrollee for a new LTSS services determination process. The family cannot escape transfer penalties, proof of disability, and income and resource limits if the MAGI Medicaid recipient needs long term care services. And estate recovery looms for all over-age 55 MAGI Medicaid individuals who need long term care services and supports, and permanently institutionalized enrollees of any age.

So the planning problem with MAGI Medicaid is to anticipate that LTSS may be needed, and plan to have the Medicaid morph to classic Medicaid or some amorphous "no disability but greatly impaired" category of LTSS MAGI Medicaid. Knowing when to apply for SSI or SSD, and when Medicare might start (which causes MAGI Medicaid to go away), becomes crucial to managing the case.

Remember: those on Medicare *lose* MAGI Medicaid. Who pays for needed long term care then? Arranging a spend-down or preparing to qualify for classic Medicaid will be standard operating procedure for special-needs trustees and planners who know an impaired MAGI Medicaid enrollee is about to qualify for Medicare.

Estate recovery issues

Oregon has dealt more directly than most states with the morph from MAGI Medicaid to classic Medicaid. States desperate to increase ACA enrollment knew poor citizens would hesitate to sign up if they feared the loss of their homes. Potential enrollees age 55–65 were beginning to ask whether the Medicaid expansion enrollment was a threat to their estate planning.

The Oregon Health Authority submitted a state-plan amendment (the only ACA plan amendment regarding estate recovery submitted to CMS) which clarified that Oregon would *not* seek estate recovery for medical-only services provided to age 55+ MAGI Medicaid individuals—*unless* the medical services were received during a period of long term services and supports. Then, Oregon intends to seek recovery for both medical and long term care services received concurrently.

One clue to the morph from MAGI Medicaid to classic Medicaid estate recovery will be post-eligibility treatment of income (PETI). The Medicaid recipient who is permanently institutionalized at any age or is over 55 and in long term care will contribute to the cost of care from post-eligibility income. This is called "participation." When PETI rules are applied, you can be sure an estate recovery claim is growing.

Oregon's State Administration Policy Analyst, Rick Mills, sought guidance from CMS about the definition of "permanently institutionalized" and drafted new Oregon Administrative Rules (OAR 461-135-0832 and 461-135-0835) to deal with estate recovery.

Oregon's new MAGI Medicaid LTSS referral, with a new assessment and application process, is being developed, and special-needs planners and elder law attorneys can help families and fiduciaries prepare.

The takeaway here is that **special needs planning is still critical**, even if MAGI Medicaid might be a good interim health-coverage solution for an impoverished under-65 adult who does not need institutional levels of long term care services and supports. Once LTSS begins, MAGI Medicaid comes with a spend-down and payback cost. In crisis cases, more special-needs payback trusts will be established for the under-65 enrollee's disqualifying resources. ■

Oregon's fill-in-the-blank income cap trust is no substitute for competent legal advice

By Jennifer Fransen Gould, Attorney at Law



Jennifer Fransen Gould is a trusts and estates planner and litigator in Garvey Schubert Barer's Portland office. She is a graduate of UCLA Law School, and a member of the State Bar of California since 2007 and the Oregon State Bar since 2013.

Medicaid caseworkers throughout Oregon have recently begun to distribute income cap trust forms to Medicaid applicants. The packet given to applicants includes:

- a short outline of terminology relevant to income cap trusts
- steps for establishing an income cap trust
- a nine-page, fill-in-the-blank income cap trust
- instructions for getting a Tax ID number from the IRS

The terminology outline defines "Income Cap Trust" as "a document created in order to enable the beneficiary to establish and maintain eligibility for Medicaid," and notes that under OAR 461-145-0540(9)(c), the trust must:

- be established for the benefit of the applicant/client
- contain all of the applicant/client's income
- have a provision that the income deposited into the trust be distributed monthly in a specific order set by the Oregon Administrative Rule
- have a provision that all monies remaining in the trust after the client's death be turned over to the State

The sheet that explains the process notes that it "does not constitute legal advice." However, the first step says: "The Worker determined you need to establish an Income Cap Trust (ICT)." It then states, "If you are able, and wish to establish an Income Cap Trust (ICT) without an attorney:

- a. Read the Income Cap Trust Terminology page
- b. Decide who will be the Trustee
- c. Fill out the Income Cap Trust document (form)
- d. If necessary refer to the IRS information."

The instructions next tell the applicant to review the worker's calculation of the client's liability; provide the trust document to the worker; and fund the trust and provide verification to the worker.

If the applicant wants to use an attorney, the instructions state: "Ask the Worker for Legal Aid or Elder Law attorney information." The trust form itself generally follows the form provided in Chapter 9 of the Oregon State Bar's 2000 Elder Law CLE publication (supplemented in 2005).

Value of an Income Cap Trust

Certainly, an income cap trust is a useful tool for clients who cannot otherwise meet Medicaid's income restrictions, as discussed by Julia T. Greenfield in the Spring 2005 issue of this newsletter (*Medicaid income limits and income cap trusts*, available on the Section's website at www.osbar.org/_docs/sections/elder/newsletters/elder_spring05.pdf)

And the trust document that is provided by the state is a good starting point for an experienced attorney who drafts an income cap trust.

Dangers of the do-it-yourself approach

The documents distributed in Oregon do not, however, provide enough information to replace the counsel of a licensed professional. The most obvious danger is that the income cap trust is irrevocable. The instructions provided with the blank trust do not explain what an irrevocable trust is, or that the grantor will not be able to make changes to the trust. Because, almost by definition, this trust will be used only by people with very limited means, the decision to transfer all income into an irrevocable trust should be made carefully and after consultation with experienced counsel.

Moreover, the only guidance given for selecting the trustee is to "decide who will be the Trustee," with no explanation of the duties of a trustee, or the characteristics of a good trustee, or even the advisability of selecting successor trustees. Trustee responsibilities can be difficult even for individuals who have been thoroughly counseled. Here, a friend or family member will be required to comply with complicated Medicaid regulations without guidance. If they make mistakes, they could risk the beneficiaries' Medicaid eligibility, and risk exposure for breach of fiduciary duty.

Among other problems with the fill-in-the-blank trust and instructions: the personal needs allowance is not stated in any of the instructions. The grantor may be surprised to learn that the personal needs allowance could be as low as \$30 per month. And again, no guidance is given on the calculation for the allowance.

Continued on page 6

Income cap trust forms *Continued from page 5*



The blank trust and instructions for completing it are available on the Oregon DHS website: www.dhs.state.or.us/spd/tools/program/osip/wg5.htm

For additional information on trusts see, see the OSB publication *Elder Law*, Chapter 9.

The blank trust and its instructions do not help the applicant decide the effective date of the trust. It does not assist in the calculation of the community spouse's income and family monthly maintenance needs allowance, but leaves those to be determined solely by the Medicaid worker. It does not explain what to do if the Social Security Administration continues to withhold Medicaid Part B premiums even after Medicaid takes over those payments.

The only instruction for the trust bank account is to "Open a bank account where the Income Cap Trust funds/income will be deposited." There is no reference to accounting or record keeping. There is no instruction that prohibits commingling.

There are no instructions on when and how to terminate the trust.

The trust form contains a paragraph for appointing a successor trustee but no blank for identifying that successor trustee.

Finally, all income cap trusts require that any remaining income in the trust at its termination be returned to the state to pay for the costs of care. The trust assets cannot be returned to the

beneficiary/grantor, nor to his or her heirs. If the trust is overfunded, this could cause serious disruptions to the grantor's estate plan. The instructions here offer no explanation.

While the trust form itself of course addresses some of these issues, it is just asking too much of lay people to read and interpret an income cap trust with no professional guidance. For example, someone who is not familiar with the Medicaid rules may be unaware that there are specific rules from the U.S. Department of Veterans Affairs that exclude from the eligibility process benefit payments for Aid & Attendance or Compensation. In other words, if a benefit payment from the VA is not counted, an income cap trust may not be required at all, despite the person receiving more than the cap amount.

As with any fill-in-the-blank trust, Oregon's form does not take into account the unique circumstances of the grantor. Seemingly, this blank trust is distributed with the best intentions, but when dealing with Medicaid eligibility rules, good intentions are no substitute for the advice of experienced counsel. ■

In the news

Oregon Medicaid expansion study

In May, 2013, a team of researchers published the two-year results of a study conducted when Oregon expanded Medicaid benefits in 2008. The idea was that the study might indicate the expected effects of Medicaid expansion under the Affordable Care Act (ACA). The report, which was published in *The New England Journal of Medicine*, stirred up a lot of comment and has been cited by both critics and supporters of the ACA. The researchers' conclusions:

Medicaid coverage generated no significant improvements in measured physical health outcomes in the first two years, but it did increase use of health care services, raise rates of diabetes detection and management, lower rates of depression, and reduce financial strain.

www.nejm.org/doi/full/10.1056/NEJMsa1212321

Reverse mortgages

Many elders have opted for reverse mortgages as a way to pay the bills. However, as a recent *New York Times* article by Jessica Silver-Greenberg points out, this can lead to complications for the borrowers' heirs.

<http://dealbook.nytimes.com/2014/03/26/pitfalls-of-reverse-mortgages-may-pass-to-borrowers-heirs>

The Medicare Care Choices Model

In March, the Centers for Medicare & Medicaid Services launched an initiative that provides a new option for Medicare beneficiaries with advanced cancers, chronic obstructive pulmonary disease, congestive heart failure, or HIV/AIDS who meet Medicare hospice eligibility requirements. The Medicare Care Choices Model lets them receive palliative care services from hospice providers while concurrently receiving services provided by their curative care providers.

Currently, Medicare beneficiaries are required to forgo curative care in order to receive access to palliative care services offered by hospices. This model will test whether patients would elect to receive the palliative and supportive care services typically provided by a hospice if they could also continue to seek services from their curative care providers. CMS will study whether access to both services will result in improved quality of care and patient and family satisfaction, and whether there are any effects on use of curative services and the Medicare hospice benefit.

<http://innovation.cms.gov/initiatives/Medicare-Care-Choices>

Resources for elder law attorneys

Events

Elder Law Discussion Group

May 8, 2014; Noon–1:00 p.m.

Legal Aid Services Portland conference room
921 SW Washington Street, Suite 500, Portland

Staff Attorney Megan Dorton of Legal Aid Services of Oregon will present a broad overview of how to approach Medicaid denial of services. RSVPs appreciated, but not required. To listen to the talk via phone, call 866.625.9936 and enter participant number 5478398.

Contact: Andrea Ogston:

andrea.ogston@lasoregon.org; 503.224.4086

Ethics of Beginning and Ending an Attorney-Client Relationship

OSB Audio Online Seminar

May 9, 2014/10:00–11:00 a.m.

www.osbar.org/cle

Role of “Trust Protectors” in Trust Planning

OSB Audio Online Seminar

May 15, 2014/10:00–11:00 a.m.

www.osbar.org/cle

NAELA Annual Conference

May 15–17, 2014

Scottsdale, Arizona

www.naela.org

2014 Ethics Update

OSB Audio Online Seminar

May 22 & 23, 2014/10:00–11:00 a.m.

www.osbar.org/cle

Trust Investments: A Guide to Trustee Duties and Liability Under the UPIA

OSB Audio Online Seminar

May 29, 2014/10:00–11:00 a.m.

www.osbar.org/cle

Advanced Estate Planning and Administration 2014

May 30, 2014/ 8:30 a.m.–4:50 p.m.

Oregon Convention Center, Portland

www.osbar.org/cle

Attorney Ethics and Social Media

OSB Audio Online Seminar

May 30, 2014/ 10:00–11:00 a.m.

www.osbar.org/cle

Planning for Estates Under \$10 Million

OSB Audio Online Seminar

June 13, 2014/10:00–11:00 a.m.

www.osbar.org/cle

2014 Estate and Trust Planning Update

OSB Audio Online Seminar

June 17 & 18, 2014/10:00.–11:00 a.m.

www.osbar.org/cle

Income and Estate Tax Planning for Same-Sex Couples

Sponsored by the OSB Taxation Section

June 19, 2014/Noon

Red Star Tavern; Portland

RSVP to Dan Eller: deller@schwabe.com or 503.796.3762

Attorney Ethics and Disputes with Clients

OSB Audio Online Seminar

June 27, 2014/10:00–11:00 a.m.

www.osbar.org/cle

Family Law

OSB New Lawyers Division seminar

July 17, 2014/12:00–1:00 p.m.

Multnomah County Courthouse, Portland

www.osbar.org/onld/upcoming.html

National Adult Protective Services Association Conference

October 29–30, 2014

Portland Marriot Downtown Waterfront Hotel

<http://www.napsa-now.org>

Fifth Annual Summit on Elder Financial Abuse

October 31, 2014

Portland Marriot Downtown Waterfront Hotel

<http://www.napsa-now.org> ■

Websites

Elder Law Section website

www.osbar.org/sections/elder/elderlaw.html

The website provides useful links for elder law practitioners, past issues of *Elder Law Newsletter*, and current elder law numbers.

DHS/OHA form for authorization of use and disclosure of medical information

<https://apps.state.or.us/Forms/Served/de2099.pdf>

Aging and Disability Resource Connection

<https://adrcforegon.org>

Information about long-term supports and services. Includes downloadable *Family Caregiver Handbook*, available in English and Spanish versions.

OregonLawHelp

www.oregonlawhelp.org

Helpful information for low-income Oregonians and their lawyers. Much of the information is useful for clients in any income bracket.

Administration on Aging

www.aoa.gov

This website provides information about resources that connect older persons, caregivers, and professionals to important federal, national, and local programs. ■

Important elder law numbers

as of February 1, 2014

Supplemental Security Income (SSI) Benefit Standards	Eligible individual.....\$721/month Eligible couple..... \$1,082/month
Medicaid (Oregon)	Long term care income cap..... \$2,163/month Community spouse minimum resource standard..... \$23,448 Community spouse maximum resource standard \$117,240 Community spouse minimum and maximum monthly allowance standards.....\$1,939/month; \$2,931/month Excess shelter allowance Amount above \$582/month SNAP (food stamp) utility allowance used to figure excess shelter allowance\$441/month Personal needs allowance in nursing home\$30/month Personal needs allowance in community-based care..... \$160/month Room & board rate for community-based care facilities..... \$561/month OSIP maintenance standard for person receiving in-home services\$1,221 Average private pay rate for calculating ineligibility for applications made on or after October 1, 2010..... \$7,663/month
Medicare	Part B premium \$104.90/month* Part B deductible..... \$147/year Part A hospital deductible per spell of illness.....\$1,216 Part D premium: Varies according to plan chosen Skilled nursing facility co-insurance for days 21-100..... \$152/day * Premiums are higher if annual income is more than \$85,000 (single filer) or \$170,000 (married couple filing jointly).



Elder Law Section

Newsletter Advisory Board

The Elder Law Newsletter is published quarterly by the Oregon State Bar’s Elder Law Section, Michael A. Schmidt, Chair. Statements of fact are the responsibility of the authors, and the opinions expressed do not imply endorsement by the Section.

Editor:
 Carole Barkley.....carole424@aol.com; 503.224.0098

- Advisory Board:
- Erin Evers, Chairerin@evers-law.com: 503.640.1084
 - Dady K. Blake.....dady@dadylaw.com; 503.249.0502
 - Hon. Claudia M. Burton claudia.m.burton@ojd.state.or.us; 503.378.4621
 - Penny Davis..... penny@theelderlawfirm.com; 503.452.5050
 - Prof. Leslie Harris.....lharris@law.uoregon.edu; 541.346.3840
 - Phil Hingson phil@oregontrustattorney.com; 503.639.4800
 - Leslie Kay leslie.kay@lasoregon.org; 503.224.4086
 - Karen Knauerhase.....karen@knauerhaselaw.com; 503.228.0055
 - William J. Kuhnkuhnandspicer@windwave.org; 541.567.8301
 - Monica Pacheco..... monica@dcm-law.com; 503.364.7000
 - Daniel Robertson..... drobertson@armlaw.us; 541.673.0171
 - Barbara Smythe.....barbara@elderlawportland.com 503.496.5515
 - Mary Thuemmel marythuemmel@gmail.com; 503.318.8393
 - Prof. Bernard F. Vail..... vail@lclark.edu; 503.768.6656