



Elder Law Newsletter

Volume 12
Number 3
July 2009

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What you should know about “food stamps”

By Katelyn B. Randall, Attorney at Law

Practitioners who work with elders face unique challenges when trying to give their clients optimal services. They are often asked for advice about many aspects of special services and programs that benefit those over the age of 60. One of these is the federal Supplemental Nutrition Assistance Program (SNAP)¹ that provides supplemental food to people with low incomes. This article takes a look at who qualifies for “food stamps,” common myths about food stamps, how to apply for food stamps, and how the program works.

Food stamps may be a significant untapped benefit for your clients. According to Nancy Weed, MSW, Food Stamp Outreach Coordinator for the Oregon Hunger Task Force, only one in three eligible elders actually receives the food stamps they deserve. For those over the age of 60 who do receive food stamps, the average benefit per household is \$93 per month.

In order to figure out why usage was so low

among elders, Weed says focus groups were conducted with some surprising results. While a perceived stigma was a significant factor as expected, lack of awareness was a greater issue.

Weed says many elders “never thought that [food stamps] would apply to them or that they could own a home or car and still qualify.” In fact, for nearly all households, cars, homes, and savings accounts are not considered when determining eligibility.²

So how do we practitioners get around a client’s reluctance (and perhaps our own) to encourage the use of this resource? With the facts – and they may surprise you.

Myths and facts about food stamps

Probably the most astounding fact about food stamps is that 51 percent of Americans will use them at some point in their lives, according to a USDA study conducted by Cornell University. Even for a group that might be considered at low risk for food insecurity – white, single, college-educated males – that number will be 25 percent. The food stamp experience is common.

Food stamps are not charity. We all pay into this system and, much like Social Security, it pays us back when we need it. Some elders may think that others deserve food stamps more than they, so they forgo this resource. However, the program is fully funded and expands and contracts according to need. Your eligible client getting his or her share will not keep someone else from getting this help.

Food stamps provide tremendous economic stimulus to Oregon. More than \$580 million dollars come to Oregon yearly from the federal food stamp program that serves more than 480,000 Oregonians. Beyond the obvious goal

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Food stamps

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Katelyn B. Randall is a staff attorney at Legal Aid Services of Oregon in the Oregon City office, which serves low-income people in Clackamas, Hood River, Sherman, and Wasco counties and elders in Gilliam and Sherman counties. She practices in the area of elder, family, public benefits, housing, and consumer law.

of helping hungry people, that money provides enormous economic stimulus of about \$1.73 for every federal food stamp dollar, according to Weed. She says elders respond to the fact that food stamp usage helps make our local food economy strong and vital.

Oregon ranks third in the nation for its high percentage of hungry residents. As of May 2009, one in six Oregonians received food stamps. Getting more elders on food stamps will help improve our hunger ranking.

Perhaps you're now convinced to encourage your low-income elder clients to consider food stamps.

Who qualifies?

Qualification is based mostly on monthly income, which cannot exceed 185% of the federal poverty level. Income includes wages, pensions, SSI, retirement, interest income, and other sources generally considered income. Income does NOT include assets, such as homes, cars, and savings.⁴ Elders can deduct some medical and other expenses, which lowers the amount of income that is considered when establishing the benefit amount.

The amount of monthly food stamp benefits awarded is based on household size and monthly income. For one person, the limit on monthly income is \$1,670. For a two-person household, it is \$2,247. For a three-person household, the limit is \$2,823.

The lower the income, the higher the benefit. The average benefit for an Oregon elder is \$93 per month. The minimum benefit is \$16 per month.

Elders with computer access can go to www.oregonhelps.org and use a confidential self-screening tool to estimate eligibility for food stamps and a variety of other programs.

How the program works: the Oregon Trail card

Once certified, participants generally recertify yearly. The paper coupons that originally gave the program its name are long gone. These days, participants get an Oregon Trail debit card and a PIN that they can use to purchase food at a variety of locations. This card works just like a credit or debit card in the store's scanner and most other shoppers will not even be aware of the difference.

Oregon Trail cards can also be used at many farmers' markets to purchase fruits, vegetables,

meats, fish, poultry, dairy products, and seeds and plants intended for growing food. People can also use the card to purchase seeds and starter plants at grocery stores. Elders who receive food stamps are also eligible to get additional vouchers to use at farmers' markets to purchase fruits and vegetables.

How to get information and apply

Bearing in mind the special needs of elders, additional options are available for applying for food stamps. While households with members under the age of 60 should apply at their local self sufficiency office, households with members age 60 or more can apply at their local senior-services office.⁵ According to Weed, most senior-services office workers fill out the application on their computers to print out as they talk to elders, who do not have to fill out an application ahead of time. This makes the process "easier and more dignified. Plus the worker helps them apply for other benefits." Elders can call 800.723.3638 for the location of the nearest office and to be screened for eligibility.

For more information about food stamp outreach, contact Nancy Weed at 503.998.6194 or nancy@oregonhunger.org.

Sample outreach materials are available at www.oregonhunger.org. ■

Footnotes

1. The program was called Food Stamps for many years. The new name reflects, among other things, the fact that the old tear-out food coupon books have been a thing of the past for many years. For the sake of simplicity I refer to food stamps in this article.
2. *Oregon Trail Facts for Seniors 60+*, Oregon Hunger Relief Task Force, <http://oregonhunger.org/home/index.php>
3. www.oregon.gov/ODA/docs/pdf/news/080409hunger.pdf
4. *Oregon Trail Facts for Seniors 60+*, Oregon Hunger Relief Task Force, <http://oregonhunger.org/home/index.php>
5. www.oregon.gov/DHS/spwpd/offices.shtml. This link shows Seniors & People with Disabilities Services offices by county. Some SPD offices are within another agency so they may have a different name.

Finding community resources for food

By Carole Barkley, Elder Law Newsletter Editor

With the economy in a downturn, more and more people are in need of help with securing the basic necessities, including food. Fortunately, a variety of assistance programs are available to those who find themselves short of food.

Food banks and pantries

The Oregon Food Bank (OFB) is the hub of a statewide network of 915 hunger-relief agencies that serve all of Oregon and Washington's Clark County.

OFB directly operates four regional food banks in the Portland metro area, Tillamook, and southeast Oregon. Those four centers distribute food weekly to more than 340 food pantries, soup kitchens, shelters, and other programs for low-income individuals.

OFB also distributes food to 20 regional food banks, charging a small fee per pound. Sixteen of these regional food banks are independent charitable organizations that also collect food locally.

Food banks get their supplies from farmers, manufacturers, wholesalers, retailers, individuals, and government sources. Individuals qualify for nutrition-support programs through a simple screening process at individual sites. In some cases, no screening is done and food is given out to anyone who asks.

Food is distributed in a number of ways. Many food pantries are organized like small grocery stores, so that people can choose the foods they want. This not only cuts down on waste due to people being given food they cannot eat, but it also provides a more familiar experience for those who find themselves – perhaps for the first time – in need of some help. Market Share is another innovative program. OFB recovers fresh fruit and vegetables from farmers and food wholesalers and makes the produce available to low-income people in the Portland metro area at no cost in a farmers-market style distribution.

Meals for elders

Loaves & Fishes Centers is a nonprofit secular organization that provides nutritious meals to people 60 years and older. Hot noon meals are delivered by volunteers each weekday to homebound elders.

Loaves & Fishes also serves a noon meal at 35 meal centers throughout Multnomah, Washington, and Clark counties.

Loaves & Fishes features Hispanic programming at many of its centers, including made-from-scratch meals and activities. Several centers have bilingual staff. Pi-Nee-Waus, a Native American group, meets every Tuesday night at the L&F Belmont Center, located at 4610 SE Belmont, for a hot meal, fellowship and storytelling. Asian programming and meals are available daily at the Fook Lok-Hollywood Center on SE 45th and Sandy.

Outside the Portland metropolitan area, a number of nonprofits and agencies offer congregate meal sites and "meals on wheels" to elders. ■



More information

Oregon Food Bank

503.282.0555

www.oregonfoodbank.org

Web site includes a complete list of all food pantries and emergency food supplies throughout the region.

Loaves and Fishes

503.736.6325

www.loavesandfishesonline.org

Meals on Wheels and Congregate Meal Sites

www.mealcall.org/meals-on-wheels/or

Web site provides a comprehensive list of meal programs statewide

Subsidized housing for elders

Hannah Callaghan, Attorney at Law

Hannah Callaghan is an attorney in the Portland office of Legal Aid Services of Oregon.

Low-income elders are eligible for all types of subsidized housing:

- Low Rent Housing (LRH) with the Public Housing Authority (PHA) as the owner and landlord
- Section 8 voucher program, where a tenant rents from a private landlord and the PHA helps pay the rent
- Section 8 project-based moderate rehabilitation and project-based multifamily housing – some designated “elderly and disabled” housing only
- Low-income tax credit housing
- Affordable housing

In LRH the PHA is the landlord. The tenant pays 30 percent of his or her adjusted gross income in rent, and the PHA must have good cause to evict the tenant.

In a Section 8 voucher situation, the landlord is a private landlord and the tenant has to find the housing on his or her own. Under the Section 8 voucher program, during the initial term of the lease, a landlord is required to have good cause to evict the tenant, and generally the tenant pays 30 percent of his or her income as rent. After the initial term of the rental agreement, no-cause evictions are allowed, and the tenant could end up paying more than 30% of income in rent.

In project-based Section 8 moderate rehabilitation or multifamily housing, the tenant pays only 30% of adjusted gross income in rent, and eviction is for good cause. This is generally the same in housing that is designated “seniors only” or “elderly and disabled only.”

In affordable housing and low-income tax credit housing, rents are below fair market rent, but they are not based on income. In most of this type of housing, good cause is required to evict.

The demand for subsidized housing is greater than the supply. There are waiting lists for all subsidized housing, and many times a list may not be open when the applicant tries to apply. The length of wait for list can vary from a few months to a few years. Each building should be able to give an estimate of

the length of time to wait before an applicant’s name comes to the top of the list.

There is an income limit for each program. Generally those income limits are increased every year. The housing provider must look at the total income for all household members. Depending on the program, there are some adjustments for medical expenses for elders and persons with disabilities. The applicant must be a citizen or a non-citizen with eligibility status. The PHA may allow a non-citizen without eligibility status to live in the unit, but will not subsidize him or her as a household member. There are no limits on assets, but any real or imputed income on those assets will be counted as income. If it is “senior only” HUD subsidized housing, one of the persons (head of the household, spouse, or sole member) living in the household must be 62 years or older.

In almost all kinds of subsidized housing, an applicant who is denied admission has the right to some kind of review. If the PHA turns the applicant down, he or she has the right to a hearing to review the decision. In other types of housing, applicants are generally entitled to some kind of review by someone other than the person who made the initial decision. If a private landlord denies admission to an applicant who has a Section 8 voucher, there is no right to any kind of hearing. However, if the applicant suspects discrimination due to age, race, creed, familial status, source of income, religion, national origin, gender, gender identity, sexual orientation, or physical or mental disability, he or she should immediately contact a lawyer.

If the elder is a person with a disability as defined under the fair housing laws, and has a letter from a doctor or health care provider that he or she needs daily assistance, the housing provider must allow a live-in aide. Generally that person cannot have other full-time employment and must be required for 24-hour care. Live-in aides are subject to a criminal check and general background check. They are not considered “household members” for purposes of determining rent, and therefore their income is not counted toward the rent.

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Subsidized housing

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For low-rent public housing and Section 8 vouchers the elder must go to the local PHA to find out how to apply. The elder can be on both waiting lists at the same time. Some PHAs open up their Section 8 voucher list only occasionally, so the applicant must find out what each program requires. For all other types of housing, the applicant needs to go to each building and apply separately for the housing. The local HUD office has a list of most of those kinds of housing in each county.

For each PHA, the HUD Web site lists a profile that provides basic contact information, the total number of public housing units, and the number of developments. See www.hud.gov/offices/pih/systems/pic/haprofiles. The local HUD office should have a list of other subsidized housing in a county. For information on affordable housing and low-income housing tax credit, see www.huduser.org/datasets/lihtc.html.

In all but Section 8 voucher housing, after the initial term of the lease, the law requires that the landlord have good cause ("serious or repeated violations of the lease") to evict the tenant. The landlord must have a good reason and state it in writing to the tenant. In the state of Oregon, unless it is for a very serious and potentially dangerous reason, the landlord must give a 30-day notice with a 14-day opportunity to remedy. If the tenant fixes the problem within the remedy period, the landlord cannot evict. However, if the tenant does substantially the same thing within the next six months, the landlord can give a 10-day notice for cause with no opportunity to cure. There are other types of notices. The landlord must give the tenant some kind of notice in writing before he can evict the tenant. After the time on the notice is up, the landlord must file an eviction action and the tenant has the right to a trial before the sheriff can put the tenant out.

If the tenant is a person with a disability and believes that the reason for the eviction has something to do with the disability, he or she has the right to ask for a *reasonable accommodation* which may entitle the tenant to another chance. The Fair Housing Council of Oregon is available for advice and consultation on these issues. ■

Oregon Telephone Assistance Program (OTAP)

Oregonians whose income is at or below the current federal poverty level and are on a state public assistance program may receive a reduction in their monthly bill for local residential telephone service.

Eligible customers receive a reduction in their monthly phone bill for as long as they qualify. Half of the amount is funded through the legislatively approved telecommunications service surcharge, and the other half is the waived portion of the FCC's subscriber line charge.

It is important that those enrolled in the program keep OTAP staff informed of any phone number or address changes to ensure that their benefits continue. All information is treated as strictly confidential by OTAP staff and the local phone companies. ■

Oregon Helps: a good place to start

Oregon Helps (www.oregonhelps.org) is an easy-to-use Web site that enables one to enter information anonymously about household income, age, medical expenses, housing costs, disabilities, place of residence, and other basic information and receive an instant analysis of which programs and services one might qualify for. The site offers English, Spanish, Russian, and Vietnamese language options. Users are not asked to identify themselves or provide contact information.

Based on the information provided, the Web site indicates which of these programs might be applicable and provides contact information for each:

- Senior and Disabled Services
In-home Services
Senior Farmers' Market
- Food and Nutrition
Food Stamps
Emergency Food
- Health Care
Oregon Health Plan
Medicaid
- Housing and Utilities
Federal Housing Assistance
Low-Income Energy Assistance (LIEAP)
Portland Water Bureau's Financial Assistance Program
- Financial Benefits
Earned Income Tax Credit (EITC)
Income Tax Credit
Individual Development Accounts (IDAs)

Help available to pay for prescriptions

By Jenny Kaufmann, Attorney at Law

Jenny Kaufmann is a staff attorney with the Multnomah County office of Legal Aid Services of Oregon.

Prescription drugs are expensive, even for people who have health care insurance. Individuals with private health insurance have a significant portion of their prescription drug costs covered and only have relatively small co-pays. For many years, low-income elders and persons with disabilities who did not qualify for full Medicaid benefits or who were not veterans had few options available to them to get the prescription drugs they needed to treat their medical conditions—especially if their only health insurance was Medicare. Elders and others on limited or fixed incomes or individuals with severe health problems were often faced with the difficult choice of whether to pay for food and housing or for their prescription drugs. There were few options available unless the Medicare beneficiary had a generous but expensive Medigap policy or was covered by an employer's retiree health care policy. After much debate, Congress approved a national prescription drug program for Medicare beneficiaries in 2003 and it was implemented in January 2006.¹ Prescription drug coverage, however, continues to be a major expense, especially for those on limited or fixed incomes. However, the Medicare Part D program has failed to provide universal coverage, is extremely complicated, and has still has serious gaps in coverage. This is especially true for elders and persons with disabilities who are not yet eligible for Medicare or Medicaid. This article provides an overview of programs available to help elders with their prescription drug costs.

Medicare Part D

Medicare is the federal health insurance program for individuals age 65 or older and those who have received Social Security Disability Insurance (SSDI) benefits for two years. 42 USC 1395c. Individuals who have end-stage renal disease or amyotrophic lateral sclerosis are also eligible for Medicare benefits regardless of age or eligibility for cash benefits through Social Security as long as they meet certain minimal work requirements. Medicare covers inpatient services under Part A, outpatient services under Part B, and prescription drugs under Part D. Enrollment in Part A and Part B is automatic once entitlement begins.

Generally, a beneficiary does not have to pay a premium for Part A coverage, with some exceptions. Medicare beneficiaries are required to pay a premium for Part B coverage and therefore may elect to opt out of coverage by notifying the Social Security Administration. However, a penalty is assessed if the beneficiary decides later that he or she wants to participate. 42 USC 1395r(b). Part D coverage requires an individual to be covered by Part A or enrolled in Part B but unlike A or B, beneficiaries must affirmatively enroll in one of hundreds of plans offered by private companies. Failure to enroll when the beneficiary first becomes eligible will result in a penalty being assessed for later enrollment unless the individual can show that he or she had creditable coverage under some other insurance program. 42 USC 1395ww-113(b).

The Part D program has provided assistance to many Medicare beneficiaries who had little if any access to prescription drug coverage. The program is complicated, however, and does have significant limitations. The primary problem is that most beneficiaries need assistance in choosing from hundreds of plans that vary greatly in cost and coverage. Medicare law does mandate a standard Part D drug benefit and all plans must offer a plan that provides this minimal coverage or a plan that is "actuarially equivalent." 42 USC 1395w-101-1395w-151. The standard benefit includes a deductible (\$295 in 2009) and a 25 percent co-pay after the deductible has been met up until the initial coverage limit has been met (\$2,700 in 2009). After the initial coverage cost is met, there is a gap (informally known as "the donut hole" – \$2,700 to \$6,153.75 in 2009 – during which the beneficiary must cover all of his or her drug costs. Once the total out-of-pocket expenses are met, beneficiaries are required to pay only the co-pays charged for generic or non-preferred drugs. The deductibles, initial coverage limit, and annual out-of-pocket thresholds are adjusted annually. The average cost for coverage under a standard or benchmark plan in Oregon is \$31.76.²

Other problems that arise for beneficiaries are the limitations on enrollment and noncov-

Prescription drugs

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erage of drugs. Open enrollment periods are not new either in private insurance or Medicare. The problem that arises is the lack of flexibility to enroll in a new program unless one qualifies for a special enrollment period—e.g., one loses creditable coverage through no fault of his or her own, moves, becomes Medicaid eligible, or is institutionalized. If a beneficiary's prescription drug needs change and are not covered by his or her current plan, or there is a loss of income and the person can no longer afford the plan, the beneficiary cannot just switch to a new plan. He or she must either ask for an exception through the drug plan or apply to the Center for Medicare and Medicaid services for a special enrollment period.

Problems also arise over coverage of specific drugs. Part D plans are not required to pay for all prescribed drugs. The plan can set up a formulary as long as it meets certain minimal guidelines, including proof that the plan does not discriminate against individuals with particular conditions. All plans must carry at least two drugs within a therapeutic category of drugs (e.g., antibiotics). The drug plans are allowed to change their formularies with 60 days notice to a beneficiary, but the beneficiary is not permitted to change to a new plan solely because of this change. Furthermore, a beneficiary is required to go through a convoluted appeals process if a drug is not covered by the plan and is not otherwise prohibited under Part D. 42 CFR 422.622. Federal law does prohibit coverage of certain drugs including those used for weight gain (even for beneficiaries being treated for cancer or HIV/AIDS), benzodiazepines (used to treat anxiety, panic attacks, seizures, and muscle spasms), and over-the-counter medications.

Implementation of the Part D program resulted in Medicaid no longer covering prescription drugs for individuals who are also eligible for Medicare—the “dual eligibles.” Because of mandatory co-pays, loss of coverage for certain drugs and over-the-counter medications, this change resulted in Medicaid beneficiaries having less coverage and higher costs than they did under standard Medicaid. Anyone who is eligible for Medicare and Medicaid is automatically enrolled in a Part D benchmark plan that provides a standard benefit. There is no deductible or gap in coverage but there are co-pays. Dual eligibles are also allowed to switch to a new plan once a month. While states have the option of paying co-payments for dual eligibles, Oregon did not adopt this option. This is especially burdensome for beneficiaries who are SSI eligible and receiving long term care through community-based care.

Individuals with income up to 150 percent of the federal poverty limit and limited resources can receive financial assistance in paying for their Part D premium through the low-income subsidy (LIS) program. This program is different from the Medicare Savings Program (MSP) that provides assistance with paying for Medicare Part B costs. The LIS program assists family units with more than two people. The Social Security Administration or the State Medicaid program can process applications. There is no estate recovery.

Beneficiaries whose income is less than 135 percent of the federal poverty limit, who are not eligible for Medicaid, and who have assets

of less than \$6,000 (\$9,000 for a couple) pay no premium or deductible and have no gap in coverage for a benchmark-level plan. Co-pays are limited to \$2 for generic drugs and \$5 for brand-name drugs.

Beneficiaries whose income is between 135 percent and 150 percent of the federal poverty limit and who have assets of less than \$11,900 (\$23,970 for a couple), pay a sliding scale premium based on their income and have a minimal deductible. Co-pays are limited to 15 percent of the cost of the drug. There is no gap in coverage.

Medicaid

Prescription drugs are still a covered service for individuals who are Medicaid only, subject to the limitations set by Oregon's prioritized list. Oregon does cover drugs not covered by Part D for anorexia, weight loss/gain, barbiturates, and benzodiazepines that are prescribed for a condition covered by the prioritized list. Most over-the-counter drugs are also covered if the beneficiary has a prescription for them. Oregon does not, however, provide any financial assistance for the co-pays charged to dual eligibles.

Veterans Administration benefits

Most veterans are eligible for medical care, including prescription drug coverage, through the Department of Veterans Affairs. Eligibility is based on discharge status and length of service. In general, a veteran must have been discharged under a condition other than dishonorable. There are exceptions—especially for individuals who had a medical condition that may have resulted in a dishonorable discharge. There is no minimal length-of-service requirement for enlisted personnel who started active duty prior to September 8, 1980, or for officers who started active duty prior to October 17, 1981. Individuals who started active duty after those dates must have 24 months of continuous active duty military service or meet one of several exceptions.

Most veterans must enroll in the VA health care system in order to be eligible for health care benefits. The VA is authorized to limit enrollment in the VA health care system depending on funding provided by Congress. To meet

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the funding limitations, the VA has set up an eight-tiered system with the highest priority being assigned to veterans who have service-connected disabilities, are low income, or have special health care needs. The VA was forced to stop enrolling new Priority Group 8 veterans (higher income with compensable service-connected disability) in January 2003; but effective June 15, 2009, the income restrictions for this group were relaxed to include veterans whose income is less than 10 percent more than the means income test set for their geographic area. In Oregon, the range for a veteran with no dependents is from \$29,755 to \$41,965 (Benton County being the highest). There are also enhanced enrollment and benefits available to veterans who were discharged on or after January 28, 2003 or who served in combat after November 11, 1998.

The VA health care program provides low-income veterans who need prescription medications with some advantages over Medicare, Medicaid, and private insurance. First, there are no monthly premiums, deductibles, or gaps in coverage. There are some co-pays but they are minimal. No co-pays are charged to certain veterans including those with a service-connected disability rating of 50 percent or higher, to veterans whose income does not exceed the maximum annual rate of the VA pension, for treatment of a service-connected condition, and former prisoners of war. Most other veterans are charged \$8 for each 30-day-or-less supply of medication provided by the VA for treatment of medical conditions that are not service-connected. Veterans in priority Groups 2 through 6 have a maximum annual co-pay for medications (\$960 for 2009) that includes prescription and over-the-counter medications dispensed by a VA pharmacy.

Second, veterans who need prescription drugs (or other health care services) for a medical condition that is not covered under Oregon's prioritized list may be able to obtain coverage for that condition through the VA health care system. The largest drawback for the VA prescription drug program is that with rare exception, the veteran must have his or her prescription written by a VA health care provider and must fill the prescription at a VA pharmacy, through the VA mail order pharmacy, or the VA online pharmacy. The VA

health care system has online internet access to individual health care information at www.myhealth.va.gov. (Please note that this is password protected for access by the veteran.)

Finally, VA prescription drug coverage is considered to be creditable coverage for Part D purposes and, therefore, the late enrollment penalty will not apply to beneficiaries who choose to enroll in Part D after their initial enrollment period.

Oregon Prescription Drug Program (OPDP)

This program is open to all Oregonians and enrollment is free. It allows members to purchase prescription drugs from participating pharmacies at discounted rates. There is no income or asset test and no age limit but it is only open to individuals who have no prescription drug coverage other than Part D. Discounts may be as high as 60 percent, providing seniors with a cheaper alternative to Part D, especially during the gap in coverage period. An application must be filed and can be obtained over the phone (800.913.4146) or online at www.opdp.org.

Pharmaceutical companies

A number of pharmaceutical companies offer free or discounted drugs for elders and persons with disabilities. The Partnership for Prescription Assistance Oregon (PPARxOR) Web site that connects individuals with the pharmaceutical programs is www.pparxor.org. PPARxOR can also be contacted by calling 888.477.2669. Most companies limit assistance to patients whose income is under 200 percent of the federal poverty limit. PPARxOR has access to more than 150 patient assistance programs with more than 1,200 medications that are free or at reduced cost. ■

Footnotes

1. Medicare Prescription Drug, Improvement and Modernization Act of 2003. Pub. L. No. 108-173 (December 8, 2003)
2. See *Medicare Prescription Drug Benefit Manual* available at www.cms.hhs.gov/MedicarePresDrugEnrol/Downloads/CurrentPDPEEnrollmentGuidance.pdf

Help with utility bills

Source: Portland General Electric

Low-income elders who are having trouble paying their household electric bills should look into three programs that offer financial assistance.

Low-Income Energy Assistance Program (LIEAP)

This federally funded program distributes one-time annual grants to help eligible households pay their wintertime energy bills. The Oregon Department of Housing & Community Service receives the federal funds and administers the program through contracts with various social service agencies.

To be eligible, a person must meet income guidelines. Levels of financial assistance vary depending on the type of energy used for the primary heating source, the number of people in the household, and whether the family currently receives subsidized housing. Special outreach is provided to seniors, the disabled, and households with young children under six. This program opens to the general public in December.

Oregon Energy Assistance Program (OEAP)

OEAP is funded by a state-mandated electric meter charge. To be eligible, you must meet income guidelines. Priority is given to customers who may be in danger of disconnection.

Oregon HEAT

This private nonprofit organization helps low-income customers in crisis pay their winter utility bills. Oregon HEAT, which is funded by utility companies and donations from energy customers, distributes one-time grants through a number of community nonprofit organizations. Eligibility is based on income and need. ■

Income Guidelines

LIEAP, OEAP & Oregon HEAT use the following income guidelines to determine program eligibility.

Household size	Monthly income
1	\$1,685.67
2	\$2,204.25
3	\$2,722.92
4	\$3,241.58
5	\$3,760.25
6	\$4,278.92

Add \$97.25 for each additional family member after six.

Where to get help

The following organizations distribute LIEAP, OEAP, and/or Oregon HEAT funds to qualifying limited and fixed-income residents.

County	Organization
Clackamas	Clackamas Co. Social Services: 503.650.5640 Sandy Community Action Center : 503.668.4746
Marion/Polk	Mid-Willamette Valley Community Action: 503.588.9016 or toll-free outside of Salem: 866.299.4216 The Salvation Army: 503.585.6688 St. Luke's St. Vincent de Paul (Woodburn only): 503.981.5011
Multnomah	Self Enhancement Inc., NE Portland: 503.240.0828 Human Solutions, East Multnomah County: 503.548.0217 Human Solutions, Gresham Office: 503.405.7877 IRCO - Asian Family Center, Multnomah County: 503.235.9396 Impact NW, SE Portland: 503.988.6020 The Salvation Army, Downtown Portland: 503.239.1264 Snow CAP, East Multnomah County, (Oregon HEAT only): 503.674.8785 YWCA Housing Enrichment Resources, N/NE/NW/SW Portland: 503.721.6760 Neighborhood House, NW/SW Portland: 503.246.1663
Washington	Community Action, Hillsboro: 503.615.0771 Community Action, Beaverton: 503.615.0772
Yamhill	Community Action, McMinnville (YCAP): 503-472-0457 x140 or 800.945.9992 x140

May 15, 2009: Eugene, Oregon

Photos from the sixth UnCLE program



Photos by Michael Edgel

Resources for elder law attorneys

Upcoming events

Creating A Legacy of Hope . . . It's Up to Us Oregon Gerontological Association Annual Conference

Friday, August 7, 2009

Portland Community College Rock Creek
Campus

www.oregongero.org/page.php?id=63

"Second Death" Issues in Estate Planning

OSB CLE Quick Call

Tuesday, August 11, 2009

Via telephone

www.osbar.org

2009 NAELA Council of Advanced Practitioners (CAP) Conference

August 21-22, 2009

Chicago, Illinois

www.naela.org

The Prudent Investor Rule: Understanding the Rules of Trust Investments

OSB CLE Quick Call

Wednesday, August 26, 2009

Via telephone

www.osbar.org

2009 NAELA Special Needs UnProgram

September 11-13, 2009

Atlanta, Georgia

www.naela.org

Client Confidentiality Issues

NAELA Telephonic Program

Tuesday, September 16, 2009

www.naela.org

Elder Law: Issues and Answers

Friday, October 2, 2009

Oregon Convention Center, Portland

The section's annual meeting will be held that
day during the noon break.

Protecting the Home: How to Best Achieve Your Planning Goals in the Face of Nursing Home

2009 NAELA Telephonic Program

Thursday, October 8, 2009

www.naela.org

How to use GCMs in an Elder Law Practice: SNTs and Guardianships

2009 NAELA Telephonic Program

Wednesday, October 21, 2009

www.naela.org

2009 Public Benefits and Guardianship Institute Introduction to Elder and Special Needs Law

November 5-8, 2009

Jersey City, New Jersey

www.naela.org

Elder Law Section Web site

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

The Web site has useful links for elder law practitioners, past issues of the *Elder Law Newsletter*, and current elder law numbers.

Elder Law Section electronic discussion list

All members of the Elder Law Section are automatically signed up on the list, but your participation is not mandatory.

How to use the discussion list

Send a message to all members of the Elder Law Section distribution list by addressing it to: eldlaw@lists.osbar.org. Replies are directed by default to the sender of the message *only*. If you wish to send a reply to the entire list, you must change the address to: eldlaw@lists.osbar.org—or you can choose "Reply to all." ■

State court fees changed July 1, 2009

Effective July 1, 2009, some state court filing fees changed due to 2007 legislation that became effective July 1, 2009, and the extension of the temporary filing-fee surcharges through September 30, 2009, as provided in a 2009 legislative bill (HB 2287B). The Oregon Judicial Department has more information on its Web site.

For circuit courts, there is no single circuit court fee schedule, because circuit court fees vary by county depending on local fee assessments. If a court has not posted its fee schedule on its Web page, contact the court directly for information.

In addition, the 2009 legislation HB 2287B results in other new fees and fee changes that will take effect October 1, 2009. Information on those changes will be published at a later date. ■

Important elder law numbers

as of July 1, 2009

Supplemental Security Income (SSI) Benefit Standards	Eligible individual.....\$674/month Eligible couple\$1,011/month
Medicaid (Oregon)	Long term care income cap.....\$2,022/ month Community spouse minimum resource standard \$21,912 Community spouse maximum resource standard\$109,560 Community spouse minimum and maximum monthly allowance standards\$1,822/ month; \$2,739/ month Excess shelter allowance Amount above \$547/ month Food stamp utility allowance used to figure excess shelter allowance\$379/ month Personal needs allowance in nursing home\$30/ month Personal needs allowance in community-based care\$152/ month Room & board rate for community-based care facilities..... \$523.70/ month OSIP maintenance standard for person receiving in-home services..... \$675.70 Average private pay rate for calculating ineligibility for applications made on or after October 1, 2008\$6,494/ month
Medicare	Part B premium \$96.40/ month* Part B deductible \$135/year Part A hospital deductible per spell of illness.....\$1,068 Part D premium: Varies according to plan chosen..... average is \$35/ month Skilled nursing facility co-insurance for days 21-100\$133.50/ day * A person whose income is more than \$85,000/year will pay a higher premium.

Save the date

Elder Law Section
Annual CLE program

Elder Law: Issues and Answers

Friday, October 2, 2009
Oregon Convention Center
Portland



Newsletter Board

The *Elder Law Newsletter* is published quarterly by the Oregon State Bar's Elder Law Section, Penny Davis, Chair. Statements of fact are the responsibility of the authors, and the opinions expressed do not imply endorsement by the Section.

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