



BARRIERS TO AGING IN PLACE

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Serving Central Florida for over 50 years: Lake, Sumter, Citrus, Hernando, Marion, Putnam, Orange, Osceola, Flagler, Brevard, Seminole, and Volusia Counties!

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Who are we?

Community Legal Services (CLS) is a *no-cost* nonprofit law firm striving to remove barriers to justice by empowering vulnerable communities through legal advocacy, education, and collaborative partnerships.





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The America's Population is Aging

The Census Bureau reports that **1 in 6** Americans are now 65 or older.

In 2020, **16.8%** of the U. S. population were elderly.

By 2040, an estimated **80.8 million residents** will be 65 years old and older.

In 2021, an AARP survey found that **75% of people older** than 50 years old desire to remain in their homes or communities for as long as possible.

Proper legal planning is key to aging in place!



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Barriers to Aging Place

- Lack of Access to Transportation
- Social Isolation and Loneliness
- Food Insecurity
- Lack of Access to Safe & Affordable Housing Options
- Lack of Access to Safe & Affordable Residential Placement Options
- Lack of Access to Healthcare Providers or Services
- Lack of Affordable Healthcare (*Medical/Prescription/Mental Health/Etc.*)
- Lack of Affordable Long-Term Care Options
- Lack of Awareness re Alternatives to Guardianship
- Lack of Awareness re Supportive Services for Family Caregivers
- Lack of Awareness re Supportive Services for Veterans & Families
- Lack of Awareness re Supportive Social Programs for Older Adults
- *Lack of Awareness re (Gov't funded) Legal Aids/Legal Services Agencies*



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Older Adult Programs



Our Firm assists seniors (age 60+) and family caregivers (age 55+) with legal issues *including* the following:

- o Home Preservation/Mortgage Issues
- o Foreclosure Prevention Counselling
- o Title Issues/Heirs Property Rights
- o Renter's Rights/Eviction Defense
- o Abuse/Exploitation/Elder Injunctions
- o Alternatives to Guardianship
- o Health Care Surrogate/Living Wills/
- o Power of Attorney/Revocations
- o Estate Planning/Wills
- o Probate
- o Caregiver Resources
- o Bankruptcy
- o Consumer/Property Scams
- o Credit/Consumer Disputes
- o Identity Theft
- o Temporary Custody by Extended Family
- o Divorces/Support Issues
- o Domestic Violence Injunctions
- o Public Benefits Overpayments/Terminations
- o SNAP Benefits (aka Food Stamps)
- o Medicare/Medicaid
- o Veteran's Benefits
- o Disaster Survivor Assistance/FEMA Appeals



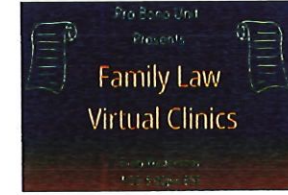
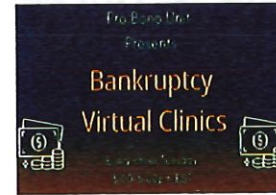
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Pro Bono Attorney Services



oLegal Clinics: Clients meet one-on-one with a *volunteer* attorney to receive advice and assistance specific to their legal matter.

oSelf-Help Workshops: A group settings where individuals receive guidance on the completion of necessary legal documents so they can represent themselves (pro se).



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How to Apply for Services?



Call our Legal *HELPL*ine at  **1-800-405-1417**

Monday 8:30-4:30
 Tuesday 8:30-6:30
 Wednesday 8:30-6:30
 Thursday 8:30-4:30
 Friday 8:30-3:30

Connect on Social Media

-  <https://www.facebook.com/communitylegalclerkofclsmf/>
-  <https://twitter.com/clsmf>
-  <https://www.linkedin.com/company/clsmf/>
-  <https://www.instagram.com/communitylegalclerkofclsmf/>
-  <https://www.youtube.com/CommunityLegalServicesofClsmfInc>

Visit us at www.clsmf.org for

- Legal information
- Self-help materials
- Online application



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Meet the OAP Team



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 Senior Managing Attorney of
 Older Adult Programs
 (407) 322-8983



PAUL FERREIRA, J.D., CPA, CFA,
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 Programs
 (407) 322-8983

CARRIE CLINE
 Florida Registered
 Paralegal
 (304) 233-6573

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SCAN ME

You are **Not** alone. Below is a *snippet* of caregiver resources available in the State of Florida.

RESOURCE	CONTACT INFORMATION
COMMUNITY LEGAL SERVICES NO COST LEGAL HELPLINE	1-800-405-1417
FLORIDA ELDER & EXPLOITATION ABUSE HOTLINE	1-800-962-2873
FLORIDA DEPT. OF ELDER AFFAIRS RESOURCE HELPLINE	1-800-963-5337
ELDER OPTIONS RESOURCE LINE	1-800-262-2243
ELDERSOURCE RESOURCE LINE	1-888-242-4464
SENIOR RESOURCE ALLIANCE ELDER HELPLINE	1-800-963-5337
AARP FAMILY CAREGIVING RESOURCE LINE	1-877-333-5885
UNITED WAY 2-1-1 (For Your Local Resources)	Dial 2-1-1 from a telephone
SHINE (Serving Health Insurance Needs of Elders)	1-800-963-5337
FAMILY CAREGIVER ALLIANCE	HTTPS://WWW.CAREGIVER.ORG
FLORIDA LONG TERM CARE OMBUDSMAN	1-888-831-0404
FLORIDA SENIOR LEGAL HELPLINE	1-888-895-7873
FLORIDA BAR ATTORNEY REFERRAL SERVICE	1-800-342-8011
FLORIDA VETERANS' LEGAL HELPLINE	1-866-486-6161
FLORIDA VETERANS SUPPORT LINE	1-844-693-5838
FLORIDA'S HOMELESS VETERANS' COORDINATOR	1-727-575-8136
DISABILITY RIGHTS FLORIDA	1-800-342-0823
IDIGNITY	1-407-792-1374
FLORIDA DISASTER DISTRESS HELPLINE	1-800-985-5990
NATIONAL DOMESTIC VIOLENCE HOTLINE	1-800-799-7233
NATIONAL DISASTER DISTRESS HELPLINE	1-800-985-5990
NATIONAL VETERAN CRISIS LINE	1-800-273-8255
NATIONAL SUICIDE PREVENTION LINE	988 or 1-800-273-8255
U. S. DEPT. OF HOUSING & URBAN DEVELOPMENT	904-232-2627
U. S. VETERANS CAREGIVER LINE	1-855-260-3274
U. S. CAREGIVER SUPPORT (https://www.usa.gov/disability-caregiver)	1-844-872-4681
FL AG: SENIORS VS. CRIME CONSUMER HOTLINE	1-800-203-3099
FL AG: MEDICAID & CONSUMER FRAUD HOTLINE	1-866-966-7226
CFPB CONSUMER COMPLAINT HOTLINE	1-855-411-2372
FBI CYBERCRIME & PHISHING SCAMS	https://www.fbi.gov/investigate/cyber
FCC CONSUMER COMPLAINT CENTER	1-888-225-5322
FTC CONSUMER & IDENTITY THEFT HOTLINE	https://www.ftc.gov/
IRS IDENTITY THEFT HOTLINE	1-800-908-4490, EXT 245
SEC CONSUMER FRAUD HOTLINE	1-800-732-0330
USPS POSTAL FRAUD HOTLINE	1-877-876-2455

For additional assistance, Call Your Local City & County Government for Veterans, Seniors, and Human Services Divisions

Legal Aid for All

Serving: Brevard, Citrus, Flagler, Hernando, Lake, Marion, Orange, Osceola, Putnam, Seminole, Sumter, and Volusia Counties

LSC America's Partner
for Equal Justice
LEGAL SERVICES CORPORATION

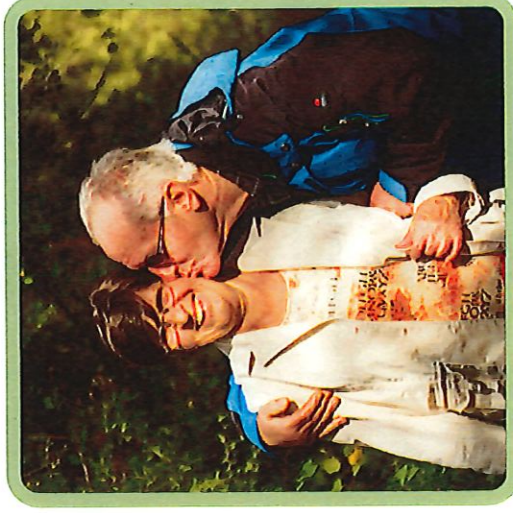
FFLA
FUNDING FLORIDA LEGAL AID

United Way
Heart of Florida United Way

CITRUS COUNTY	
AGENCY AND DESCRIPTION	TELEPHONE, ADDRESS & WEB SITE
<p>CARES Department of Elder Affairs preadmission screening program for nursing facility or alternative placement</p>	<p>1515 E. Silver Springs Blvd. Suite 203 Ocala, FL 34470 352-620-3457</p>
<p>Citrus County Division of Housing Services Provides housing to low and low-to-moderate income residents through Section 8 and public housing programs.</p>	<p>3600 W. Sovereign Path Suite 147 Lecanto, FL 34461 352-527-5377 www.bocc.citrus.fl.us</p>
<p>Citrus County Health Department Offers primary care, personal health and related services.</p>	<p>3700 W. Sovereign Path Lecanto, FL 34461 352-527-0068 ext. 261 www.doh.state.fl.us/chdcitrus/index.htm</p>
<p>Citrus County Special Needs Registry Provides emergency evacuation services to elders and other persons with special needs.</p>	<p>352-746-6555</p>
<p>Citrus County Community Support Services, Inc. Community Care for the Elderly county lead agency. Provides case management and in-home services to qualified elders.</p>	<p>2804 W. Marc Knighton Ct. Lecanto, FL 34461 352-527-5934 www.citrusbocc.com/</p>
<p>Citrus Hearing Impaired Program Services, Inc. Fosters the development, improvement and growth of services for deaf, hard of hearing and late deafened people in Florida.</p>	<p>105 S.E. Hwy. 19 Crystal River, FL 34429 352-795-5000 Voice 352-795-7243 TTY</p>
<p>Community Legal Services of Mid-Florida, Inc. Provides legal services for persons who would not otherwise have the means to obtain a lawyer.</p>	<p>1300 Hwy. 41 N. Inverness, FL 34450 352-726-8512</p>
<p>Elder Helpline Accesses a qualified Information and Referral specialist who can provide information about services available for elders and their caregivers within the local community.</p>	<p>800-262-2243</p>
<p>Sunshine Medical Provides medical care based on ability to pay.</p>	<p>2504 Highway 44 W. Inverness, FL 34453 352-637-1800</p>

ELDER OPTIONS

Your link to Aging, Disability, LTC Medicaid & Medicare Services in North Central Florida



Services include:

- Helpline for Community Resources
- Screening for In-Home Services
- Medicaid Long-Term Care (LTC) Eligibility Assistance
- SHINE Medicare Counseling
- Workshops for Healthy Living and Fall Prevention
- Caregiver Support and Training
- Enhance Wellness Program that focuses on goals to get healthy
- PEARLS to Help with Getting Back to a More Active, Rewarding Life
- Abuse in Later Life Resources

To connect with these services and more, call the Elder Helpline at 1-800-262-2243

- Our mission is to ensure that communities have a trusted and unbiased place to turn for information, resources, and assistance.
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Refer to The Florida Bar site:

<https://www.floridabar.org/public/consumer/#pamphlets>

CONSUMER INFORMATION

Consumer Information and Pamphlets

The Florida Bar offers consumer pamphlets as a public service. These pamphlets are not a substitute for hiring an attorney, but they provide basic legal information about the topics they cover. Here you'll also find links to useful forms and resources, and a list of volunteer opportunities, developed by the Bar's Citizens Advisory Committee, for nonlawyers interested in getting involved with the legal and judicial system.

PAMPHLETS

Consumer Pamphlets

These pamphlets are produced by the Consumer Protection Law Committee as a public service.

- AUTOMOBILE
- CIVIL
- CREDIT
- FAMILY
- GENERAL
- IMMIGRATION
- INTELLECTUAL PROPERTY
- LEGAL SERVICES AND CONSUMER PROTECTION
- REAL PROPERTY
- WILLS, TRUSTS AND ESTATES



Do You Have a Will?



Probate in Florida



The Revocable Trust in Florida



What is Guardianship?

- U.S. CONSTITUTION

FORMS AND RESOURCES

VOLUNTEER OPPORTUNITIES FOR NONLAWYERS

NEW FDIC-insured savings option



Save without impacting benefits

Shortly after the ABLE Act was passed in 2014, ABLE United was created as Florida's program to help Floridians with disabilities, and their families, save and invest for a better life experience.

ABLE United Account Advantages

- Save and invest without the risk of impacting public benefits
- Save tax-free for qualified disability expenses
- Free to enroll and no monthly maintenance fee

Eligibility

- Florida resident
- Qualifying disability, onset prior to age 26
- Check eligibility at ABLEUnited.com

Start Saving Today

Enrollment is quick, easy and free – and you can save in our FDIC-insured option, or invest in one of our professionally managed funds or portfolios.

Contributions and Withdrawals

- Contribute as little as \$25 to get started
- Invite family and friends to contribute through your gifting page
- Access your account online, and withdraw funds as needed

Optional Prepaid Card for your convenience

Use funds tax-free for qualified expenses:

Health • Education • Housing • Transportation

Legal Fees • Financial Management

And Many More

Professional Savings & Investment Managers



BLACKROCK®



BNY MELLON



ABLE United

Save for a better life experience

Visit ableunited.com to learn more

Volunteering with SHINE

SHINE volunteers make a difference in the lives of Florida families every day.

As a SHINE volunteer, you serve your community by providing Medicare and health insurance information, counseling, and assistance in person or over the phone. Our volunteers provide program support by delivering educational presentations and distributing promotional materials in their local communities. SHINE volunteers also work to strengthen our network by recruiting, training, and serving as leaders to other volunteers.

SHINE volunteers receive professional training from the Department of Elder Affairs and the local Aging and Disability Resource Center. Volunteering with SHINE provides an opportunity to learn new skills, meet new people, and gain knowledge about Medicare. Our volunteers experience the pride of being part of an award-winning team and the personal fulfillment of helping others.

To begin volunteering with SHINE, you will need to complete an application, participate in SHINE training, and agree to uphold the integrity of the SHINE Program.



Contacting SHINE at ElderSource

10688 Old St. Augustine Road
Jacksonville, FL 32257

1-888-242-4464

1-904-391-6600  **ElderSource**
start here for help

Se Habla Español.

Fax: 904-391-6601

Email: info@myeldersource.org

MYELDERSOURCE.ORG



 Like us on
Facebook

Visit SHINE Online

Like us on Facebook to keep up with the latest news. On the SHINE website, you can submit a volunteer application; complete orientation; and find counseling sites, upcoming events, and Program fact sheets.

FLORIDASHINE.ORG

Department of
ELDER AFFAIRS
STATE OF FLORIDA



ELDERAFFAIRS.ORG



KNOW YOUR RIGHTS
Serving Health Insurance Needs Of Elders



Contact us for free, unbiased health insurance counseling.

The SHINE Program

The SHINE (Serving Health Insurance Needs of Elders) Program provides Medicare and health insurance counseling and information from an unbiased source. SHINE's services are available to Medicare beneficiaries, their families, and caregivers.

SHINE counselors can do the following:

- Help you understand your Medicare benefits;
- Help you choose the Medicare Prescription Drug plan that best fits your needs;
- Answer your questions about Medigap, long-term care insurance policies, and other health insurance programs for seniors and individuals with disabilities;
- Assist you with your Medicare claims and appeals and other Medicare issues;
- Give you details about benefits available in your area and refer you to other helpful programs; and
- Offer educational presentations.

SHINE counselors are committed to helping you make informed choices regarding your Medicare benefits. Counselors are not affiliated with any insurance company and will not attempt to sell you insurance. All counseling records are strictly confidential.

Senior Medicare Patrol

The SMP (Senior Medicare Patrol) Program empowers seniors to prevent Medicare fraud.

Protect, Detect, and Report

PROTECT Protect yourself from Medicare errors, fraud, and abuse. Protecting your personal information is the best defense.

DETECT Learn to detect potential errors, fraud, and abuse. Even when you do everything right, there is a chance that you could be a target of Medicare fraud.

REPORT If you suspect that you have been a victim of Medicare fraud, report it immediately. Contact a SHINE SMP volunteer at 1-800-96-ELDER.

MIPPA Program

Paying for Medicare can be costly, but it doesn't have to be. The MIPPA (Medicare Improvements for Patients & Providers Act) Program may be able to help you. Benefits are available for qualified Medicare beneficiaries to help them save money on the following:

- Monthly Part D Drug Plan premiums;
- Co-pays for prescriptions;
- Monthly Medicare Part B premiums;
- Co-pays for Medicare services and visits; and
- Medicare deductibles.

Partnership Opportunities

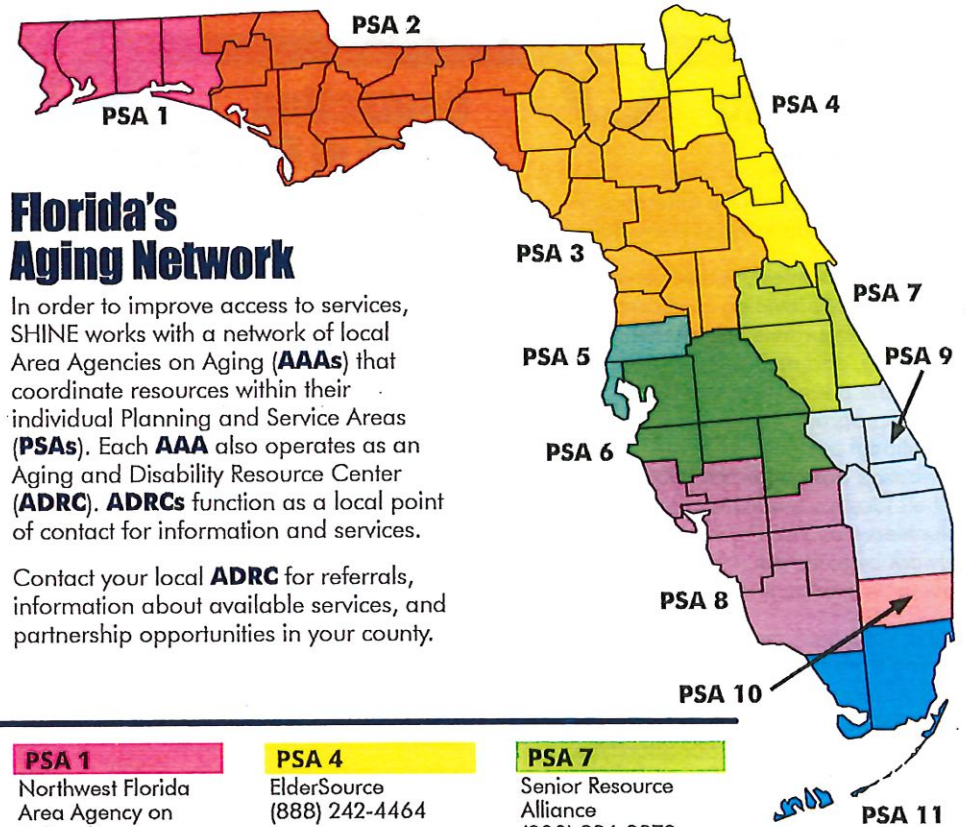
SHINE partners with a wide variety of organizations, including state and municipal agencies, senior centers, and libraries.

As a SHINE partner, you can support program outreach by distributing educational materials or displaying informative fliers at your location. Partners also assist by connecting their own clients or consumers who may benefit from SHINE services to the Program and may even complete the training to provide counseling services. SHINE partners can host presentations, trainings, and counseling sessions. Partners can also help to grow our SHINE network by recruiting SHINE volunteers and other partners.

In return, SHINE will publicize its partnership with your organization and provide education for your staff about SHINE, Medicare, and other benefit programs. SHINE counselors will provide your clients or consumers with Medicare and health insurance information in person or over the phone. SHINE can also offer your organization public presentations on a variety of Medicare topics.

PSA

Planning & Service Area



Florida's Aging Network

In order to improve access to services, SHINE works with a network of local Area Agencies on Aging (**AAAs**) that coordinate resources within their individual Planning and Service Areas (**PSAs**). Each **AAA** also operates as an Aging and Disability Resource Center (**ADRC**). **ADRCs** function as a local point of contact for information and services.

Contact your local **ADRC** for referrals, information about available services, and partnership opportunities in your county.

PSA 1
Northwest Florida Area Agency on Aging, Inc.
(866) 531-8011

PSA 2
Area Agency on Aging for North Florida, Inc.
(866) 467-4624

PSA 3
Elder Options
(800) 262-2243

PSA 4
ElderSource
(888) 242-4464

PSA 5
Area Agency on Aging of Pasco-Pinellas, Inc.
(727) 217-8111

PSA 6
Senior Connection Center, Inc.
(800) 336-2226

PSA 7
Senior Resource Alliance
(800) 936-2372

PSA 8
Area Agency on Aging for Southwest Florida
(866) 413-5337

PSA 9
Area Agency on Aging of Palm Beach/Treasure Coast
(866) 684-5885

PSA 10
Aging and Disability Resource Center of Broward County, Inc.
(954) 745-9779

PSA 11
Alliance for Aging, Inc.
(305) 670-6500

WHAT IS THE LONG-TERM CARE OMBUDSMAN PROGRAM?

We are a group of concerned local citizens working to improve the quality of life and care for people who live in licensed long-term care facilities such as nursing homes, assisted living facilities and adult family care homes throughout Florida.

CONTACT US TODAY.

Call toll-free

1-888-831-0404

or visit

<http://ombudsman.myflorida.com>

online.

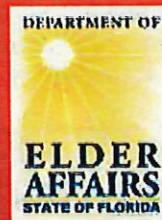
Florida's Long-Term Care
OMBUDSMAN PROGRAM
Our 2 cents is no small change



Florida's Long-Term Care
OMBUDSMAN PROGRAM
Our 2 cents is no small change

WHO CAN USE THE PROGRAM'S SERVICES?

- *Residents of long-term care facilities*
- *Relatives and friends of residents*
- *Concerned facility administrators and employees*
- *Any person or group concerned about residents' treatment*



CONCERNED ABOUT YOUR QUALITY OF LIFE? WE CAN HELP.

An ombudsman is someone who cares and wants to help. If you have questions or concerns about the care you are receiving in a long-term care setting, please contact the Long-Term Care Ombudsman Program. Your information will be kept confidential, and the program's services are provided at no cost.



WHAT DO OMBUDSMEN DO?

An ombudsman is a specially trained and certified volunteer who has authority under Florida law to identify, investigate and resolve complaints made by, or on behalf of, long-term care facility residents. Our priority is to protect the rights of long-term care residents and ensure that residents receive fair treatment and appropriate care by:

- *Identifying, investigating, and resolving complaints*
- *Ensuring residents are receiving legal, financial, social and rehabilitative services to which they are entitled*
- *Educating residents, families and staff about residents' rights*
- *Providing public information about long-term care facilities*
- *Helping to establish resident and family councils*
- *Working to change laws, regulations and policies affecting residents*

WHAT KINDS OF COMPLAINTS CAN BE INVESTIGATED?

Complaints may be made about persons or institutions that are in a position to threaten or interfere with the rights, health, safety and/or welfare of one or more long-term care facility residents. We regularly investigate complaints ranging from issues of medication administration and billing to basic matters of dignity and respect.

WHAT ARE RESIDENTS' RIGHTS?

When individuals enter long-term care facilities, they keep all their rights as citizens and gain a special set of residents' rights as set forth in federal and state law. Facilities must post a copy of these rights in an area that is easily accessible to residents, and they must also provide a copy to each resident upon admission. If you are told a copy is not available, call your local ombudsman council at 1-888-831-0404.



<http://ombudsman.myflorida.com>

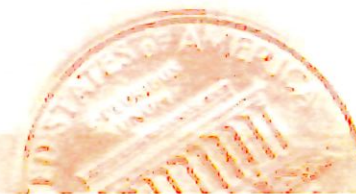


HOW DO I FILE A COMPLAINT?

You may file a complaint in writing, by phone, online or in person. When you contact the office, we will obtain the details of your concerns and, if appropriate, assign a case to a volunteer ombudsman within five working days for further investigation. After thoroughly investigating your concerns, we will take appropriate action to resolve the problem.

DO I HAVE TO GIVE MY NAME?

No; however, it is better if the program may contact you for more information as needed. The names of the resident and the person making the complaint and all relevant details will be kept confidential unless the complainant or resident gives the program permission to disclose the information.



When a Nursing Home Discharges a Resident

Federal law prevents nursing homes from discharging (removing) or transferring (moving to another facility) a resident except for the following reasons:

- *The resident's welfare cannot be met at the facility.*
- *The resident's health has improved sufficiently so the resident no longer needs the services provided by the facility.*
- *The health or safety of individuals is endangered.*
- *The resident has failed, after reasonable and appropriate notice, to pay or have paid under Medicare or Medicaid for residence at the facility.*
- *The facility closes.*

A nursing home must give residents 30 days written notice prior to discharge or transfer. A resident who thinks the above rights have been violated must request a hearing in writing within 90 days by sending the form given to them by the facility to: Office of Appeals Hearings, 1317 Winewood Boulevard, Building 5, Room 203, Tallahassee, FL 32399-0700. (Telephone: 1-850-488-1429) Requesting a hearing within 10 days stops the removal of the resident until the hearing process is completed.

A resident may request assistance from the Long-Term Care Ombudsman Program by calling toll-free

1-888-831-0404

All calls are absolutely confidential.

You can also visit us online at
OMBUDSMAN.MYFLORIDA.COM

Distributed courtesy of Florida's Long-Term Care Ombudsman Program, administered by the Florida Department of Elder Affairs.

Nursing Home Residents' Rights

A Summary Provided by



**FLORIDA
OMBUDSMAN PROGRAM**
ADVOCATING FOR QUALITY LONG-TERM CARE

If you have concerns about the quality of care you are receiving in a long-term care facility, contact us toll-free at 1-888-831-0404 or visit us online at <http://ombudsman.myflorida.com>.

All services are confidential and provided at no charge.

Nursing Home Residents' Rights

Section 400.022, Florida Statutes

Nursing home facilities shall adopt and make public a statement of the rights and responsibilities of the residents and shall treat such residents in accordance with the provisions of that statement. Each resident shall have the right to:

- ✓ Civil and religious liberties.
- ✓ Private and uncensored communication.
- ✓ Visitation by any individual providing health, social, legal, or other services and the right to deny or withdraw consent at any time.
- ✓ Present grievances and recommend changes in policies and services free from restraint, interference, coercion, discrimination, or reprisal. Includes the right to have access to the ombudsmen and other advocacy groups.
- ✓ Organize and participate in resident groups.
- ✓ Participate in social, religious, and community activities that do not interfere with the rights of others.
- ✓ Examine results of recent facility inspections by federal and state agencies including the plan of correction if applicable.
- ✓ Manage his/her own financial affairs. A quarterly accounting will be furnished to resident or legal representative.
- ✓ Be fully informed, in writing and orally, of services available at the facility and of related charges for such services.
- ✓ Refuse medication and treatment and to know the consequences.
- ✓ Receive adequate and appropriate health care, protective and support services within established and recognized standards.

- ✓ Privacy in treatment and in caring for personal needs.
- ✓ Be informed of medical condition and proposed treatment and be allowed participation in planning.
- ✓ Be treated courteously, fairly, and with the fullest measure of dignity.
- ✓ Be free from mental and physical abuse, corporal punishment, extended involuntary seclusion, and from physical and chemical restraints except those ordered by resident's physician.
- ✓ Be transferred or discharged only for medical reasons, the welfare of other residents or nonpayment of a bill.
- ✓ Receive a thirty (30) day written notice of discharge or relocation, and challenge such notice.
- ✓ Choose physician and pharmacy.
- ✓ Retain and use personal clothing and possessions.
- ✓ Have copies of rules and regulations of the facility.
- ✓ Notification prior to room change.
- ✓ Information concerning bed-hold policy for hospitalization.



FLORIDA
OMBUDSMAN PROGRAM
ADVOCATING FOR QUALITY LONG-TERM CARE

Florida's Long-Term Care Ombudsman Program is administered by the Florida Department of Elder Affairs. Our services are available at no cost, without regard to race, color, national origin, sex, age, religion or disability.

Visit us online at ombudsman.myflorida.com



Supplemental Nutrition Assistance Program (SNAP) Facts

What is SNAP?

The Supplemental Nutrition Assistance Program (SNAP), formerly known as food stamps, helps low-income people buy nutritious food. Although SNAP is a federal program, state agencies run the program through local offices. You may be eligible to receive SNAP benefits if you meet certain income and resource requirements.

Can you get SNAP?

To get SNAP benefits, your household must meet certain conditions and requirements. A household includes everyone who lives with you and who buys and prepares food with you.

If you are homeless, you can still get SNAP benefits even if you do not have an address, a place to stay, or a place to cook meals. You are considered homeless if you do not have a fixed regular nighttime residence or your primary nighttime residence is a temporary accommodation in a:

- Supervised shelter.
- Halfway house.
- Residence of another person.
- Place not designated for regular sleeping, such as a hallway, bus station, or lobby.

Income Requirements

Most households must meet both gross and net income limits to qualify for SNAP benefits.

“Gross income” is your total income before taxes or any other deductions. There are certain things you can deduct from your gross income such as housing costs, child-support payments, and child or dependent care payments. You or other household members who are age 60 or older, or receiving certain disability payments, can also deduct monthly out-of-pocket medical expenses over \$35 from the household income. Expenses cannot be deducted if an insurance company or someone who is not a household member pays for them. The amount left over after deductions are taken out of your gross income is called your “net income.”

A household with an elderly person or a person receiving disability payments only has to meet the net income test. Households are considered income-eligible if everyone in the household receives Supplemental Security Income (SSI) or Temporary Assistance for Needy Families

(TANF). Income limits vary by household size and may change each year. You can find more information about SNAP income limits and benefit amounts at www.fns.usda.gov/snap/recipient/eligibility.

Resource Requirements

Households must also meet the resource limit. Resources are things you own, such as cash or money in a bank account. Currently, households may have \$2,750 in resources, or \$4,250 if at least one person is age 60 or older, or has a disability.

Certain things are not considered a resource. For example, your home and lot are not considered a resource. Also, in some states, you may own at least 1 car. The resources of people who receive SSI or TANF are not counted either.

Work Requirements

You may need to meet work requirements to be eligible for SNAP. These work requirements include:

- Registering for work.
- Not voluntarily quitting a job or reducing hours.
- Taking a job if offered.
- Participating in employment and training programs, if assigned by the state.

In addition, some people are required to work or participate in a work program for at least 80 hours per month to receive SNAP benefits for more than 3 months within a 3-year period. This is called the “time limit.”

Some special groups may not be subject to these requirements, including:

- Children.
- Seniors.
- People who are caring for a child or incapacitated family member.
- People who are pregnant.
- People who are exempt for physical or mental health reasons.

Other Eligibility Requirements

To be eligible for SNAP benefits, households must also meet other conditions in addition to the income and resource requirements. For example, everyone in your household must have, or have applied for, a Social Security number.

You may also be eligible for SNAP benefits if you are a lawfully present noncitizen and meet other SNAP eligibility requirements, including income and resource limits. Most eligible noncitizens must wait 5 years before getting SNAP benefits. However, certain noncitizens do not have to wait 5 years before getting benefits. These include some lawfully present children under age 18, people with disabilities, refugees, and people seeking asylum. You may also be immediately eligible for benefits if you are lawfully present and have enough work history or a military connection. You can find more information about whether you can get SNAP as a noncitizen at www.fns.usda.gov/snap/eligibility/citizen/non-citizen-policy.

If your children are lawfully present or are U.S. citizens, they may still qualify for SNAP benefits even if you are not eligible. You can apply for your children without providing information about your immigration status.

Applying for or receiving SNAP for yourself or on behalf of eligible family members does not affect your immigration status or ability to become a citizen.

How can you apply for SNAP?

Applications for SNAP benefits are available at any Social Security office. If you and everyone in your household are applying for or already getting SSI payments, any Social Security office will help you fill out the SNAP application and send it to the SNAP office for you.

All other applicants, including those **applying** for or **getting only Social Security benefits**, must take or send their applications to the local SNAP office. To find your local SNAP office or to apply online, visit: www.fns.usda.gov/snap/state-directory. You can also call the SNAP information line toll-free at **1-800-221-5689**.

You will be required to complete an interview after you complete your SNAP application. In most cases, you may be interviewed by telephone. In addition to the application and interview, you will also need to provide verification of certain information. Some documents you can provide to verify the information on your SNAP application include:

- Identification such as a driver's license, state ID card, birth certificate, work or school ID card, health insurance card, voter registration card, or proof of alien status.

- Proof of income for each member of your household, such as pay stubs, a statement from an employer, current benefit verification letter for payments received from Social Security, veteran's benefits, unemployment insurance benefits, and documentation of child support or alimony.
 - Proof of how much you spend for dependent care.
 - Rent receipts or proof of your mortgage payments.
 - Records of your utility costs.
 - Medical bills for those members of your household who are age 60 or older, and for those who receive disability benefits, such as Social Security disability or SSI.
- After you apply, the SNAP office processing your application will decide if your household qualifies for benefits. You should find out if you are eligible within 30 days. Households eligible for expedited service get benefits within 7 days. If you do not hear within 30 days after you apply for benefits, call or visit the SNAP office.

How much can you get?

If your household is eligible, the amount of SNAP benefits you get depends on your household size, monthly household income, and expenses for such things as mortgage or rent, utilities, and childcare or elder care needed to allow someone to work. To find your local SNAP office or to apply online, visit www.fns.usda.gov/snap/state-directory. You can also call the SNAP information line toll-free at **1-800-221-5689**. For information about other nutrition assistance programs that may be available to you, read *Nutrition Assistance Programs* (Publication No. 05-10100) or visit www.fns.usda.gov.

Contacting Us

There are several ways to contact us including online, by mail, by phone, and in person. If you cannot use our online services, we can help you by phone when you call our National toll-free 800 Number.

If you don't have access to the internet, we offer many automated services by telephone, 24 hours a day, 7 days a week, so you may not need to speak with a representative. Call us toll-free at **1-800-772-1213** or at our TTY number, **1-800-325-0778**, if you're deaf or hard of hearing. We provide free interpreter services upon request. For quicker access to a representative, try calling early in the day (between 8 a.m. and 10 a.m. local time) or later in the day. **We are less busy later in the week (Wednesday to Friday) and later in the month.**



Securing today
and tomorrow

Mail or fax completed Fair Hearing Request Form to:

Agency for Health Care Administration
Medicaid Hearing Unit
P.O. Box 60127
Ft. Myers, FL 33906

(877) 254-1055 (toll-free)
239-338-2642 (fax)

MedicaidHearingUnit@ahca.myflorida.com

Remember, you must contact your doctor (if prior authorization or pre-approval is required) AND the Ombudsman before requesting a hearing.

Incomplete Forms Will Be Returned And No Action Will Be Taken Until
A Completed Form Is Received.

When can I NOT receive a fair hearing?

- If your prescription requires prior authorization and you have not contacted your doctor; OR
- Your doctor has not tried to get prior authorization; OR
- You came in too soon for a refill; OR
- The prescription has a problem that only the doctor can fix, and the doctor refuses to fix it.

If the pharmacist tells me Medicaid will not cover my prescription, when will I get a three (3) day supply of my medicine?

- If your prescription was to fill the exact prescription that Medicaid paid for last month; OR
- The pharmacist believes you should receive the medication to prevent serious or permanent harm to your health; OR
- The pharmacist believes that, if you do not receive your prescription, you could be hospitalized or need emergency treatment, or you have a serious contagious disease.

Note: The three (3) day supply can be repeated one time.

When is the three (3) day supply of refills not provided?

- If you already have the drug, or should still have some of your last prescription left; OR
- Your prescription may be harmful to your health; OR
- You are not a Medicaid recipient.

Can I keep getting my drug covered by Medicaid after the three (3) day supply is gone and the problem has not been fixed?

Yes, if you have asked for a fair hearing and asked for ongoing coverage of your prescription within ten (10) days after you get this pamphlet.

This coverage will continue until the Hearing Officer makes a decision about your request for a hearing.

3/10/17

Important Information

about your Florida Medicaid Prescription Drug Benefits



Date: _____

Dear _____
(Pharmacist - Insert recipient's name)

Your pharmacist received a message from Medicaid or your Medicaid HMO that it will not cover your prescription for:

The reason given for not covering this prescription is:

This pamphlet has important information about:

- What you or your doctor must do to help you get medicine you need with your Medicaid.
- How to get help if your doctor cannot fix the problem.
- When you can request a fair hearing.
- When you can receive a three (3) day supply of your prescription.
- Where to call if you have questions not answered in this pamphlet.

Frequently Asked Questions and Answers

What should I do if my prescription needs "prior authorization" because it is not on the "Preferred Drug List" (PDL)?

Generally, you must first try the drugs that are on the PDL (this is called "step therapy"), unless there are special circumstances that your doctor can justify for using the non-PDL drug.

For drugs not on the PDL or that require "prior authorization" for other reasons - such as off-label use - you must first contact your doctor. Only your doctor or the doctor's staff can get prior authorization.

What if I need to fill my current medication, but it is no longer on the PDL or is not covered for some other reason?

Generally, you should get at least a three (3) day supply of your current medication from the pharmacist, and you should contact your doctor right away. If your pharmacist is unable to assist you, contact your Ombudsman at the number below to see if you qualify for a three (3) day supply of your current medication.

What if I cannot get my medicine for another reason? What if the pharmacist cannot fix the problem?

You MUST contact the Ombudsman's Office at 1-866-490-1901 (TOLL FREE).

What is the Ombudsman's Office?

Medicaid (and each Medicaid HMO) has an office to help fix certain prescription coverage problems. The name of the office is the "Ombudsman".

What if the Ombudsman does not fix the problem and Medicaid or the HMO still does not cover my medicine?

You may be able to request a fair hearing if the Ombudsman cannot fix the problem.

What are examples of when I can have a fair hearing?

- If you have made reasonable efforts to fix the problem; AND
- You have contacted the Ombudsman and they do not fix the problem within three (3) business days; AND
- You think Medicaid's reason for not covering the drug is wrong; OR
- The reason for not covering the drug is "lack of prior authorization", and you can verify that your doctor tried to get prior authorization. This information is available either through your physician's office or the Ombudsman office.

(continued)

Fair Hearing Request Form

Do not request a hearing unless you have contacted your doctor and the Ombudsman as described in this pamphlet.

- (1) On _____ (Date) Medicaid refused to pay for my drug _____ (Name of Drug) because _____ and I believe that reason is wrong.

(Insert reason written on pamphlet or attach the pharmacy printout, if you were given one by your pharmacist.)

- (2) I want ongoing coverage of the prescription until my appeal is decided, since this is a request for coverage of a medication I am currently taking and I am appealing within 10 days of getting this pamphlet. Yes No

Circle the # of the paragraph(s) below that applies to you:

- (3) If the reason in (1) is "no prior authorization", I want a hearing, (a) because my doctor tried to get prior authorization and could not, or (b) because the drug I need does not require prior authorization. I verified my physician's request for prior authorization with (check one) my physician or the Ombudsman's office.
- (4) If the reason in (1) is "too early", I request a hearing because that is wrong. I last filled this prescription on _____.
- (5) I request a hearing, because I contacted the Ombudsman and gave them all the information they asked for to fix my rejection, and they could not do so, or would not help me, or would not answer my calls.

I assert, under penalty of perjury, this _____ day of _____, 200____, that the foregoing is true and correct.

Recipient - Sign Name

Requestor - (If Not Recipient) Sign Name

Recipient's Medicaid ID Number

Requestor - (Relationship to Recipient)

I understand that I can represent myself or use legal counsel, a relative, friend or spokesperson in the hearing.

How can we contact you about your request for a hearing?

Name: _____
Print your name

Mailing Address: _____
Street address

City Zip Code

Phone number where we can contact you: _____
Area Code and Number

If you have followed the steps outlined in this pamphlet, and you believe you are entitled to a hearing, you or your representative must fill out this form and mail or fax it to the address shown on the back. Be sure to include all the information requested and circle the paragraph(s) that explains the reason you are requesting a hearing.

Remember to enter your Medicaid ID# and print and sign your name.

See Reverse Side for Mailing Instructions

(Cut Along Dotted Line)

Helpful Websites:

Information on Public Assistance Benefits

If you have questions about the Medically Needy Program or other Public Assistance benefits, want to see a list of our service centers, fax numbers or apply for benefits, visit our website:

www.myflorida.com/accessflorida

Medical Coverage for Children under age 19:

www.Floridakidcare.org

OR

www.healthykids.org

The following websites provide information on various programs for free or low cost prescriptions for certain medications:

www.benefitscheckup.org

www.medicare.gov

www.pparx.org

www.needymeds.com

www.rxassist.org

www.aarp.org/fl

www.togetherrxaccess.com

www.nacds.org

You may contact the Elder Helpline at
(800) 963-5337.



OFFICE OF ECONOMIC
SELF-SUFFICIENCY

MYFLFAMILIES.COM

Department of
Children and Families

Medically Needy Program



An Explanation of “Share of Cost”



What is the Medically Needy Program?

The Department of Children and Families (DCF) determines eligibility for the Medically Needy Program. It may also be referred to as the "Share of Cost" program. The Medically Needy Program assists individuals who would qualify for Medicaid except for having income that is too high.

What is a "share of cost"?

Individuals enrolled in Medically Needy may have a monthly "share of cost", which is similar to an insurance deductible. The share of cost is determined by household size and gross monthly income. When there are changes to the household size and income, the share of cost amount may change.

How does the "share of cost" work?

Submit any allowable unpaid or paid medical expenses to DCF to determine if the share of cost has been met. Once the allowable medical expenses equal the share of cost, the individual is eligible for Medicaid for the rest of that month.

Example #1: Your share of cost is \$800. You go to the hospital on May 10 and send us the bill for \$1000. You have met your share of cost. If the provider accepts Medicaid, that bill will be paid and you will be eligible for Medicaid through the end of May.

Example #2: Your share of cost is \$800. You go to the hospital on May 10 and receive a bill for \$750. On May 12 you go to the physician and receive a bill for \$150. You send us both bills. Your share of cost was met on May 12th because the total of the two medical expenses were more than the amount of your share of cost. If the provider accepts Medicaid, the May 12th bill will be paid and you will be eligible for Medicaid through the end of May. (These are only examples.)

Some examples of medical expenses that can be used to meet the "share of cost"

- Unpaid medical bills owed that have not been used to meet the share of cost before.
- Medical bills the individual paid within the last three months.
- Health insurance premiums
- Medical bills that will not be paid by health insurance or any other source.
- Co-pays for medical bills.
- Medical services prescribed by a doctor.
- Transportation by ambulance, bus or taxi to get medical care.

Some examples of medical expenses that cannot be used to meet the "share of cost"

- Premiums for insurance policies that pay the individual money for hospitalization
- Over the counter medical supplies, such as bandages, cold remedies, etc.

Whose medical expenses can be used to meet the "share of cost"?

Allowable medical expenses can be used to meet the share of cost for any household member whose income and needs are considered to determine Medicaid eligibility, even if that individual is not Medicaid eligible.

More information about "share of cost" program

Visit our web address below for additional information about the Medically Needy Program, to apply for benefits, or a listing of DCF service centers and fax numbers.

How to submit proof of medical expenses?

Proof of medical expenses can be submitted by fax, mail, or in person. Be sure to include your name and case number on medical expenses.

Some examples of proof of medical expenses are:

- Medical bills an individual received.
- Receipts for medical bills.
- Cancelled checks for paid medical bills.

Visit www.myflfamilies.com/access-service-centers for a listing of service center locations and fax numbers.

What services are covered by Medicaid?

For additional information about the Medicaid program, visit: www.ahca.myflorida.com/medicaid

Important Information

Important Information

Some medical providers do not accept Medicaid or Medically Needy.

Remember to tell your provider that you are on Medically Needy before making an appointment.





Program of General Caregiver Support Services



Frequently Asked Questions (FAQ)



What is the Program of General Caregiver Support Services (PGCSS)?

The Caregiver Support Program's (CSP) PGCSS provides services to caregivers of Veterans of all eras enrolled in Department of Veterans Affairs (VA) healthcare.

PGCSS offers a wide array of services to family and friends who care for Veterans, including peer support mentoring, skills training, coaching, telephone support and online programs.

Who is a General Caregiver?

- A General Caregiver is a person who provides personal care services to a Veteran enrolled in VA healthcare who:
 - ▶ Needs assistance with one or more activities of daily living or
 - ▶ Needs supervision or protection based on symptoms or residuals of neurological care or other impairment or injury.
- General Caregivers do not need to be a relative or live with the Veteran.

What services does PGCSS provide for a caregiver?

- Training and support through in-person, online and telehealth sessions.
- Skills training focused on caregiving for a Veteran's unique needs.
- Individual counseling related to the care of the Veteran.
- Respite care, which offers medically and age-appropriate short-term services to eligible Veterans, allows caregivers to take time for themselves while the Veteran is cared for in a safe and caring environment.

“ I have very much enjoyed the VA Caregiver Support Program. I have learned a great deal...if I have any questions or concerns, I feel like I can contact our Caregiver Support Team without hesitation”

– Caregiver in PGCSS

Every VA Facility has a CSP Team who assists with information and referrals. To learn more about PGCSS and caregiver services offered, visit us online:

www.caregiver.va.gov

VA Caregiver Support Line
☎ **1-855-260-3274 toll-free**

VA



U.S. Department
of Veterans Affairs

How do I enroll in PGCSS as a caregiver?

- Reach out to the Facility CSP Team or request a referral from the Veteran's provider. No application is required.
- Complete an intake with the Facility CSP Team. The Veteran will need to agree to receive care from you as their caregiver, as you will be listed in their healthcare record.
- Enroll and begin to utilize the supports and services offered.
- VA will establish a healthcare record specifically for you.
- To establish a healthcare record, a member of the Facility CSP Team will request specific information to open this record, including your full name, gender, address, Social Security Number, and date of birth.
- This healthcare record will be used by the Facility

CSP Team and VA clinicians who provide services and support to you.

- PGCSS services are provided free of charge.

How can engaging in PGCSS help me as a caregiver?

- PGCSS can:
 - ▶ Provide clinical support based on your needs and requests. This support may include coaching, supportive counseling, support groups, skills training or peer support mentoring.
 - ▶ Assist in identifying ways to decrease your burden and anxiety to better manage your frustrations and stress.
 - ▶ Help you best manage challenging behaviors or concerns by enhancing problem solving skills.
 - ▶ Connect you with VA and community benefits and services.



Every VA Facility has a CSP Team who assists with information and referrals. To learn more about PGCSS and caregiver services offered, visit us online:

www.caregiver.va.gov

VA Caregiver Support Line
☎ 1-855-260-3274 toll-free

