



Delaware Aging & Disability Resource Center (ADRC)

Lead Partners

Overview of Lead Partners' Agencies & Services

DSAAPD's Annual All Staff Meeting

April 14, 2010

POLYTECH Adult Education & Conference Center



Delaware ADRC Lead Partners

- Christiana Care Health System
- Delaware Aging Network
- Freedom Center for Independent Living, Inc.
- Independent Resources, Inc.
- State Council for Persons with Disabilities
- Division of Medicaid and Medical Assistance
- Department of Insurance, ELDERinfo Program
- Governor's Advisory Council on Services for Aging and Adults with Physical Disabilities



Christiana Care Health System



Christiana Care Health System (CCHS)

Hospital Discharge Planning



Christiana Care Health System Organization Snapshot

- The *Christiana Care Health System* is one of the largest health care providers in the mid-Atlantic region, offering a range of services including more than 1,100 licensed beds in two hospitals.



Christiana Care

Department of Social Work

- **Christiana Care Department of Social Work provide services to:**
 - All ages
 - People from all areas of Delaware
 - Diagnoses from acute to chronic
 - Variety of follow up needs from temporary to long term
 - High tech medical needs



Social Work Mission

The members of the Social Work Department will provide consultative, educational and professional services throughout the continuum with a commitment to quality patient care through quality improvement activities, social work services and discharge planning.



Identification of Needs

- Admission Assessment
- Community/ Agency Request
- Consults – Doctor Ordered
- Floor Rounds - Daily
- Mandatory Report
- Medical Examination
- Patient/ Family Request
- Referrals – Nursing/ Other Staff Initiated

Medical Care Type

- Types of care given at Christiana Care:
 - **Outpatient** – traditional output services plus 24 hour output procedures
 - **Observation** – remain in the hospital to be observed but do not meet criteria for admission
 - **Inpatient** – admitted as meet acute care criteria



Discharge Planning Overview

- Psychosocial Assessment
- Discharge Planning Options
 - Rehabilitation Placement - Acute vs. sub-acute
 - Nursing Home Placement
 - Hospice
 - Psychiatric Placements
 - Drug and ETOH
 - In-Home Community Services
 - Home With No Services



Discharge Planning Overview

- Determination of Payment Options
- Completion of Choice Form
- Referral to Appropriate Services
- Final Service Selection
- Completion of Discharge Paperwork
- Patient Discharged with Services



Discharge Planning Overview

- Factors driving acute care discharge planning:
 - Readmission review
 - Type of care provided
 - Infrastructure Issues
 - Service Payment Structure



Social Issues that Impact Discharges

- Lack of Insurance
- Homelessness
- Mental Health Issues
- Lack of Family Support
- Non Compliance
- Language Barriers
- Illegal Alien Status



Barriers to Obtaining Services

- Equipment Needs
- Geri-Psychiatric Care
- Psychiatric/ Behavioral Issues
 - Impulsivity
 - Aggression
 - Special Treatment Needs
- Respiratory Care Needs:
 - Bi-Pap
 - C-Pap
 - Tracheostomy Care
 - Ventilator Units

Barriers to Obtaining Services

- Difficult to Obtain *Level of Care* for Confusion/ Supervision
- Lack of Nursing Home Options
 - Number of beds listed per facility is not the same as number of beds available for patient admissions (isolations, etc)
 - Beds still listed as active as hope to reopen some time in the future
 - Admissions frozen due to lack of resources

Current Nursing Home Placement Situation

- Lack of LTC Medicaid Bed Availability
 - Bed License Type
- Nursing Homes Insurance Contracts:
 - Payment Issues
 - Coverage Issues
- Nursing Home Programming Issues
 - Programs that Reflect Needs & Funding
 - Creating a Niche that is Sustainable

Current Nursing Home Placement Situation

- Patients going to another county in Delaware to obtain a nursing home bed
- Patients going out of state to Maryland, New Jersey, and Pennsylvania to obtain needed placement services
- Patients needing to go more than 50 miles to obtain an available, appropriate care nursing home bed

Current Nursing Home Placement Situation

- Long-Term Care beds more difficult to obtain as less turn over
- Short-term rehabilitation beds the easiest to obtain
- Young, highly technical, and special needs patients difficult to place with many going home due to lack of options



Barriers to Timely Discharge

- Lack of resources for complex patients who need a level of care to address issues that are both medical and behavioral in nature
 - Dementia
 - Head Injury
 - Drug/ ETOH Issues
- Support new resources for those with mental retardation and psychiatric issues



Other Barriers to Timely Discharge

- Insurance issues
- Lack of Community/Supportive Resources
- Medication and Treatment Availability
- Placement issues
- Psych/Mental Health Issues
- Social Issues

Christiana Care's Role in Supporting the Delaware ADRC

- Provide information regarding the unmet post-acute care needs of older persons & adults with physical disabilities in Delaware;
- Provide input into the development of ADRC materials to be used in the hospital discharge process;
- Engage in cross-training with ADRC staff;
- Distribute information provided by the ADRC to patients & caregivers;
- Coordinate with ADRC partner agencies selected by DSAAPD to support discharge planning efforts.



Previous Proposed Solutions

- Bring together all levels of care providers to brainstorm better communication and usage of existing resources.
- Review resources in other states and creative ways to service difficult populations.



Christiana Care Health System Contact Information

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Delaware Aging Network (DAN)



Delaware Aging Network Organization Snapshot

The *Delaware Aging Network* (DAN) is a consortium of over 50 agencies dedicated to improving the quality of services for older Delawareans.

In addition to operating & coordinating services, DAN also advocates for policy changes that benefit the aging population.

DAN Care Management

**With funding from AstraZeneca & the United Way of DE,
care managers from DAN lead agencies in each county:**

- Assess client needs
- Identify & link clients to appropriate services
- Educate clients about community resources & services
- Assist clients in building support networks
- Develop realistic goals with clients, promoting independence & safety
- Monitor delivery of services
- Utilize community resources to develop & enhance client opportunities

Note: 1,400 clients were served by DAN care managers in 2009.

DAN Care Management

Information Given Most Often About:

- In Home Service Options
- Medicare Supplemental Plans
- Housing Options
- Adult Day Care Options
- Transportation Options

DAN Care Management

Referrals Made Most Often To:

- Legal Services Organizations and Programs (Community Legal Aid, Elder Law, Modern Maturity Center)
- Senior Centers
- CHEER & Meals on Wheels for home delivered meals

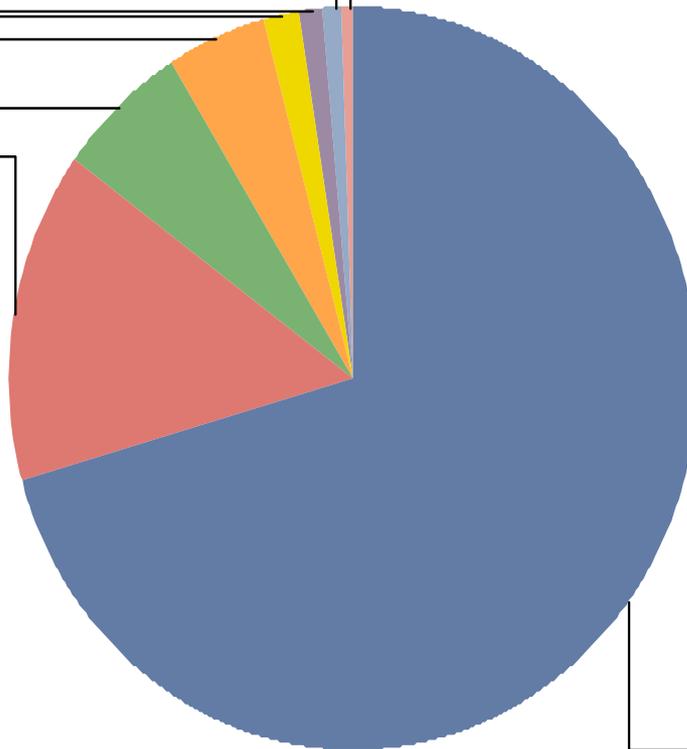
DAN Care Management

Referrals Made Most Often To: (cont'd)

- CARE Delaware Caregiver Resource Centers
- DSAAPD & Other State Programs (Housekeeping, Medicaid, Money Management, SCSEP, SMPI, Waivers)
- DART Paratransit

DAN Care Management – Age Demographics

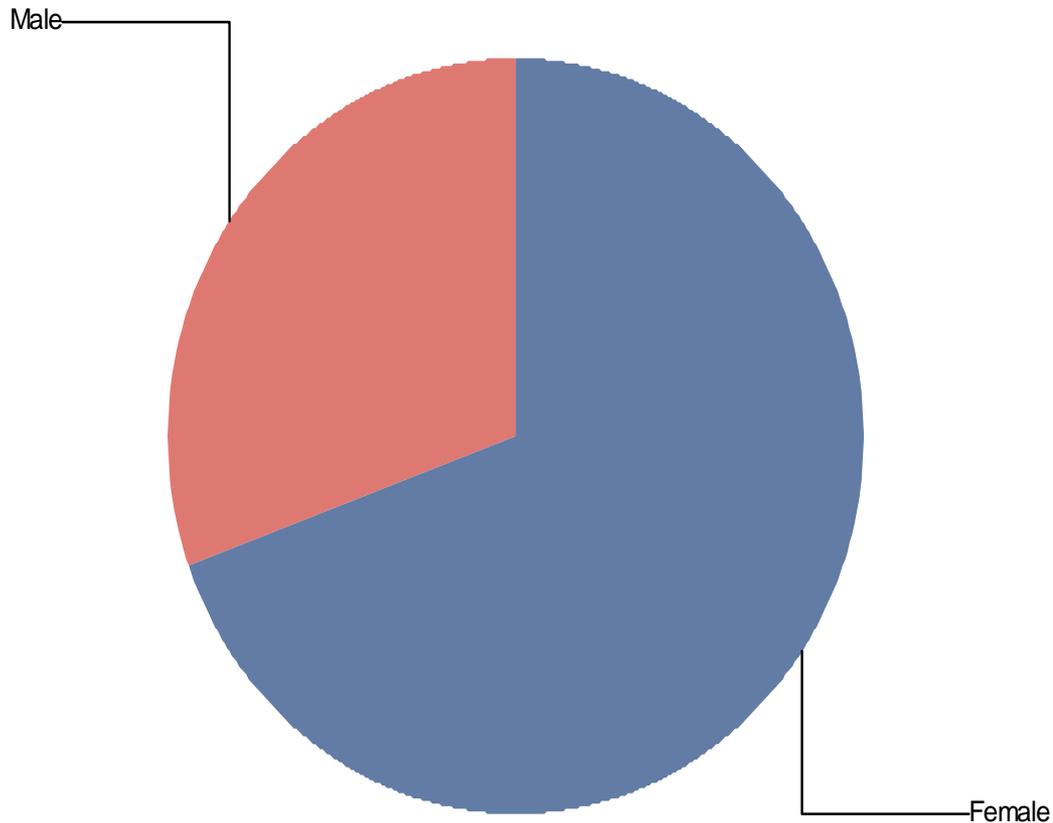
16 - 20 Years Old
36 - 40 Years Old
46 - 50 Years Old
41 - 45 Years Old
51 - 55 Years Old
56 - 60 Years Old
61 - 65 Years Old



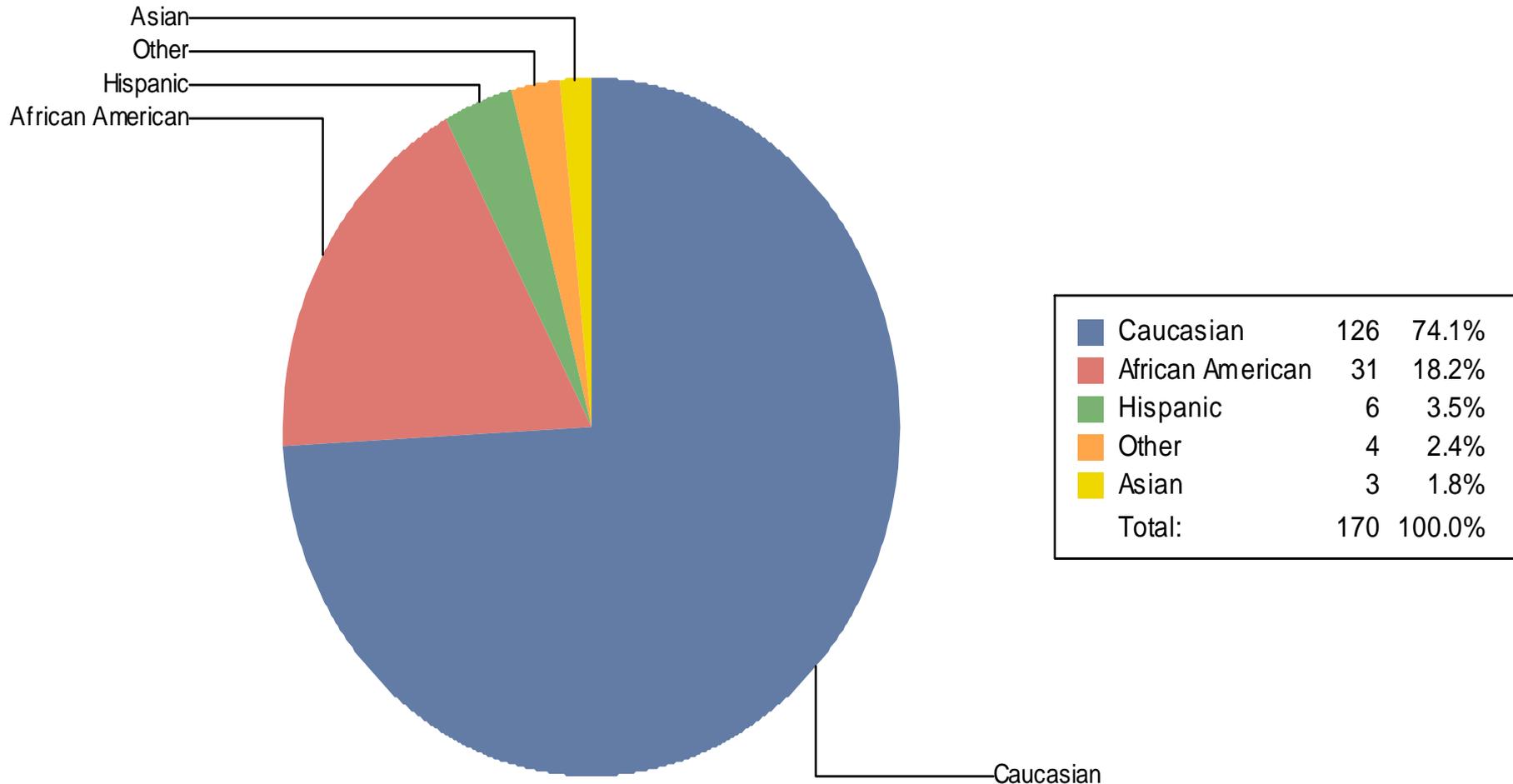
66 and Over	168	70.6%
61 - 65 Years Old	34	14.3%
56 - 60 Years Old	15	6.3%
51 - 55 Years Old	11	4.6%
41 - 45 Years Old	4	1.7%
46 - 50 Years Old	3	1.3%
36 - 40 Years Old	2	0.8%
16 - 20 Years Old	1	0.4%
Total:	238	100.0%

66 and Over

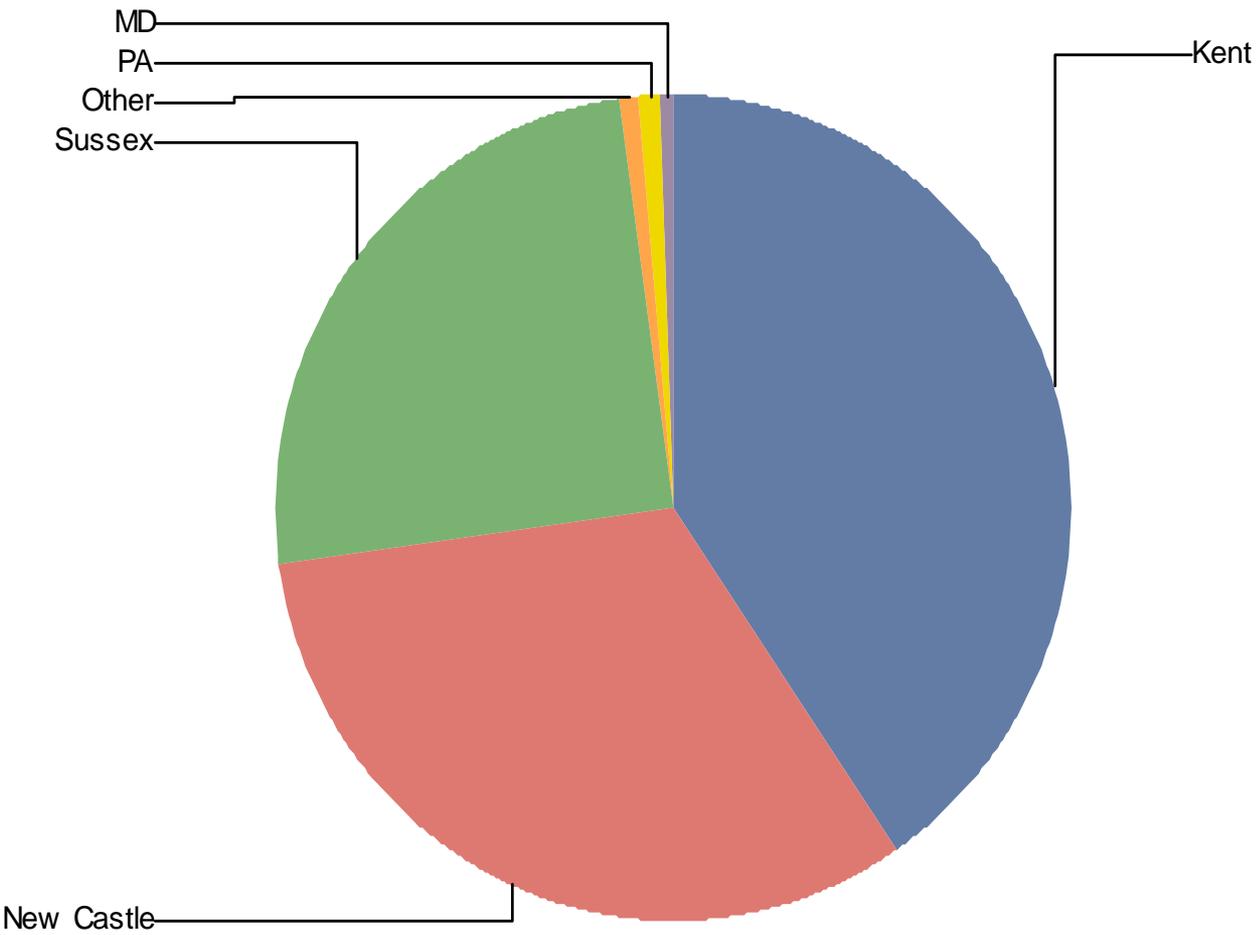
DAN Care Management – Gender Demographics



DAN Care Management – Racial Demographics



DAN Care Management – Regional Demographics



	Kent	91	40.4%
	New Castle	73	32.4%
	Sussex	56	24.9%
	Other	2	0.9%
	PA	2	0.9%
	MD	1	0.4%
	Total:	225	100.0%

DAN Care Management 2010

Outcomes Measurement

<u>Number Who Needed Access</u>	<u>Number Helped</u>	<u>Percent</u>	<u>Outcome Measure</u>
106	96	91%	Older adults or caregivers increased access to information or resources to assist with basic needs (finances, food, clothing, health, mental health)
45	40	88%	Older adults or caregivers increased access to information or resources to assist with benefits (Medicare, Medicaid, Prescription Assistance, Food Stamps, etc).
153	140	91%	Older adults or caregivers increased access to information or resources to age-in-community.

Delaware Aging Network's Role in Supporting the Delaware ADRC

- Assist in planning & developing ADRC materials.
- Engage in Cross-training with ADRC staff.
- Share information regarding services, providers & resources to assist in maintaining & updating the ADRC database.
- Provide information regarding the unmet needs of older persons & adults with physical disabilities.
- Collaborate with DSAAPD on community events & outreach related to the ADRC.
- Make referrals to & accept referrals from the ADRC.

Delaware Aging Network Contact Information

- www.delawareagingnetwork.org
- **New Castle County**
Jewish Family Services
Becky Laster; 302-478-9411
- **Kent County**
Modern Maturity Center
Cheryl Gallagher; 302-734-1200 Ext. 173
- **Sussex County**
CHEER
Cindy Mitchell; 302-854-9500

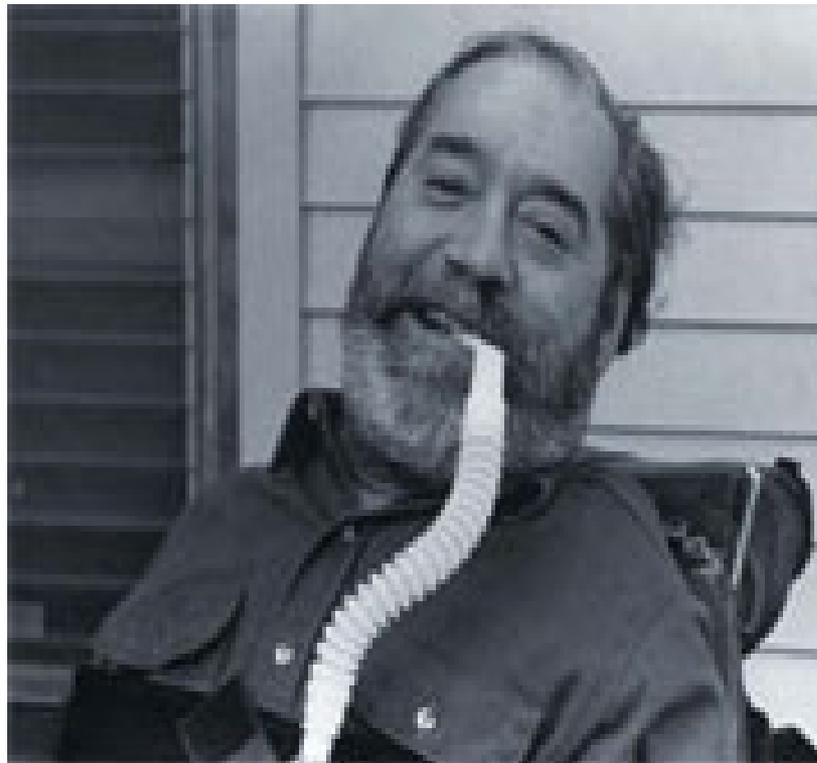


The Freedom Center & Independent Resources, Inc.

Joint State-Wide Initiative

Founder of the Independent Living Movement

Ed Roberts (1939-1995)



History of the Independent Living Movement

- Ed Roberts, the father of the Independent Living movement, was 14 years of age when he contracted Polio and became physically disabled.
- Ed began taking classes at the University of California in Berkeley in 1962. Since no accessible housing was available for students with disabilities at that time, Ed and his fellow students lived in the Student Health Infirmary, which was part of Cowell Hospital.

History of the Independent Living Movement

- While living in the Infirmary, a sense of community developed among the students based on the barriers & discrimination they all faced. They began to call themselves the “*Rolling Quads*”.
- The “*Rolling Quads*” successfully protested many of the arbitrary restrictions placed on them. Using the media, they brought attention to the plight and civil rights of the people with disabilities

History of the Independent Living Movement

- The first *Center for Independent Living* was established in Berkeley, California, by Ed Roberts & the “Rolling Quads” in 1972. There are now over 400 Centers for Independent Living across the country.
- Centers for Independent Living are grounded in the principle that freedom to make choices and the ability to live with dignity in the community is a basic civil right that must be extended to all people, regardless of disability.

History of the Independent Living Movement

- It is important to note that *Centers for Independent Living* are not social service agencies, but are Consumer driven organizations.
- Fifty-one percent (51%) of the Board and staff must be people with disabilities, ensuring program quality and conformity to one of the Independent Living Movement's most important principles – **consumer control**.

History of the Independent Living Movement

- Americans with Disabilities Act (ADA), the most comprehensive Federal legislation protecting civil rights of people with disabilities, was signed into law on July 26, 1990.
- ADA is the landmark civil rights law that prohibits discrimination based on a person's disability.
- ADA is comprised of five titles that prohibit discrimination against disabled persons within the United States. Titles I and II are the primary sections that affect local governments.

History of the Independent Living Movement ADA – Titles 1-V

- **Title I** prohibits employers, including cities and towns, from discriminating against qualified job applicants and workers who are or who become disabled. The law covers all aspects of employment including the application process and hiring, training, compensation, advancement, and any other employment term, condition or privilege.
- **Title II** prohibits state and local governments from discriminating against disabled persons in their programs and activities. Title II also sets forth the applicable structural accessibility requirements for public entities.
- **Title III** prohibits private enterprises who provide public accommodations and services (e.g., hotels, restaurants, and transit systems) from denying goods, services and programs to people based on their disabilities.
- **Title IV** addresses telecommunications devices and services for the hearing and speech impaired.
- **Title V** addresses construction and application of the ADA, including alternative dispute resolution.



Delaware's Centers for Independent Living

**Independent Resources, Inc. &
Freedom Center for Independent Living**

Centers for Independent Living (CILs)

- *Centers for Independent Living (CILs)* are Federally funded, private non-profit 501(c)(3) community-based resource & advocacy centers that are run by people with disabilities.
- CILs provide services that consumers consider critical in gaining control over their lives; *services they feel will enable them to function more independently in the community of their choosing.*

Centers for Independent Living

Mission

The mission of the **Centers for Independent Living (CILs)** is to empower persons with disabilities to enable them to gain effective control and direction over their own lives, so that they can achieve and maintain a dignified, independent lifestyle within the community.

To that end, CILs attempt to stimulate and promote a growing sense of empowerment, self-determination, self-esteem and self-direction in persons with disabilities by providing, at a minimum, support and training through *4 Core Services*:

- *Individual and Systems Advocacy*
- *Information and Referral*
- *Peer Support*
- *Independent Living Skills Training*

Centers for Independent Living

Role of Staff

It is the responsibility of Independent Living Center staff to:

- Empower each Consumer to be their own voice by providing one-on-one consultation to assist them in identifying their specific needs.
- Assist each Consumer in developing a Personal Empowerment Plan to meet those needs, and putting that plan into operation.
- Arm each Consumer with the skills, resources and knowledge needed to navigate the bureaucratic system and advocate for their rights
- Advocate to resolve decisions made by “others” that compromise the rights and wishes of the Consumers we serve.



Centers for Independent Living Four Core Services

- Individual and Systems Advocacy
- Information and Referral
- Peer Support
- Independent Living Skills Training

Centers for Independent Living

Core Services

- Systems Advocacy:*** CILs aggressively advocate for persons with disabilities by educating persons with disabilities; and by encouraging communities to increase the availability of resources necessary for persons with disabilities to live independently within that community.
- May be accomplished through membership on committees influential in addressing the needs of persons with disabilities; thereby assuring the committee's responsiveness to the needs of individuals with disabilities within the respective communities.
 - If a community is not responsive, CIL's staff, consumers and Board members will directly advocate to motivate the necessary response. CILs make every effort to empower persons with disabilities who are directly affected by the non-responsive community to join in this advocacy effort.

Centers for Independent Living

Core Services

Information: CILs have an extensive network of resources to assist Consumers and staff in researching and responding to inquiries. This network is maintained in a current user-friendly fashion.

Referral: CIL professional staff are expected to take calls from the public on disability related issues and respond appropriately. When a staff member does not have an appropriate response to an inquiry, they research the issue and contact the caller with their findings within three business days. Callers are referred to other community resources when appropriate.

Centers for Independent Living

Core Services

Peer Support: This service provides support and peer counseling for Consumers as they work toward their independent living goals. Peers tend to serve as excellent role models, often providing Consumers with the motivation to envision their possibilities and develop their strategies for obtaining these visions.

Peer Support Groups: CILs provide assistance in forming and facilitating Peer Support Groups, however they are Consumer-lead and controlled. Often the CIL will provide meeting space, transportation and guest speakers, while remaining supportive to the groups as needed. Consumers are connected to these groups for peer support, peer mentoring and peer social relationship development.

Centers for Independent Living

Core Services

Independent Living Skills Training: This training is designed to assist the Consumer in achieving functional independence and their Personal Empowerment goals.

- It is essential that the Consumer and their Independent Living Specialist understand that one's perceived concept of what independent living is to them may differ from that of another; thus, what one feels is vital to independent functioning may not be seen as important to another.
- Examples of training provided include:
 - * Home maintenance and safety
 - * Meal planning and preparation
 - * Self-care and personal safety
 - * Job readiness training
 - * Mobility
 - * Social skills
 - * Money management



Joint State-Wide Initiatives

Independent Resources, Inc.

&

Freedom Center for Independent Living



Joint State-Wide Initiatives

Domestic Violence & Homeless Shelters

This is a 3-Part Initiative:

- Assist domestic violence and homeless shelters in assessing their level of readiness to serve persons with disabilities using the **Shelter Readiness Assessment** developed in 2009.
- Develop and provide access to the materials, resources and in-service training that domestic violence and homeless shelters may need to effectively meet the needs of persons with disabilities as identified by the **Shelter Readiness Assessment**.



Joint State-Wide Initiatives

Domestic Violence and Homeless Shelters

- Publish a **Support Services Resource Manual** for use as a reference by domestic violence and homeless shelter staff in identifying the availability of – as well as how a person with disabilities can obtain - support services while living in a domestic violence shelter or a homeless shelter.



Joint State-Wide Initiatives

Social/Recreational Program

- Establish a **Social/Recreational Program** for consumers with low income and limited access to transportation to give them the opportunity to participate in local day trips or social/recreational activities of their choosing.

Joint State-Wide Initiatives Transition Program

- Standardize state-wide **Transition Program** designed to assist Consumers residing in institutions assess their community-based options; and if they so desire, moving into a community living arrangement of their choice.



Joint State-Wide Initiatives

Interactive Website

- Establish an **Interactive Website** that is user friendly with links to independent living-related information, applications and other resources.
- This website will also be used by Independent Living Specialist in assisting Consumers to identify and access programs and services.

Joint State-Wide Initiatives Brochures and Materials

- Update informational **Brochures and Materials** in various languages and formats (e.g., Braille, Spanish, audio) needed to communicate the CIL's programs and services to all populations in Delaware.

Joint State-Wide Initiatives

Aging & Disabilities Resource Center

CILs support Delaware's ADRC by:

- Assisting the DSAAPD (Division of Services for Aging & Adults with Physical Disabilities) in planning & developing ADRC materials & resources.
- Engaging in cross-training with ADRC staff.
- Sharing information regarding services, providers & resources to assist in maintaining & updating the ADRC database.
- Collaborating with DSSAPD on community events & outreach related to the ADRC.

Centers for Independent Living Areas of Service

- Northern New Castle County:

Independent Resources, Inc

6 Denny Road, Suite 101

Wilmington, DE 19809

Phone: 302-765-0191

Fax: 302-765-0195

TTY/Video Phone (VP): 302-765-0194

E-MAIL: cmatthews@independentresources.org

Website: iri-de.org

Centers for Independent Living Areas of Service

- Southern New Castle County & City of Newark:

Freedom Center for Independent Living

400 North Broad Street

Middletown, DE 19709

Phone: 302-376-4399 1-866-OUR-FCIL

TTY: 302-449-1487

FAX: 302-376-4395

E-MAIL: info@fcilde.org

Website: fcilde.org

Centers for Independent Living Areas of Service

- Kent County

Independent Resources, Inc

32 W. Loockerman St., Suite 104

Dover, DE 19904

Phone: 302-735-4599 or 866-603-6292

Fax: 302-735-5623

TTY: 302-735-5629

VP: 302-333-3333

E-MAIL: cmatthews@independentresources.org

Website: iri-de.org

Centers for Independent Living Areas of Service

- Sussex County

Independent Resources, Inc

31038 Country Gardens Blvd., Suite D - 4
Dagsboro, DE 19939

Phone: 302-732-9500 or 866-603-6292

Fax: 302-732-9563

Phone and TTY: 302-732-9562

VP: 302-854-9331

E-MAIL:

cmatthews@independentresources.org

Website: iri-de.org



State Council for Persons with Disabilities (SCPD)



State Council for Persons with Disabilities (SCPD)

The mission of the *State Council for Persons with Disabilities* is to unite, in one Council, disability advocates and State agency policy makers to ensure that individuals with disabilities are empowered to become fully integrated within the community.

SCPD - Organization Snapshot

- **SCPD** is charged with the responsibility of proposing and promoting *laws, regulations, programs and policies* which improve the lives of individuals with disabilities.
- **SCPD** makes *recommendations to policymakers* on ways to improve the administration of services for persons with disabilities and for facilitating the implementation of new or expanded programs.
- **SCPD** promotes *coordination among all state programs, services and plans* established for or related to persons with disabilities.

SCPD Membership

- **State agencies** (DHSS, Kids, DOE, Labor, AAB, DTC)
- **Advocacy Councils** (e.g. Council on Aging & Adults with Physical Disabilities, DD Council)
- **Providers** (e.g. Easter Seals)
- **People with Disabilities**
- **Family Members**



Committees

- **Policy and Law**
- **Brain Injury Committee**
- **Housing**
- **Executive**
- **Health Care through the Governor's Commission**



Collaboration

- Center for Disabilities Studies (CDS) Community Advisory Committee
- LIFE Conference Planning Committee
- Governor's Commission on Community Based Alternatives for Individuals with Disabilities (Staff 2 Committees)
- Healthy Delawareans with Disabilities 2010
- Universal Design Coalition
- Protection & Advocacy for Individuals with Mental Illness

continued

Collaboration *(continued)*

- Protection & Advocacy for Individual Rights (PAIR)
- Delaware Coalition for the ADA (DCADA)
- Region III DBTAC ADA Coalition
- Delaware Interagency Council on Homelessness (DICH)
- Freedom Center for Independent Living
- Emergency Preparedness Committee
- Money Follows the Person Committee

Accomplishments

- **HB 30** – mandates a Statewide attendant services program.
- **HB 447** - strengthens accessible parking laws for people with disabilities.
- **HB 154** – makes it easier to integrate community based housing for all persons with disabilities and eliminates provisions that are invalid under the Federal Fair Housing Act.
- **SB 105** – requires a distinct TBI unit count which provides more accurate statistics on students with TBI.
- **SB 121** – promotes employment opportunities for people with disabilities in state government.

Accomplishments (continued)

- **SB 261** - creates an exception to the Nurse Practices Act and clarifies that competent individuals should presumptively be allowed to delegate health care acts to others what they could normally do themselves, but for functional limitations.
- **HB 433** – creates a “lemon law” for assistive technology devices (e.g. wheelchairs, hearing aids, motorized scooters).
- **HB 355** – creates seamless eligibility criteria among DHSS divisions.
- **HB 83** – requires an accessible call button so drivers with disabilities can obtain refueling assistance.

Accomplishments (continued)

- Revamping of the Regulations for Group Homes for People with Mental Illness
- Amendments to State regulations, policies, programs (e.g. waivers) & legislation
- Advocacy efforts to implement *MFP* and *MWD* programs.

Current Objectives

- **Voting Bill** – promotes accessibility of polling locations
- **Universal Design Initiative** – requires dwelling units which receive public financial assistance to be built using universal design standards
- **Delegation of Healthcare Acts**

SCPD Role in Supporting the Delaware ADRC

- Review draft materials
- Provide a forum for program planning
- Assist in outreach activities
- Participate in training events
- Carry out other functions needed in support of the project

Benefits of ADRC

- Will allow for a *one-stop access point* for services for adults with physical disabilities & the elderly.
- The development of *hospital discharge planning supports* will prevent unnecessary institutionalization.
- The development of an *ADRC web site* with searchable database of service information for public use can only enhance access to available services.
- The creation of a *web-based portal* to enable service providers to make referrals to the ADRC electronically on a *24/7 basis*. This will enhance access to available services and supports.



SCPD Contact Information

Kyle Hodges

State Council for Persons with Disabilities

Margaret O'Neill Bldg.

410 Federal Street – Suite 1

Dover, DE 19901

Phone: 739-3620

Email: kyle.hodges@state.de.us



Division of Medicaid and Medical Assistance



DMMA - Agency Snapshot

- The **Division of Medicaid & Medical Assistance** (DMMA) is one of 12 Divisions within the Department of Health & Social Services.
- It provides medical services to vulnerable populations in Delaware.

Additional Information about DMMA

- There are approximately 150,000 people in Delaware receiving Medicaid.
- Approximately 1 out of every 5.5 Delawareans is on Medicaid.
- Cost is over a billion dollars annually.

Additional Information about DMMA

- Approximately 6,600 are served under Long Term Care:
 - Nursing Home- 2700
 - Out of State Rehab- 10
 - Disabled Children- 1022
 - AIDS Waiver- 697
 - Developmental Disabilities Services Waiver- 866
 - Elderly and Disabled Wavier- 1113
 - Assisted Living Waiver- 228
 - Acquired Brain Injury Waiver- 50

DMMA's Role in Supporting the Delaware ADRC

- Provide training for ADRC staff & partners on technical issues surrounding various Medicaid programs to enable the ADRC to better assist consumers & caregivers with Medicaid-related questions &/or applications.
- Provide the ADRC & partners with updates about important changes in Medicaid programs.
- Coordinate with the ADRC to expedite Medicaid applications through the ADRC.



Medicaid for Workers with Disabilities Overview

Barbara Lewis, DMMA
302-424-7228
Barbara.lewis@state.de.us



What is the Medicaid for Workers with Disabilities Program?

What is the Medicaid for Workers with Disabilities Program?

- The MWD program will allow qualified working individuals with disabilities, whose earnings would otherwise disqualify them for Medicaid, to purchase Medicaid coverage by paying a monthly premium.
- The program is authorized federal legislation:
 - The Ticket to Work and Work Incentives Act of 1999 (TWWIIA)



Who is Eligible?



Eligibility Factors

- Age
- Disability
- Employment
- Income and Assets

Eligibility Factors: Age

- Participants must be between 16 and 64 years of age. (This is a federal requirement under TWWIA.)

Eligibility Factors: Disability

- Participants must have a disability as defined by the Social Security Administration (SSA)
 - A determination of disability by SSA will be accepted as proof of disability.
 - Individuals without SSA determination will need to have a disability review completed.

Eligibility Factors: Employment

- Participants must be engaged in paid employment
 - May be full-time or part-time.
 - Must produce documentation of federal tax (FICA) liability.

Eligibility Factors:

Income Limits

- Unearned income test
 - If individual's unearned income exceeds \$956 they are not eligible for the MWD Program.
- Countable (earned) income can not exceed 275% of the Federal Poverty Level (FPL).
 - Currently this is \$2,483.25
- Standard SSI disregards are applied to earned income.
 - \$20 disregard
 - \$65 disregard
 - 1/2 of the remainder
- Spousal income is considered in determining eligibility for individuals who are married.



Eligibility Factors: Resource Limits

- No Resource limit.



Who must Pay Premiums?



Premium Requirements

- Monthly premiums will be charged to anyone with countable income exceeding 100% of the FPL.
 - Currently \$903.00
- Monthly premiums will be based on income as shown in the table on the next slide.

Premium Requirements

Percentage of FPL	Income Ranges		Monthly Premium
	Single	Couple	
100%	up to \$903	Up to \$1,215	\$0
>100% - 125%	\$903.01 - \$1128.75	\$1,215.01 - \$1,518.75	\$25
>125% - 150%	\$1128.76 - \$1354.50	\$1,518.76 - \$1,822.50	\$35
>150% - 175%	\$1354.51 - \$1580.25	\$1,822.51 - \$2,126.25	\$45
>175% - 200%	\$1580.26 - \$1806.00	\$2,126.26 - \$2,430.00	\$60
>200% - 225%	\$1806.01 - \$2031.75	\$2,430.01 - \$2,733.75	\$75
>225% - 250%	\$2031.76 - \$2257.50	\$2,733.76 - \$3,037.50	\$90
>250% - 275%	\$2257.51 - \$2483.25	\$3,037.51 - \$3,341.25	\$105

Where to apply:

Andrea (Vicki) Hinson, DMMA
Williams State Service Center
805 River Road
Dover, DE 19901
302-857-5045
andrea.hinson@state.de.us



Department of Insurance, ELDERinfo Program

ELDERinfo - Agency Snapshot

- As the State Health Insurance Counseling & Assistance Program (SHIP) for Delaware, **ELDERinfo** provides counseling & assistance on questions & problems related to Medicare, Medicaid, Medigap, long-term care insurance & other types of health insurance.

ELDERinfo's Role in Supporting the Delaware ADRC

- Provide training for ADRC staff on various aspects of the ELDERinfo program.
- Educate ELDERinfo volunteers about the ADRC.
- Distribute ADRC outreach materials to consumers.
- Put a link to the ADRC web site on the ELDERinfo web site.
- Make referrals to & accept referrals from the ADRC.



Department of Insurance, ELDERinfo Contact Information

ELDERinfo

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Governor's Advisory Council on Services for Aging and Adults with Physical Disabilities (GAC)



GAC - Organization Snapshot

- The Governor's Advisory Council on Services for Aging & Adults with Physical Disabilities is an advisory board comprised of older persons, adults with physical disabilities & service professionals from around the State.
- The Council takes an active role in advocacy & support on behalf of DSAAPD.

GAC's Role in Supporting the Delaware ADRC

- Serve as the primary advisory body for the development & implementation of Delaware's ADRC.
- Hold approximately seven meetings per year.
- Provide advice & support related to the ADRC to DSAAPD staff & partner agencies.
- Make itself available for special projects & lend technical support, as needed.



Delaware Aging & Disability Resource Center (ADRC)

Thank You