Significant changes in store for Hoosiers on Medicare and Medicaid

Legislation requires voters to present valid photo ID, but lawsuit pending

When the new Medicare Part D prescription drug benefit goes into effect Jan. 1, 2006, it will mean significant changes for low-income Hoosiers who receive both Medicare and Medicaid benefits. These "dual eligibles" will now receive their prescription drug coverage through Medicare rather than Medicaid - and they will have to make important decisions about their health care coverage in a relatively short period of time.

Why is this change taking place?

The Medicare Prescription Drug, Improvement and Modernization Act of 2003 incorporated prescription drug coverage into Medicare for the first time. The bill also included prescription drug benefits for the 6.1 million Americans enrolled in both Medicare and Medicaid, who had previously relied on Medicaid to cover their prescriptions.

What will be different about the new Medicare coverage?

People who currently receive Medicaid prescription drug benefits have had to make very few decisions regarding their coverage. There
was a single coverage plan, which generally paid for all medically necessary drugs.

In contrast, Medicare Part D prescription drug coverage will be offered by private insurance plans. These plans will have varying fee structures, including different monthly premiums, and will only cover the drugs listed on their own formularies.

Families with incomes less than the federal poverty level will be exempt from monthly premiums and pay a small co-payment per prescription: $1 for generics and $3 for brand-name prescriptions. Low-income families whose incomes exceed the federal poverty level are still exempt from monthly premiums but will pay $2 and $5 co-payments, respectively. However, to receive a full subsidy for the monthly premium, families must select a plan with a premium at or below the average for all plans being offered in the region. This could be challenging for dual eligibles, who tend to have higher utilization and drug costs.

**What should dual eligibles do to prepare?**

Dual eligibles must select and enroll in a Part D plan during the enrollment period in November and December (see box on page 1). Those who do not select a plan forfeit their choice and will be enrolled automatically in the plan assigned to them in October. This is essential because Medicaid prescription drug benefits will end automatically when the Medicare benefit takes effect Jan. 1. Information on the plans will be available to all Medicare beneficiaries in mid-October, so people will have only a short time to review the information and select a plan. Because costs and formularies may vary, it will be important to carefully compare the available plans. It is worth noting, however, that dual eligibles were given a special exception in the
Medicare legislation that allows them to switch plans at any time for any reason.

No expected cost savings to states Prescription drugs for dual eligibles will now be covered by the federally funded Medicare program, freeing up some money in state Medicaid budgets. However, states are required in what is called a "claw-back provision" to pay the federal government a significant portion of those savings (90 percent in 2006). Because states will also incur some additional administrative costs, experts estimate that actual savings for states will be minimal.

**Medicare and Medicaid: Understanding the difference**

Medicare is a health insurance program for seniors (people ages 65 and older) and for people with disabilities. It is both financed and administered at the federal level. In general, income is not a consideration.

Medicaid is a health insurance program for low-income children, parents, seniors and people with disabilities. It is financed jointly by states and the federal government, but each state administers its own program (within the scope of federal rules).


**Dates to remember**

- Oct. 15 - Dual eligibles receive information on available prescription drug plans, including which plan they've been assigned.
- Nov. 15 - Dec. 31 - Open enrollment for
dual eligibles. At this time, dual eligibles may switch from their assigned drug plan to another plan.

- Jan. 1 - Medicaid drug benefit for dual eligibles ends.
- Jan. 1 - Medicare drug benefit for dual eligibles begins. If dual eligibles did not select a new plan during the enrollment period from Nov. 15 - Dec. 31, 2005, they will automatically be enrolled in the plan assigned to them in October.

Emergency planning report reveals problems

A summary of major findings from "Saving Lives":

- People with disabilities frequently encounter barriers to technology, communications, and programs in emergency facilities or devices such as first aid stations, portable payphones and toilets, and temporary housing.
- Information is not shared among government agencies.
- People with disabilities are left out of preparedness and planning activities.
- Emergency response systems are designed for people who are able to quickly respond to instructions, alerts, and announcements.
- People who cannot depend on sight and hearing do not have access to emergency warnings and information.
- Information about the emergency needs of people with disabilities is not widely integrated into emergency management courses.
- The strengths of community organizations serving people with disabilities are not integrated into government emergency service plans and strategies.
- The Dept. of Homeland Security does not
adequately address emergency planning and preparedness for people with disabilities.

"Saving Lives" has been shared with federal government officials and made available to the public. Visit the National Council on Disability's Web site at www.ncd.gov to view the entire "Saving Lives" report.

New report calls for better emergency planning

After the Sept. 11, 2001, terrorist attacks, energy blackouts in parts of the United States, and the December 2004 tsunami that devastated much of Asia, emergency planning for the nation became a subject of great interest. To highlight the need to include people with disabilities in emergency planning, the National Council on Disability (NCD) recommended changes in how the government responds to people with disabilities in an April 2005 report.

The NCD is an independent federal agency that makes recommendations to the president and Congress to enhance the quality of life for all Americans with disabilities and their families. The NCD report, "Saving Lives: Including people with Disabilities in Emergency Planning," found that in most cases, emergency planning and disaster relief efforts have not taken into consideration the needs of people with disabilities.

"Saving Lives" calls for better emergency planning for people with disabilities and offers advice to help the federal government establish policies and practices in the areas of emergency planning, preparedness, response, recovery and mitigation activities.

This report describes the disaster experiences of people with disabilities, and details the
contributions and efforts of community-based organizations and federal agencies working to improve emergency planning and response for people with disabilities. Lastly, the report explores how an effective disability-related emergency preparedness infrastructure could be developed.

*Please see this page's sidebar for a list of major findings from the "Saving Lives" report.*

**Emergency resources**

It is important that people with disabilities, and their families, neighbors and co-workers, be prepared for emergencies. Preparation can reduce the fear, panic and inconvenience that surround disasters.

There are several resources available to prepare for emergencies. Examples include:

- **American Red Cross** - The American Red Cross offers kits for "Disaster preparedness for People with Disabilities" to help plan for emergencies. Visit [www.redcross.org](http://www.redcross.org) for more information or contact Red Cross Disaster Assistance at (866) GET-INFO (438-4636) (voice).

- **Disability Preparedness Center (DPC)** - Visit [www.disabilitypreparedness.com](http://www.disabilitypreparedness.com) to download "Emergency Preparedness on the Job" and "Emergency Preparedness at Home," publications that provide guidelines for protecting yourself when disaster strikes. For more information and a free list of services and training resources, contact the DPC at DPC@inclusioninc.com (e-mail) or (202) 338-7158, ext. 201 (voice).

- **Easter Seals** - Easter Seals' response to the events of Sept. 11, 2001, resulted in "s.a.f.e.t.y. first: Working together for safer communities," a community-based effort to help plan and prepare for emergencies. The
programs' Web site includes checklists and guidelines for everything from building code standards to how to safely evacuate a building. For more information on the s.a.f.e.t.y. first campaign, visit www.easterseals.com or call (866) BE-SAFE-5 (237-2335) (voice).

- Federal Emergency Management Association (FEMA) - FEMA provides a list of tips people with disabilities can follow in the case of a home emergency. Visit FEMA's www.fema.gov or call (800) 480-2520 (voice) to ask for a free copy of FEMA's publication, "Preparing for Emergencies: A Checklist for People with Mobility Problems."

- National Organization on Disability (NOD) - The NOD launched the Emergency Preparedness Initiative (EPI) after Sept. 11, 2001. Visit www.nod.org for updates on the latest news and studies related to emergency planning and preparedness, as well as guides and checklists for people with disabilities and emergency managers and planners. For more information, contact the NOD at ability@nod.org (email), (202) 293-5960 (voice), or (202) 293-5968 (TTY).

**Delaware County preparing for emergencies**

When a major ice storm hit Delaware County earlier this year, residents without power sought assistance at emergency shelters. A few residents with disabilities discovered that the shelters weren't always prepared for their arrival.

"If I wanted to go to a shelter, I had to bring a 24-hour aide, or I would be turned away," said Chris Karson, a Muncie resident who uses an electric wheelchair.

Karson was prepared for the storm with his own
generator to provide his wheelchair with power and kerosene to heat his house. Others were not as prepared, and a group of Partners in Policymaking graduates are trying to change that.

The group is working to inform residents with disabilities about emergency preparedness and exploring how to work with local officials to better plan for people with disabilities.

"Our hopes are to improve shelter access, transportation and communication," said Tona Snoeberger, a Partners graduate from Muncie involved with the project.

Bill Gosnell, director of the Delaware County Emergency Management Agency, echoed the need for cooperation and information. He said his agency is working with other local officials to develop a plan to meet the needs of people with disabilities, and they're looking for ideas.

"I don't know the answers because the issues related to people with disabilities are so diverse and comprehensive," Gosnell said. "If you have answers, I'd love to talk."

Until there are solutions, the bottom line, according to both planning agencies and people who have experienced emergencies: be prepared.

"Every citizen needs to have a basic family disaster plan and kit," Gosnell said. "Then, you can alter both according to your needs."

A list of resources, including guidelines on creating family disaster plans and kits, is included in this edition of On Target.

Visit www.in.gov/dhs to contact the Emergency Response Division of the Indiana Department of Homeland Security about planning for people
Poll reveals number of chronic pain sufferers

More than half of all adult Americans suffer from chronic pain, according to a new poll conducted by USA Today, ABC News and the Stanford University Medical Center. About four in 10 Americans say pain interferes with their mood, activities, sleep, ability to do work or enjoyment of life.

The national survey painted an extensive portrait of pain in America, measuring not just prevalence and severity but also where it hurts (back and knee pain are most common), whom it affects (pain is much more frequent among older adults), and its source, impact and treatment. The survey revealed that chronic pain sufferers spend a lot of time, energy and money searching for pain relief in various forms.

Over-the-counter-drugs and home remedies (heating pads, ice packs, hot baths or showers) are the most commonly used pain therapies among all Americans, with more than eight in 10 having tried them. About six in 10 have used prescription drugs or bed rest. Less prevalent methods tried include massage, homeopathic/herbal remedies, yoga/meditation and acupuncture.

The survey supported a series of reports by ABC News and USA Today entitled "The Fight Against Pain."

Visit www.painfoundation.org to read the reports and to take a pain quiz comparing your experience to the results of the nationwide poll.

Save the date!
The Annual Conference for People with Disabilities, "Building Your Net Worth," will be held Dec. 5-6, 2005.

**Of Note**

Free monthly legal hotline available on Tuesdays

Legal Line, a service where volunteer attorneys are available to answer legal questions, will be offered from 6 to 8 p.m. on the second Tuesday of every month. The Indianapolis Bar Association created the hotline as a community service. Anyone with a question or need for legal advice can call the hotline and speak to a qualified attorney. Call (317) 269-2000 (voice) to reach the hotline.

**IPIN Web site offers parent training event schedule**

The Indiana Parent Information Network offers workshops and training programs that provide information, peer support and education for parents of children with disabilities. Register online at www.ipin.org or by phone at (317) 257-8683 (voice) or (800) 964-4746 (voice).

**Deadline approaching for disability reporting award**

Each year, the Governor's Council presents an award to reporters who have helped raise awareness and encourage positive attitudes toward those with disabilities. The entry deadline for the 2005 Award for Excellence in Reporting on Disability Issues is Aug. 19. To submit an entry, send the article/program title, date of publication/air date, name of reporter/news organization, reason for the nomination, and your name and contact information. Articles/programs nominated for this year's media award must have
run/aired between April 1, 2004, and March 31, 2005. Entries can be sent to Kate Hollcraft, Borshoff Johnson Matthews, 47 S. Pennsylvania St., Suite 500, Indianapolis, IN 46204, or (317) 631-6499 (fax). For more information, call Kate at (317) 631-6400 (voice).

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