Medicare and Parkinson’s: Your Frequently Asked Questions

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Poll Question #1
Parkinson’s & Medicare: FAQs of Coverage

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Poll Question #2
Does Medicare cover rehabilitation therapies?

**Original Medicare**
- Covers 80% of outpatient rehabilitation therapies

**Medicare Advantage Plans**
- Coverage depends on your plan, but must be as good as what is provided in original Medicare

Based on medical necessity

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Is there a cap to therapy?

*Short answer* – no
- As of 2018, Medicare did away with annual cap for rehab therapy, if there is a medical necessity

**BUT…**
- This is does not necessarily mean therapy continuation can be indefinite
- There are still guidelines to continue therapy
Case Example: Mr. Jones

PD for 16 years
- DBS
- Multiple falls with hospitalizations

Rehab team recommendations
- Keep up with exercises at home for maintenance

Lives at home with wife
- Daughter lives nearby
- Professional caregivers

Referred to local outpatient therapy agency
- Can provide ongoing therapy 1-2 times per week

Coming through outpatient rehab
- Did very well
- Would decline after discharge

Re-evaluation with outpatient physical therapy
- ~6 months

Does Medicare cover rehab therapy in the home?

Home Health Rehabilitation
- Must have a skilled need, be “home bound”
- May be after hospitalization or stay in subacute/inpatient rehab
- Or if too difficult to get to outpatient

In-home Outpatient
- Done in home, but billed as outpatient
How do I find PT/OT/SLP?

Outpatient rehab
• Try to find those who are Parkinson’s-specialized/trained
  – LSVT Big, LSVT Loud, PWR, Speak Out, and Parkinson’s Foundation Team Training

Home Health
• Medicare Home Health Compare

In-home outpatient
• Search online
• Ask your care team

A note about rehab therapies via telehealth…

Does Medicare cover exercise or wellness programs?

Most of the time, no
Insurance does not tend to cover most:
• Group exercise classes
• Gym memberships
• Personal trainers

Some special exercise programs are covered.
• Medicare Advantage; Some Medigap/supplement plans
• Silver Sneakers, Silver & Fit
What about coverage of in-home care?

No, not as most people think of/want home care

- Medicare does cover Home Health, not home care
- What does cover home care?
  - Veterans benefits
  - Long-term care insurance
  - Medicaid
  - Hospice can offer nursing assistant for bathing

Does Medicare cover mental health therapy?

Usually, yes!

Medicare Part B
- You pay 20% of Medicare-approved amount.
  Part B deductible applies.

Medicare Advantage
- Coverage and costs dependent on your plan

How to find a therapist
- Look for specializations (new diagnosis, chronic medical condition, aging, caregiving, grief)
- Read through online profile and/or talk to them
- Do they take your insurance?

Teletherapy
Who can help me navigate this?

• Your insurance provider
• State Health Insurance Assistance Program: Shiphelp.org, 877-839-2675
• A financial counselor (ask if your clinic provides one)
• Social workers (can connect you with resources)
• Friends and family
• The Parkinson's Foundation: Parkinson.org, 1-800-4PD-INFO

Don't be afraid to ask for help!

What questions should I ask?

General Questions

• Does the clinic have a financial counselor?
• Does the clinic/therapist take Medicare?
  – Or, are they listed as an in-network provider for my Medicare Advantage plan?
• Do I have a deductible?
  – If so, what is it and has it been met?
• How much this service will my insurance cover and what may I be responsible for?
• Does your clinic have extra facilities fees that I may be billed for?
  – Are both the provider and location of services in-network with my insurance?
• Do I need a referral from my neurologist or primary care doctor in order to be seen or for insurance coverage?
What questions should I ask?

For rehabilitation services
- If I need ongoing PT/OT/SLP, are they able to provide that?
- If not, how often will they do a re-evaluation? Do they know of a local rehab agency that can provide ongoing services?

For mental health therapy
- What is the mental health benefit on my insurance plan?
- Does it have a limit to how many therapy session I can have?

If they do not take your insurance
- Will you help me file a claim to my insurance?
- What are your private pay rates?
  - Do you offer sliding scale fees or a payment structure?
What are LTSS?

Long-Term Services and Supports (LTSS)

The broad range of day-to-day help needed by people with disabilities or long-term medical conditions
- Personal care (bathing, dressing, toileting)
- Health care (medications, wound care)
- Help with housekeeping, transportation, paying bills and meals

Planning for Future LTSS Needs

We will all need some healthcare
- 80% of older adults have at least one chronic disease and 77% have at least two
- Medicare provides for people age 65+ and some younger adults with disabilities
- Medicaid provides for people with low incomes and/or need for LTSS

We are likely to need some LTSS
- One-third of people who are 65 years old now may never need LTSS
- One-fifth will need it for longer than 5 years
- Medicare does not cover most LTSS

Things are different for women
- Women live longer than men, an average of 5-7 years longer, but retire earlier
- Women need long term care longer on average (3.7 years) than men (2.2 years)
Which public programs contribute to LTSS?

1. Workforce
   - Mostly unpaid family and friends
   - Paid home health providers, direct care workers, family members
     - Medicaid is largest payer in U.S.
     - Other state LTSS programs
     - Medicare covers some home health
     - VA Benefits
Which public programs contribute to LTSS?

2. Housing

- Home alone, with family, with roommates
  - Rental assistance, public housing systems, senior housing programs
  - Energy assistance programs
- Retirement communities
- Assisted living
- Nursing homes
  - Medicare pays for some in short-term
  - Medicaid pays for most in long-term
  - VA Benefits

Which public programs contribute to LTSS?

3. Services and Supports

- Home-based supports, adult day, transportation
  - Medicaid & other state LTSS programs
  - VA Benefits
- Nutrition
  - Older Americans Act (Meals on Wheels and congregate meals)
  - Supplemental Nutrition Program
- Family Caregiver Supports
  - Older Americans Act
  - VA Benefits
Which public programs contribute to LTSS?

4. Community Integration
- Mostly unpaid family and friends
- Education, employment and volunteerism
  - Labor investment boards
  - Career systems
- Recreation
  - Senior Centers
  - Community Centers

How does SSI and SSDI fit with Medicare and Medicaid?

**Social Security Disability Insurance**
- Monthly income
- Available by application to people with disabilities who worked long enough to qualify, paying Social Security tax

**Medicare (Federal Program)**
- Health insurance with optional pharmacy
- Automatic enrollment for people who get SSDI after 24 month waiting period
- Available to people 65+ and some younger people with disabilities

**Supplemental Security Income**
- Monthly income
- Available by application to people with disabilities with very limited income and resources

**Medicaid (Federal/State Program)**
- Health, pharmacy, and LTSS
- Eligibility typically tied to SSI eligibility
- Available to people with limited income and resources
- Eligibility rules and benefits vary by state
Eligibility Rules Vary by State

- Mix of federal and state rules and regulations
- To qualify for basic Medicaid health insurance: Low income and limited assets, often tied to SSI eligibility
- To qualify for Medicaid LTSS: Low income, limited assets (may be higher than SSI) AND functionally/medically eligible

Enrollment Processes Vary by State

- Two parts to eligibility determination: financial application, functional assessment (often based on need for assistance with activities of daily living)
- Medical expenses may be deducted from income to meet eligibility requirements
- Many qualify for Medicaid LTSS after spending down private assets
- Spousal impoverishment protections

Medicaid LTSS Programs

Nursing Home
- People who eligible for Medicaid LTSS are entitled to Nursing Home services
- Not every Nursing Home accepts Medicaid

Optional Personal Care
- Some states offer Personal Care at home for people who qualify for Medicaid based on income and have some level of disability but do not meet the nursing home level of care standard

Home and Community-Based Waiver Programs
- All states offer some HCBS, benefits and covered populations vary
- HCBS is not an entitlement
- Participants must meet nursing home level of care standard
To Learn More: Resources and Support

National Helpline
Specialists answer calls about all aspects of Parkinson’s in addition to helping you find local PD trained healthcare professionals.
1-800-4PD-INFO
Helpline@Parkinson.org
Monday – Friday 9 am to 7 pm ET

PD GENEration
Parkinson’s Foundation national initiative offering genetic testing for Parkinson's-related genes and counseling at no cost.
Parkinson.org/PDGeneration

Fact Sheets and Publications
Get the resources and information you need to start living a better life with Parkinson’s.
Parkinson.org/PDLibrary

Newly Diagnosed Kit
Designed to help you get started on your journey to living well with PD.
Parkinson.org/NewlyDiagnosed

Aware in Care
Hospital Safety Kit
Includes tools and info for people with PD to share with hospital staff during a planned or emergency hospital stay.
Parkinson.org/AwareInCare
More Resources

• State Health Insurance Assistance Programs (for Medicare): shiphelp.org
• Social Security: ssa.gov/disability/
• Medicaid: medicaid.gov/about-us/learn-how-apply-for-coverage/index.html
• Veterans Disability Benefits: va.gov/disability/
• National Council on Aging: ncoa.org/article/ssi-vs-ssdi-what-are-these-benefits-how-they-differ
• U.S. Dept. Of Health and Human Services: acl.gov/ltc

Don’t go anywhere!

Your feedback is important to us.

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