

What are some key steps one can take in choosing a financial counselor/planner?

- **Allow time to find a good person; one should not simply follow the suggestion of a relative or friend.** Asking people for suggestions is a reasonable place to begin but is no substitute for an in-depth investigation of a variety of options.
- **Interview more than one advisor.**
- **Prepare a list of questions for prospective advisors.** Ask about their investment philosophy, planning approach, methods that will be used, the extent of their training, whether they are “certified” (and by whom), the final product that will be provided, and the fees you will have to pay.
- **Assess professionals’ work by asking to see copies of plans and talking to other clients.** You may find it useful to see what others see as strengths and weaknesses.
- **Investigate the background of an advisor thoroughly.** Look for legal or certification problems. Backgrounds of financial planners can be found with the Securities and Exchange Commission if the planner chose to file with them. Request a copy of both parts of the background materials.
- **Organize your personal financial information ahead of time.** Preparing a list of current assets and liabilities is strongly recommended. Identifying income sources and amounts and tracking spending is also helpful. Forms that can be used to organize your financial affairs are found in the Resources section of this module.

(Adapted Schultz, 2001)

Merchandise that is provided by the funeral home includes:

- Caskets
- Vaults
- Urns
- Clothing
- Programs
- Contacts and ordering through other professionals such as florist, musicians, clergy and caterers

Medicare Part A may cover:

- **Hospital Stays:** Semiprivate room, meals, general nursing, and other hospital services and supplies. This includes inpatient care you get in critical access hospitals and mental health care. This does not include private duty nursing, or a private room, unless medically necessary.
- **Skilled Nursing Facility Care:** Semiprivate room, meals, skilled nursing and rehabilitative services, and other services and supplies (after a related 3-day inpatient hospital stay).
- **Home Health Care:** Part-time skilled nursing care, physical therapy, occupational therapy, speech-language therapy, home health aide services, medical social services, durable medical equipment (such as wheelchairs, hospital beds, oxygen, and walkers), medical supplies, and other services.
- **Hospice Care:** For people with a terminal illness, includes drugs for symptom control and pain relief, medical and support services from a Medicare-approved hospice, and other services not otherwise covered by Medicare. Short-term hospital and inpatient respite care are covered when needed.
- **Blood:** Pints of blood you get at a hospital or skilled nursing facility during a covered stay.

(Adapted Medicare and You Handbook)

Medicare Part B may cover:

- **Medical and Other Services:** Doctors' services (not routine physical exams), outpatient medical and surgical services and supplies, diagnostic tests, ambulatory surgery center facility fees for approved procedures, and durable medical equipment (such as wheelchairs, hospital beds, oxygen, and walkers). Also covers second surgical opinions, outpatient mental health care, and outpatient physical and occupational therapy, including speech-language therapy.
- **Clinical Laboratory Services:** Blood tests, urinalysis, and more.
- **Home Health Care:** Part-time skilled nursing care, physical therapy, occupational therapy, speech-language therapy, home health aide services, medical social services, durable medical equipment (such as wheelchairs, hospital beds, oxygen, and walkers), medical supplies, and other services.
- **Outpatient Hospital Services:** Hospital services and supplies received as an outpatient as part of a doctor's care.
- **Blood:** Pints of blood you get as an outpatient or as part of a Part B covered service.

(Adapted Medicare and You Handbook)

Preventive Services covered by Medicare Part B:

- **Bone Mass Measurements:** Once every 24 months for qualified individuals
- **Colorectal Cancer Screening:** Fecal Occult Blood Test- Once every 12 months. Flexible Sigmoidoscopy- Once every 48 months. Colonoscopy- Once every 24 months if you are at high risk for colon cancer, every 10 years if you are not at high risk. Barium Enema- Doctor can use this instead of a flexible sigmoidoscopy or colonoscopy.
- **Diabetes Services and Supplies:** Coverage for glucose monitors, test strips, and lancets. Diabetes self-management training.
- **Glaucoma Screening:** Once every 12 months. Must be done or supervised by an eye doctor who is legally allowed to do this service in your state.
- **Mammogram Screening:** Once every 12 months.
- **Pap Test and Pelvic Examination:** Once every 24 months. Once every 12 months if you are at high risk for cervical or vaginal cancer.
- **Prostate Cancer Screening:** Digital Rectal Examination- Once every 12 months. Prostate Specific Antigen (PSA) Test- Once every 12 months.
- **Shots (Vaccinations):** Flu Shot- Once a year in the fall or winter. Pneumococcal Pneumonia Shot- One shot may be all you ever need. Hepatitis B Shot.

(Adapted Medicare and You Handbook)

Ten Standardized Medigap Plans A through J

A	B	C	D	E	F*	G	H	I	J*
Basic Benefit	Basic Benefit	Basic Benefit	Basic Benefit	Basic Benefit	Basic Benefit	Basic Benefit	Basic Benefit	Basic Benefit	Basic Benefit
		Skilled Nursing Coinsurance	Skilled Nursing Coinsurance	Skilled Nursing Coinsurance	Skilled Nursing Coinsurance	Skilled Nursing Coinsurance	Skilled Nursing Coinsurance	Skilled Nursing Coinsurance	Skilled Nursing Coinsurance
	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible
		Part B Deductible			Part B Deductible				Part B Deductible
					Part B Excess (100%)	Part B Excess (80%)		Part B Excess (100%)	Part B Excess (100%)
		Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency
			At-Home Recovery			At-Home Recovery		At-Home Recovery	At-Home Recovery
							Basic Drug Benefit (\$1,250 Limit)	Basic Drug Benefit (\$1,250 Limit)	Extended Drug Benefit (\$3,000 Limit)
				Preventive Care					Preventive Care

(Adapted Medigap Policies and Protections Handbook)

What is not covered by Medigap?

- Long-term care
- Vision or dental care
- Hearing aids
- Private-duty nursing
- Unlimited prescription drugs

Who is eligible for Medicaid?

To be eligible in ND you must be a state resident and qualify financially. You must also be one of the following:

- Blind, disabled, or age 65 or older.
- Pregnant.
- A member of a family with children.
- Age 21 or younger or age 65 or older and receiving services at the State Hospital.
- Younger than age 21 and living on your own or in a licensed foster home.
- An adopted child younger than 21 who has special health needs or meets other criteria.
- A woman screened through the North Dakota Department of Health's Women's Way program who needs treatment for breast or cervical cancer.

Medical Services covered by North Dakota Medicaid:

- **Hospital-** Inpatient: Covers room and board, regular nursing services, supplies and equipment, operating room, X-rays, lab and therapy. Outpatient: Covers emergency room services and supplies, lab, X-ray, therapies, drugs and biologicals, and outpatient surgery.
- **Nursing Facility-** Covers room and board, nursing care, therapies, general medical supplies, wheelchairs, and durable medical equipment.
- **Clinics, Rural Health Clinics-** Covers outpatient medical services and supplies furnished under the direction of a doctor.
- **Hospice-** Provides health care and support services to terminally ill individuals and their families.
- **Physicians-** Covers medical and surgical services performed by a doctor; supplies and drugs given at the doctor's office; and X-rays and laboratory tests needed for diagnosis and treatment.
- **Prescription Drugs-** Covers a wide range of prescription drugs, insulin, supplies, and devices. Pharmacists can tell you if a particular drug is covered by Medicaid.
- **Chiropractor-** Covers X-rays and manual manipulation of the spine for certain diagnosis.
- **Home Health-** Covers nursing care, therapy and medical supplies when provided in a recipient's home. Care must be ordered by a physician and provided by a home health agency.
- **Durable Medical Equipment and Supplies-** Covers medical supplies such as oxygen and catheters and reusable equipment that is primarily medical in nature. Items must be medically necessary.
- **Dental-** Covers exams, X-rays, cleaning, fillings, surgery, extractions, crowns, root canals, dentures (partial and full) and anesthesia.

Medical Services covered by North Dakota Medicaid:

- **Podiatry**- Covers office visits, supplies, X-rays, glucose and culture checks, and surgery procedures.
- **Ambulance**- Covers ground and air ambulance trips, attendant, oxygen, and mileage when medically necessary to transport recipients to the closest health care facility meeting their needs.
- **Transportation**- Covers non-emergency transportation services to and from the recipient's home to the closest medical provider capable of providing a medically necessary examination or treatment. Meals and lodging may be paid if an overnight stay is required.
- **Vision**- Covers exam, glasses, frames and some hard contact lenses for the correction of certain conditions. Replacement eyeglasses may only be provided after 24 months for adults if a lens change is medically necessary. An exception to the replacement limitation may be made if new eyeglasses are required for a significant change in correction and the eyeglasses are prior approved. Lost or broken glasses for individuals over 21 will not be replaced within the first two years.
- **Therapies**- Covers physical and occupational therapy and speech and language pathology.
- **Waivered Services**- Home and Community Based Services, Traumatic Brain Injury- Provides personal care and other services not otherwise covered under the Medicaid program to individuals who are at risk of institutionalization in a nursing facility.
- **Out-of-State Services**- Medically necessary covered services may be provided outside of North Dakota if the services are not available within North Dakota and have been prior approved by the department or if the services are provided in an emergency situation.

(Adapted North Dakota Department of Human Services)

Medical Services NOT covered by North Dakota Medicaid:

- Items or services which have been determined by the state Medical or Dental consultant or the peer review organization to not be medically necessary.
- Items or services for which the recipient has no legal obligation to pay.
- Items or services provided by immediate relatives or members of the recipient's household.
- Over-the-counter drugs, home remedies, food supplements, nutritional items, vitamins, or alcoholic beverages except for certain items which are prescribed by a doctor.
- Diagnosis or treatment given in the absence of the recipient.
- Broken or missed appointments.
- Medical equipment and supplies for an individual in a nursing facility, swing bed or ICF/MR.
- Custodial care.
- Services for individuals over 21 and under 65 in the state hospital, a public institution or an institution for mental disease.
- Concurrent care by more than one provider for the same diagnosis without a medical referral detailing the medical necessity for the concurrent care.
- Health services which are not documented in the recipient's medical record.
- Services, procedure, or drugs which are considered experimental by the US Department of Health and Human Services or another federal agency.

Medical Services NOT covered by North Dakota Medicaid:

- Organ transplants which are not prior approved.
- Autopsies.
- Reports required solely for insurance or legal purposes.
- Record keeping, charting, or documentation related to providing a covered service.
- Payment to hold a bed in a nursing facility, swing bed or ICF/MR unless specifically provided for by the department.

(Adapted North Dakota Department of Human Services)

Other assets you can own and still qualify for Medicaid include:

- Principal residence
- Household belongings
- Certain burial plans
- One automobile
- Inaccessible assets of any value
- Property that produces earned income (such as a farm or business)
- Non-saleable property
- Indian trust and restricted lands
- Per capita and judgment funds

Services and programs provided by AARP's Legal Services Network:

- A free initial consultation (up to 30 minutes) in person or by phone with an attorney in your area.
- Corporation of a simple will for a fixed fee of \$75 for a single person or \$100 for a couple (with similar distribution plans).
- Durable power of attorney for a fee of \$35.
- Preparation of a health care power of attorney and living will for \$35.
- A fee reduction of 20% from the attorney's usual rates.

Reasons why the elderly may be susceptible to scams include:

- They are more trusting and take people at their word or at a handshake.
- They may be vulnerable due to life circumstances like widowhood, loneliness, or diminished ability.
- They are often home alone, lonely, and willing to talk to telemarketers.
- They want to leave a “nest egg” for their children or grandchildren and are seeking ways to improve their economic status.
- Many consumer crimes are unreported because people are embarrassed to admit they have been taken advantaged of.

Common frauds against the elderly include:

- Medical fraud through “miracle cures” or the sale of hope
- Home repair schemes
- Phony travel packages
- Investment fraud
- Phony charities
- Funeral fraud
- Insurance frauds
- Bunco schemes (swindling schemes or confidence games)
- Cosmetic frauds (weight loss, anti-aging products, etc.)
- Dishonest sale or repair of automobiles
- Buyers Club schemes
- Deceptive entry schemes
- “Free” Internet services
- Pyramid schemes (profits through recruiting others)
- Web auctions
- Work-at-home plans
- Credit cards for those with “bad” credit
- Prizes/ sweepstakes
- Book sales- genealogies, self-improvement, promised publications that are not delivered

Some of the laws related to telemarketing include:

- It's illegal for a telemarketer to call you if you have asked not be called.
- Calling times are restricted to the hours between 8 am to 9 pm, it is illegal for them to call before or after these hours.
- Telemarketers cannot lie about any information or to get you to pay.

Tips and techniques to prevent scams and fraud:

- Know who you are dealing with and consider dealing with local, established firms if possible. Check out unknown companies with the Attorney General's Office in the State of North Dakota.
- Don't believe promises of easy money.
- Think twice before entering contents operated by unfamiliar companies.
- Get references, compare prices, and check performance.
- Resist Pressure - Legitimate companies will be happy to send you detailed information and give you time to make a decision.
- Be wary of offers that promise great wealth with little effort.
- Don't pay for services unless they have been completed to your satisfaction.
- Don't conduct business over the phone unless you initiate the call.
- Know Your Rights.

Warning signs that an elder may be a target of fraud include:

- Receiving lots of junk mail.
- Getting frequent calls.
- Making repeated and/or large payments to out-of-state businesses.
- Having payments picked up by private courier services.
- Receiving lots of cheap items such as costume jewelry, small appliances, pens (often purchased in order to win supposedly valuable prizes, or these were the prizes).
- Getting calls from organizations offering to recover money that they have paid to telemarketers - for a fee.

Tips for saving on Prescription Medications:

- Ask for the generic brand of medication.
- Use a pill splitter if larger sized pills are less expensive. However, make sure you take the full prescribed dosage for effectiveness; do not take less than your prescribed dosage to save money.
- Buy a 90-day verses a 30-day supply.
- Ask for older brands of medication that are as effective as the recently approved and often more expensive new medication.
- Stop using medications you no longer need.
- Pay attention to the quantity your doctor orders.
- Ask your doctor for samples at every visit.
- Ask for an AARP discount.
- Ask if there is an over-the-counter drug that is as effective as a prescription drug.
- Get only a 7-day supply of a new medication at first in case you have a negative reaction to the drug.
- Consider mail-order prescriptions.
- If you are a Veteran, check with the Veteran's Administration to see if you qualify for prescription drug benefits.

(Adapted Top 17 Ways to Cut Your Prescription Drug Costs)

What are the signs of compulsive gambling?

- Preoccupation with gambling.
- Repeated unsuccessful efforts to control gambling.
- Need to gamble with increasing amounts of money in order to achieve the desired excitement.
- Gamble as a way of escaping other problems.
- After losing money gambling, may return another day to try to get back the losses.
- Lie to family members, friends, and therapists to conceal their involvement.
- Commit illegal acts such as forgery, fraud, theft, or embezzlement to finance gambling.
- Jeopardize or lose a job or career opportunity.
- Rely on others to provide money.

What should I ask when hiring a home care worker?

1. What type of employee screening is done?
2. Does the agency or the employer pay for the employee screening?
3. Who supervises the worker?
4. What types of general and specialized training have the workers received?
5. Whom do you call if the worker does not come?
6. What are the fees and what do they cover?
7. Is there a sliding fee scale?
8. What are the minimum and maximum hours of service?
9. Are there service limitations in terms of tasks performed or times of day when services are available?

(Adapted Administration on Aging Elder Action)

Questions to ask when planning for retirement:

1. What kind of health insurance will I have? Medicare, employer-provided, or private?
2. What will my out-of-pocket costs be?
3. Can I continue to afford rising drug costs?
4. What are the costs of long-term care?
5. Will I be financially prepared for my spouse's death?
6. What does the average funeral cost?
7. What are the costs of treating a chronic illness?
8. How long can I expect to live?
9. Do I want to compromise my current lifestyle?
10. What are some of my goals (continuing education, vacationing, giving to charity, supporting children and grandchildren)?
11. Will I be receiving any of my spouse's pension if he/she dies?
12. Can I count on Social Security to help me out when I grow old?
13. Are my children or other family members going to financially support my long-term care costs? Will I be living with them?

Eligibility requirements to receive SSI benefits:

- ☞ A person must be blind or at least 65 years of age or older or have a disability.
- ☞ Must meet income eligibility criteria. Less than \$550 per month for individual and \$800 for couples.
- ☞ A mental or physical disability expected to last for more than 12 months.
- ☞ Visual impairment not severe enough to be considered as blind, but problems in seeing are also eligible.
- ☞ Low-income groups or persons with no income and resources are eligible.
- ☞ Permanent residents or non-citizens with a military service connection, or non-citizens during their first seven years in U.S. are also eligible.
- ☞ Resident of the United States or a non-citizen lawfully admitted for permanent residence.

Some resources are not counted in determining eligibility, such as:

- Your principal place of residence (regardless of value).
- One car (if it is used to provide necessary transportation or if it does not exceed a certain value).
- Household goods and personal effects of reasonable value.
Burial plots for individual and immediate family.
- Burial funds up to \$1,500.
- Life insurance with face value of \$1,500 or less.

Assistive Technology is available for improving the following:

- Home safety
- Mobility
- Access for the hearing or vision impaired
- Cooking, housekeeping
- Leisure, recreation, exercise and physical activity
- Lifelong learning
- Computer literacy
- Reading and writing
- Medication management
- Emergency assistance
- Transferring and mobility
- Transportation
- Self-care

Services provided by Community Action in North Dakota:

Senior Chore Services: provides senior citizens with basic maintenance to help them continue living independently in their home. Region 4

Volunteer Income Tax Assistance: provides help in completing federal and state income tax returns. Regions 1, 4, and 8

Legal Aid provided by second and third year university law students (under supervision from practicing attorneys). Region 4

Representative Payee Case Management: recipients of Social Security and Supplemental Security Income are assisted in making spending choices. Regions 1, 2, 5, 7, and 8

Emergency Services, such as bus passes, to assist with travel. Region 4

Senior Health Insurance Counseling: provides assistance to those who have questions about insurance (including coverage and billings). Region 4

Diabetic Supply Program: provides supplies to eligible individuals. Region 3, 4, 5, and 6

Market Express Program: provides grocery shopping and delivery services to house-bound individuals. Region 4

Supplemental Commodity Program: provides nutritious items (such as peanut butter, juices, and cereals) to eligible individuals. All regions

Energy Share of North Dakota: assists eligible households in the prevention of electrical shutoffs. Assistance is provided in emergency situations and when all other resources have been used up. All regions

Weatherization: provides energy conservation services to low-income households. Services include insulation, caulking, water heater jackets, pipe insulation, and replacing broken windows & doors. All regions

Emergency Furnace Repair & Replacement: assists with repair and replacement of unsafe heating systems for eligible households (may require a co-payment). All regions

Cooling Program: provides window air conditioning units for eligible households with a verified medical need. All regions

What are some common myths about food stamps?

Myth: The Food Stamp Program is a welfare program.

Fact: The food Stamp Program is not a welfare program. It is a nutrition assistance program designed to help low-income individuals and families buy and consume nutritious foods.

Myth: Elderly people only receive \$10 a month in food stamp benefits.

Fact: Fiscal year 2000 statistics showed:

-elderly people who lived alone received an average of \$44 a month.

-elderly people not living alone received an average benefit of \$116 a month.

Myth: Elderly people cannot own or be buying a home.

Fact: Individuals can own or buy a home and still get food stamps. The home and its lot are not counted as a resource in the Food Stamp Program. The Food Stamp Program does not require a person to sign away their home.

Myth: Elderly people must go to the food stamp office for an interview.

Fact: If an elderly person is not able to go to the food stamp office, he or she may request a telephone interview. The person may also ask a relative, pastor, neighbor, etc., to attend the interview as an authorized representative. Applicants for and recipients of SSI may also apply for food stamp benefits at the Social Security Office.

Common myths continued

Myth: Elderly households must be re-certified for food stamp benefits every three months.

Fact: If all adult household members are elderly or disabled, the State agency may assign this household a 24-month certification period.

Myth: Elderly people do not receive credit for medical and prescription drug bills.

Fact: Medical expenses that exceed \$35 a month may be deducted unless an insurance company or someone who is not a household member pays for them. Only the amount over \$35 can be deducted.

Myth: Elderly people are only allowed \$2000 in resources.

Fact: The resources limit for elderly households or households containing one elderly person is up to \$3000.

Myth: Food stamps are only for families with children.

Fact: Food stamps are for eligible individuals and families, including the elderly.

Myth: Other people need food stamps more than the elderly individuals.

Fact: If an elderly person is certified for food stamps, he or she not be taking them away from others who have more of a need. The Food Stamp Program is an entitlement program. In other words, everyone who applies and who is determined to be eligible will get food stamp benefits.

Myth: Elderly households who receive food stamps will not be able to receive meals-on-wheels.

Fact: Households can receive food stamps and still get meals-on-wheels. In fact, households who are currently paying cash for their meals can save money because food stamps can be used to purchase the meals.

VA Services & Benefits

- Compensation & Pension Benefits
- Health Benefits & Services
- Life Insurance Program
- Burial & Memorial Benefits
- Education Benefits
- Vocational Rehab & Employment Services
- Home Loan Guaranty Services
- Board of Veterans' Appeals
- Special Programs