

BENEFITS FROM PUBLIC RESOURCES

In the midst of the most horrendous challenge of their personal lives, some are faced with the daunting task of having to rely on some form of public assistance to manage financially due to loss of income and/or excessive medical expenses as a result of life-changing health problems. Until one is knee-deep in such a crisis, most are unaware of how those systems are designed to work and exactly what sort of public benefits may be available. This article is not the complete answer, unfortunately. However, if someone finds himself in need, there may be programs of assistance that can provide some form of relief with some concentrated effort and help from others.

First and foremost, unwarranted guilt or shame in accessing these programs should be kicked to the curb...whether one receives temporary, long-term or even permanent help, the programs remain in place for use. Use them! Taxpayers, like yourself, pay for programs whether you personally use them or not. Discretion and prudence may be exercised. Or, my personal favorite, open your window and shout out that you got some help and what you paid for and rightfully earned!

Programs for assistance may depend on where you live. What may be available in the state of California is not necessarily what's available in Massachusetts. What is readily available within one county may differ in the neighboring county.

At the county level, medical benefits are often available even for patients who are insured. Those programs are established to provide additional funds for excessive and catastrophic medical bills, especially if expenses will be long-term or permanent. Typically, a referral to a county program would be generated through a hospital's referral to a RN that is a Coordinator of Care, *not* the nurse who provides bedside care. If a patient is unaware who that individual is, that question can be posed to the charge nurse on the floor. If a patient's medical condition is severe enough, a referral can be placed.

Then, records are provided and the qualifying process begins. A one-page cover letter should summarize a diagnosis and treatment plan. First, the diagnosis has to be recognized as serious and life-altering. If it's not recognized as such and you want to contest that, be prepared to provide anything and everything you can gather on the topic. The individual reviewing medical records at the initial phase is most often a nurse. Behind the scenes, a doctor may be the one who actually makes the decision. Proving severity or seriousness of a condition is key. A doctor with a desk job may be quite unfamiliar with rare and debilitating conditions that are even poorly understood within the medical community. Current articles, studies and any supportive additional documentation, as well as a treatment plan for such, can move the process in a positive direction and educate the doctor on rare disease, illness or condition.

The next step entails qualifying financially. This involves full disclosure of personal expenses and debts, as well as income and assets. Copies of bank statements, pay stubs and possibly even investment accounts may be requested. Any supporting documentation, once again, should be included. Also, a detailed cover letter of one page should introduce the financial scenario. On paper, one's income and expense may appear sufficient, but proof of current or proposed future expenses should be outlined within the body of the cover letter. This should indicate and establish the financial hardship that will be realized within the household's budget. Any and all factors impacting one's budget should also be highlighted, including reduced income due to the illness and/or the increase in medical expenses for required treatment, prescriptions and supplies. This will hopefully paint an accurate picture of how a person's budget and household will be affected amid the current health situation.



Social Security (SS) Disability benefits may also be available if one has the fortitude to pursue them. Again, establishing medical and financial necessity is the first step. Normally, unless a patient is over 65 years old, has AIDS, cancer more than once, loss of limb, eyesight or hearing, a denial is automatic and expected. However, the appeals process can be well worth it. Caution should be used in pursuing benefits where a physician's support is not realized. A doctor absolutely must be on your side if you are to pursue SS Disability income. He/she will need to be your advocate to some extent, as what he writes about you in office visit notes will be reviewed, analyzed and possibly challenged. Some doctors are uncomfortable with their recommendations being disregarded or disagreed with.

A separate referral may even be made to a physician of the government entity's choosing to obtain a second or third opinion to establish medical necessity. As you can guess, that doctor will be compensated for his opinion from the opposing side. So your case must be rock-solid! Fully cooperating with this step too is essential. Appealing SS benefits can take upwards of two years or more, and many use an advocate or legal assistance. Often, those methods of assistance can provide clarity in a process of red tape and lengthy waiting without a retainer fee. Some work with payment in the form of a future settlement from the SS Administration, if an appeal is obtained in favor of the patient. Back-pay can be retroactive to the date of first filing and paid in a lump sum from which the advocate or legal assistance can be paid. Interviewing multiple entities may be a good thing to ensure you end up with an honest and aggressive advocate that can help you prove your case.

A social worker can also be a good resource. If the social worker isn't the right step, ask him/her who that might be (such as a supervisor or supervisor's supervisor). Remember, public funds and programs are rarely advertised. Asking, pushing and pleading may uncover programs available to parents caring for a child with serious health issues who now find that they are unable to resume work. With care of an infant or child whose needs surpass what is normal or ordinary within a day-care setting, placing a child with anyone other than the parent may be the only option. A job may be forfeited and income lost. If a child's diagnosis and treatment is established in this serious category, one may apply for and possibly receive some form of public assistance financial support. Many parents find their lives permanently altered, and financial devastation may be avoided or curbed by diligently seeking and applying for income from various government sources.

Again, no shame in applying for and collecting on what is offered in the public forum! If you feel it, force it down, contain it and forge ahead. Taxpayer dollars fund such programs that you have likely been contributing to for each and every year of your entire employed life. Google the abbreviation of the state you live in (Ex; Ca.gov) and begin there. Even better, attempt to locate a local office. Go there, wait in person and plan to make a day of it with reading materials and snacks in tow. That may be a one-shop stop with multiple programs captured within one office (e.g., food stamps, medical, supplemental income).

Good health to you!

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