

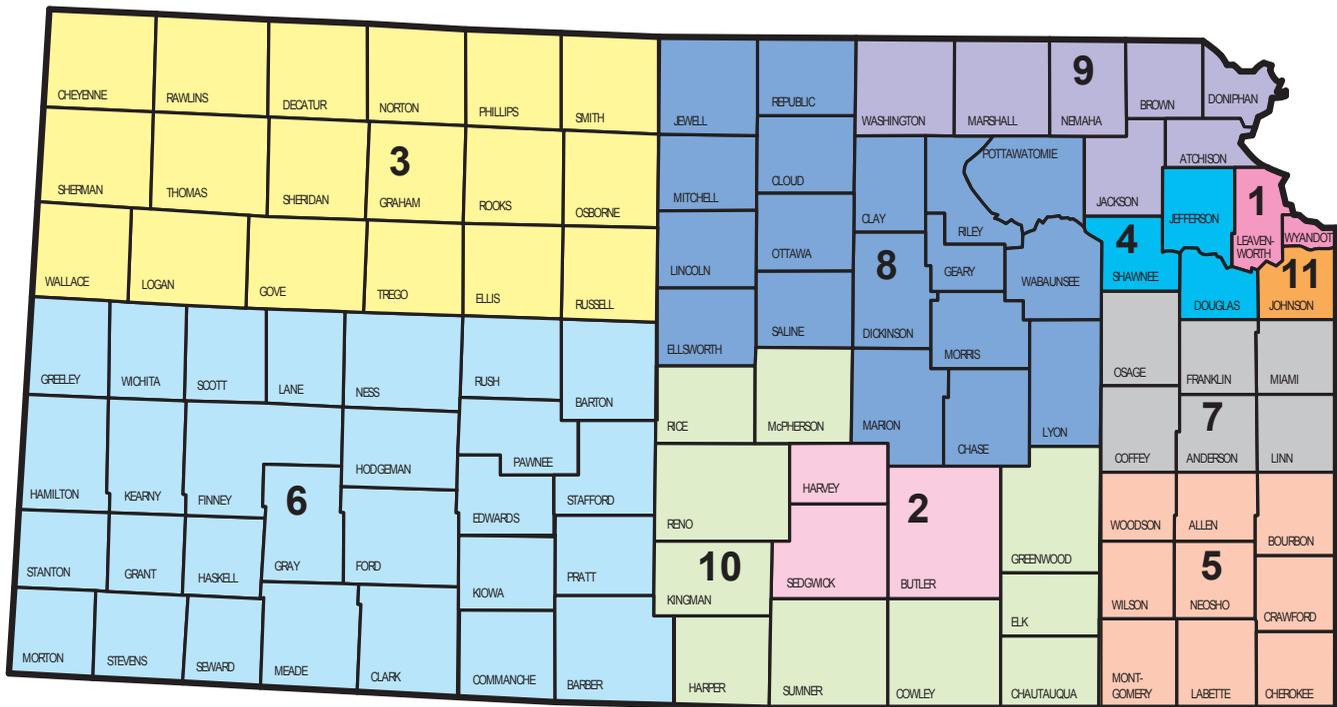
Aging & Disability Resource Guide

Useful information on legal issues,
benefits, rights and services



Aging and Disability Resource Centers (ADRC)

855-200-2372



Consult the map to locate the Agency serving your Area.

1. Wyandotte-Leavenworth - Kansas City

Area Agency 913-573-8531
Information 888-661-1444

2. Central Plains - Wichita

Area Agency 316-660-7298
Information 800-367-7298

3. Northwest Kansas -Hays

Area Agency 785-628-8204
Information 800-432-7422

4. Jayhawk - Topeka

Area Agency 785-235-1367
Information 800-798-1366

5. Southeast Kansas - Chanute

Area Agency 620-431-2980
Information 800-794-2440

6. Southwest Kansas - Dodge City

Area Agency 620-225-8230
Information 800-742-9531

7. East Central Kansas - Ottawa

Area Agency 785-242-7200
Information 800-633-5621

8. North Central/Flint Hills - Manhattan

Area Agency 785-776-9294
Information 800-432-2703

9. Northeast Kansas - Hiawatha

Area Agency 785-742-7152
Information 800-883-2549

10. South Central Kansas - Arkansas City

Area Agency 620-442-0268
Information 800-362-0264

11. Johnson County - Olathe

Area Agency 913-715-8800
Information 888-214-4404

Acknowledgements

This guide is provided solely for educational and informational purposes and may not be construed or relied upon as individual legal advice. Persons in need of such advice should seek legal counsel.

The material contained in this publication is of a general nature, will answer commonly asked questions, and is not an endorsement of any product or service. Contact the appropriate agency for current information, as eligibility and benefit amounts frequently change. The service of a professional should be sought if legal advice or expert assistance is needed.

A special thank you to Kansas Legal Services for updating the legal sections and the Kansas Attorney General's office for their numerous resources on consumer protection. Many other staff, agencies and organizations and websites, provided assistance in updating or providing information used in this guide. Many have very useful websites – please check them out.

The Kansas Department for Aging and Disability Services mission is to foster an environment that promotes security, dignity and independence for all Kansans. The Kansas Department for Aging and Disability Services envisions a community that empowers Kansas older adults and persons with disabilities to make choices about their lives.

Kansas Department for Aging and Disability Services
New England Building
503 S. Kansas Avenue
Topeka, KS 66603-3404
(800) 432-3535, Topeka (785) 296-4986

Visit our Website at <http://www.kdads.ks.gov>

January 2014

The Kansas Department for Aging and Disabilities (KDADS) does not discriminate on the basis of race, color, national origin, sex, age or disability. If you believe you have been discriminated against by either KDADS or a KDADS funded program, please contact KDADS to receive additional information on filing a complaint: 800-432-3535 (voice); 800-766-3777 (TTY).

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Helping Agencies

Area Agencies on Aging/Aging and Disability Resource Centers (ADRCs)

The ADRC is a trusted source of information where people of all ages, abilities and income levels – and their caregivers – can go to obtain assistance in planning for their future long term care service and support needs. The ADRCs provide information, referral and assistance, options counseling, and assessments to determine eligibility for appropriate programs.

Call the ADRC at **855-200-2372** or go online at www.ksadrc.org.

Centers for Independent Living (CILs)

CILs are committed to working with individuals, families, and communities to promote independent living and individual choice to persons with disabilities.

The Centers for Independent Living (CILs) receive grant funds annually from the state. The grant funds are used to provide the five (5) core services required under federal regulation:

- information and referral
- independent living skills training
- peer counseling, including cross-disability counseling
- individual and systems advocacy
- de-institutionalization

In addition to the core services, additional services may be provided at the discretion of each CIL. To locate a CIL, see maps at the back of this booklet.

Crisis Assistance

If you or someone you know is affected by suicide, please call for help. Headquarters Counseling Center in Lawrence is the National Suicide Prevention Lifeline center for Kansas. Reach

them free of charge, 24/7 at **800-273-8255** (from land line) or **785-841-2345** (from cell phone). For more information, visit www.HeadquartersCounselingCenter.org

The Veterans Crisis Line connects Veterans in crisis and their families and friends with qualified, caring Department of Veterans Affairs responders through a confidential toll-free hotline, online chat, or text. Veterans and their loved ones can call **800-273-8255** and Press **1**, or send a text message to **838255** to receive confidential support 24 hours a day, 7 days a week, 365 days a year. Their website is www.veteranscrisisline.net.

If you or someone you know has a gambling problem, help is available. Contact the Problem Gambling Helpline at 800-522-4700; professionals are available 24 hours a day to take your call.

Are you experiencing signs of distress as a result of a disaster? Please call the toll-free Disaster Distress Helpline at **800-985-5990**. This free, confidential, and multilingual crisis support service is available 24 hours a day, 7 days a week, and is also available via SMS-text “TalkWithUs” to 66746. Callers and texters are connected to trained and caring professionals who provide confidential counseling, referrals to the closest crisis centers, and other needed support services.

Eldercare Locator

Eldercare Locator is a public service provided by the U.S. Administration on Aging. This service can be used by anyone to find aging services in any state. For example, someone could use the Eldercare Locator to find legal services or in-home services in a community outside of Kansas. People with older relatives in other states may use Eldercare Locator as a first source of help.

Call the Eldercare Locator toll-free at **800-677-1116**, or visit the website at www.eldercare.gov.

Kansas Commission on Disability Concerns (KCDC)

KCDC provides disability-related information to the people of Kansas. Some of the key resources are disability service maps, disability resources, Americans with Disability Act (ADA) information, legislative information and more.

In addition, KCDC offers information on topics to assist people with disabilities in living as equal citizens. Contact them at **800-295-5232**, 711 for Relay Service or online at www.KCDCinfo.com

Kansas Department for Children and Families (DCF)

Formerly SRS, DCF provides integrated service delivery in: Child Support Enforcement, Children Support Services, Economic and Employment Support, Prevention and Protection Services and Rehabilitation Services. DCF determines financial eligibility for Medicaid-based assistance programs. To apply, contact customer services at your nearest area DCF access point, call **888-369-4777**, or go online at www.dcf.ks.gov and fill out their online application.

Kansas Disability Rights Center (DRC)

The Disability Rights Center of Kansas (DRC), is a private 501(c)(3) nonprofit corporation, independent of both state government and disability service providers. Their independence allows DRC to focus on the needs of Kansans with disabilities, providing legal representation in disability rights matters and advocacy for protecting the rights of consumers in Kansas with disabilities under state or federal laws. Contact them at **877-776-1541** or TDD **877-335-3725** or online at www.drckansas.org

Kansas Long Term Care Ombudsman

A long-term care ombudsman is a resident advocate and negotiator, problem solver, educator, objective investigator and collaborator.

An ombudsman helps long-term care residents obtain the highest quality of life, helps long-term care staff meet the needs and concerns of those who reside in their facility and receives and investigates complaints with a goal of achieving an equitable solution. Contact them at **877-662-8362** or <http://www.kansasombudsmanksgov.com>

KanCare Ombudsman

The Office of the Ombudsman assists Kansas Medicaid consumers/KanCare participants in resolving their concerns. Its primary focus is to facilitate solutions of issues involving long-term services and supports. The Ombudsman provides an independent and confidential resource for consumers' issues and provides guidance to the Secretary of the Department for Aging and Disability Services on policy issues. The Ombudsman also reports to the Legislature on an annual basis about KanCare.

The office can be contacted at **855-643-8180** or email KanCareombudsman@kdads.ks.gov.

Multi-Purpose Senior Centers

Kansas has more than 350 senior centers across the state. Each center is independent but they may offer a variety of services such as information and assistance, recreation, nutrition programs, social events, friendship and transportation. To find senior centers in your area, contact the Aging and Disability Resource Center at **855-200-2372**.

Consumer Protection

Even though consumer protection legislation and court decisions in favor of consumer rights are increasing, the best protection is to be a well-informed, careful buyer. You should be knowledgeable about your legal rights, cautious of product exaggerations and unafraid to demand satisfaction for the price of the purchase. The Kansas Consumer Protection Act makes it illegal for businesses to engage in any deceptive act or practice in the sale or rental of goods or services. For example, the seller cannot state that a product is new when it has been used. It is illegal to falsely state that a product will never need repair or service.

It is also illegal for a seller to engage in an unconscionable act or practice. An unconscionable act is not necessarily deceptive, but is an unfair advantage taken by the seller. For example:

- Selling an item when there is no probability the buyer can pay for it.
- Selling an item at a price that is far higher than the normal selling price.
- Selling an item by taking advantage of the buyer's physical infirmity, ignorance or inability to understand the language of the agreement.

If you believe a deceptive or unconscionable practice is occurring, notify the Attorney General at **800-432-2310**, the Better Business Bureau, or your personal attorney.

In Kansas, the Attorney General is charged with the general responsibility of enforcing the laws that grant protection to consumers. A special division has been created for consumer complaints:

Office of the Attorney General
Consumer Protection Division
120 SW 10th
Topeka, KS 66612-1597
785-296-3751 or 800-432-2310

If you have a complaint about a business, you may contact the Attorney General's Consumer Protection Division or the Better Business Bureau.

Banking/Checking Accounts

Checks

Review your checks each time you order and store all new checks in a secure location. Never pre-sign blank checks.

Bank accounts:

Individual: An account owned by one person. When the owner is deceased the funds in the account go to the owner's estate and are usually probated. Estates under \$40,000 can be transferred by affidavit signed by all heirs (KSA 59-1507(b)).

Joint Tenants in Common: An account owned jointly by two or more persons. Each owner owns a certain portion of the account (usually a proportionate share). If one owner dies, his/her share of the funds passes to his/her estate. The surviving owner(s) is left only with their remaining portion of the account.

Joint Tenancy with Right of Survivorship and Not as Tenants in Common: An account owned jointly by two or more persons. Each owner has an undivided interest in the funds in the account (each owner owns 100% of the funds). If one owner dies the surviving owner(s) remains the owner of the entire account. None of the funds passes to the decedent's estate.

- Note- Each joint owner technically owns the account. If one of the owners receives a garnishment, tax levy, or other legal attachment the account would be considered part of that person's assets. *Example: Mother adds son to her account as a joint owner. Son has a legal problem and mother's account is attached.*
- Authorized Signer: An individual may have a child or trusted person transact business for the account owner. This can be accomplished by adding the person as an Authorized Signer rather than a joint owner. The authorized signer has

authority to transact business but is not an owner of the account. This authority ceases to be effective upon the death of the account owner. The owner may name payable on-death beneficiaries on the account.

Pay-on-Death (POD) Account: This is a simple account in which the account owner lists someone as beneficiary. The owner retains full ownership and control of the funds, and can change the beneficiary as necessary. There can be more than one beneficiary named. The beneficiary(s) has no claim to funds as long as the owner is alive. Upon the death of the owner the funds pass to all living beneficiaries, usually in equal amounts. The funds in this type of account will not pass through probate. *(An eligible beneficiary must be one of the following: an individual, an individual or corporate fiduciary (trustee), a nonprofit religious or charitable organization.)*

Safe Deposit Box

- A beneficiary cannot be named on a box
- Add a trusted person as a joint signer on the box contract
- Tell this person where the key is located

Major Credit Purchases

Most major purchases and even routine purchases involve making a contract between the buyer and the seller. Contracts most often come into the picture when credit is extended for purchase of an item or service, and payment is delayed over a period of time.

In effect, the company you are buying from extends you a loan in the amount needed to make the purchase. You, in turn, agree to pay back the money plus a finance charge of some kind.

Basic Tips:

- Insist that the salesman let you take home a copy of the fill-in contract before you sign it.
- Show the contract to a friend or attorney if there is a question about some provision of the

contract.

- Have all warranties and guarantees put in writing.
- Have all blanks filled in on a contract before signing it.
- Keep a copy of all contracts, payment records and complaint letters in a safe place.
- Take time to read a contract carefully before signing it.

Whenever you buy on credit, make sure that you know how much your total cost will be. Know how long you will have to make payments and be sure you can make them. The Federal Truth-In-Lending Act requires businesses that extend credit to tell you the cost of credit in the long run. When you buy on credit, you must be told the Finance Charge and the Annual Percentage Rate.

Terms You Should Know

Finance Charge- the price you pay for the privilege of paying in installments over a period of time.

Annual Percentage Rate (APR) - the rate of interest you pay for the privilege of buying on credit.

Cash Price- what an item or service would cost if you paid for it completely at the time you bought it.

Deferred Payment Price- the total amount you will pay for the item or service over the term of the installment period.

Remember:

Cash Price + Finance Charge=Deferred Payment Price.

Charitable Contributions

Consumers are often solicited for charitable contributions. The Kansas Charitable Organization and Solicitation Act as defined in K.S.A. 17-1759 et seq., requires charitable organizations, fundraisers, and solicitors to register with the Secretary of State prior to soliciting. Registration does not constitute an endorsement of the charity, its fundraisers, or its solicitors.

Find out whether or not you are dealing with a professional fund-raiser. Ask how much of your donation goes to pay the fund-raisers and how much will go to charity. Some fund-raising organizations keep more money than they give away. The Better Business Bureau has a philanthropic service which can give you further information about charitable organizations.

You may contact the Office of the Secretary of State **785-296-4564** or visit the Kansas Charity Check website at www.KsCharityCheck.org for information on the following:

- Charitable organizations registered in Kansas
- Money raised by the charitable organization
- Percentage of money spent by the charitable organization for fund-raising expenses
- Consumer advice on charitable giving
- Your rights as a consumer
- Kansas Solicitation Law

Funeral Planning

By making funeral plans in advance, you can choose the kind of arrangements you want and be prepared for costs. You can save money and spare your family the pain and expense of making decisions in a crisis. When plans are made according to your wishes, you will have added peace of mind. The first step is to think about your preferences and make some basic decisions.

There are two major considerations:

- whether you prefer burial, cremation, or bequeathal; and
- what type of service you prefer.

Burial is the most common choice and can be economical or expensive depending on the casket, services, and cemetery charges. Cremation is becoming more popular and is usually less expensive than burial.

Bequeathal of your body to a medical school is an important service to humanity. It is economical because the school pays for almost all arrangements. You do need an agreement with a medical school

and alternate plans in case the circumstances at death make bequeathal impossible.

When you are clear about your wishes, you need to find out who can provide the necessary arrangements and what they will charge.

Funeral Plan Purchasing Tips

- Discuss costs when you make plans. A funeral is a major purchase and should be treated as such.
- Think carefully before you pay in advance. Prepayment involves the risk of paying more than the cost of your funeral or having too little to cover the bills. Prepayment can also cause problems if the funeral home goes out of business or if you move or change your plans. If you wish to have funds ready for your funeral, arrange a special bank account or third-party trust.
- Call on several firms, explain what you want and find out what they have to offer. Under the Federal Trade Commission (FTC) Funeral Rule you may telephone funeral providers and ask about terms, conditions or prices of funeral goods and services.
- Ask for an itemized price list of the services and merchandise you want.
- Put any instructions and plans in writing and give them to your next-of-kin or the person responsible for making your arrangements. Do not put instructions in your will or safe deposit box.

The Kansas State Board of Mortuary Arts (KSBMA) also has free copies of information brochures, "Facts About Funerals," "Preparing/Planning Your Funeral Arrangements" and the "Memorial Planning Guide."

Although this agency does not regulate the cost of merchandise or services, they will answer questions regarding funeral homes. While the Mortuary Arts Board regulates how prices are displayed and provided to consumers, the cost amounts are based on what the market will bear.

Complaints against Kansas funeral homes can be made with Kansas State Board of Mortuary Arts (KSBMA). KSBMA does not license or regulate cemeteries. The KSBMA can be contacted at:

700 SW Jackson St., Suite # 904
Topeka, KS 66603-3373
785-296-3980

or you can visit its website at
www.kansas.gov/ksbma/
or e-mail: bomal@ksbma.ks.gov

Home Repair Companies

Whenever it is necessary to hire someone to do work on your home, be cautious and shop around. Get two or three estimates to see who is offering the best bargain. Also, check references before you hire. Watch out for fly-by-night operators. After you decide upon a contractor, ask that your agreement be written down. Include items such as price and the guarantees of work to be done. Do not pay the contractor in advance, and do not pay the contractor the full amount until the job is finished.

If a considerable amount of construction materials have gone into the job, you may want to request proof from your contractor that the bills for these items have been paid. If the bills go unpaid, the supplier of the materials could place a lien on your home and force you to pay the contractor's debt. You would then have to sue the contractor to recover your added expenses.

Identity Theft

Identity theft occurs when an individual uses another individual's personal information to take on that person's identity. If you are the victim of identity theft, immediately contact the fraud department of any one of the three major credit bureaus: Equifax **800-685-1111**; Experian, **888-397-3742**; or Trans Union, **800-493-2392**.

Request that a "fraud alert" be placed in your file, as well as a victim's statement asking creditors to call you before opening any new accounts or changing your existing accounts. *As soon as the credit bureau confirms your fraud alert, the other two credit bureaus will be automatically notified to place fraud alerts. Once the alert is placed, you may order a free copy of your credit report from all three major credit*

bureaus.

For any accounts that have been fraudulently accessed or opened, contact the security departments of the appropriate creditors or financial institutions. Close those accounts and put passwords on any new accounts you open. Contact the Office of the Attorney General, Consumer Protection Division:

120 SW 10th Ave., 2nd Floor, Topeka, KS 66612
or Consumer Hotline, **800-342-2310**. You may also contact the Federal Trade Commission's Identity Theft Clearinghouse at **877-438-4338** or online at www.consumer.ftc.gov.

Minimize the risk of identity theft

- Be careful with your personal information (Social Security number, date of birth, mother's maiden name). Confirm the identity of the person before you divulge any personal information. Find out exactly why that information is needed, how it will be used and whether it will be shared with others.
- Never preprint your Social Security number on your checks, insurance cards, or driver's license.
- Create unique passwords and personal identification (PIN) numbers. Avoid using information such as your mother's maiden name, date of birth, or the last four digits of your Social Security number.
- Pay close attention to your bills and credit card statements.
- Do not mail your bills from your home mailbox. Take them directly to the Post Office. Pick up your mail from your mailbox as quickly as possible after delivery.
- Watch your trash. Shred old bills, unwanted credit card solicitations, credit card receipts and insurance or other medical information that you no longer need.
- Minimize the identity information and credit cards that you carry with you.

Check your credit report annually. Once a year you can order a free credit report. You can order your report either online at www.annualcreditreport.com,

call toll-free **877-322-8228**, or by completing an Annual Credit Report Form and mailing it to:
Annual Credit Report Request Service
P. O. Box 105281
Atlanta, GA 30348

If you request your report online, you should be able to access it immediately. If you ask for your report by phone or request a report by mail, the report will be processed and mailed within 15 days.

Internet Safety

When you use the internet, be aware that the person requesting information from you may not be who you think they are. No matter how impressive or professional a web site looks, it doesn't mean it is official.

When Surfing the Web

- Protect your personal information (name, date of birth, Social Security number and pin numbers).
- Never disclose your password.
- Verify online security before you do business on the internet.
- Be mindful of who you're talking with before you give out personal information.
- Install a virus protection program before you go online.
- Watch out for "exe" files that could contain a virus, collect information about you, or ruin your hard drive.
- Be wary of any company that makes a product or performance claim that's unlikely or hard to believe.

Mail

Mail solicitors will occasionally send unordered merchandise to consumers. Whenever any person or company voluntarily sends you goods you did not order, the law considers the item to be a gift to you. You don't have to pay for or return the merchandise.

Dishonest mail solicitations can be very similar to telephone solicitations. Again, consumers are lured by promises of riches. Read your mail very carefully. Read everything on the front and, even more

importantly, read the back. If you can't see or read the print, seek some assistance. Be aware that many companies intentionally select names that make them sound as if they are associated with the government when, in fact, they are not.

To receive less national advertising mail, you can register for the Direct Marketing Association's (DMA's) Mail Preference Service (MPS) and Electronic Mail Preference Service (e-MPS). The DMA is a private marketing association that requires its members to use their name-removal service, and encourages all direct mail companies to use the list.

To remove your name and email from marketing lists instantly online, visit: www.dmachoice.org.

You may also send a letter requesting your name and email removal to:

DMACHoice
Direct Marketing Association
PO Box 643
Carmel, NY 10512

If submitting your request by mail, please include \$1 for each address —check or money order payable to the DMA. **Do not send cash.**

Please allow 60 – 90 days after registration to begin receiving less mail. Your name and address will remain on DMAchoice for three years.

• **Please Note:** Although you will see a great reduction in the unsolicited mail you receive, not all commercial mail will stop.

You may continue to receive mail from companies with which you already do business, or companies that do not use MPS or e-MPS to clean their lists. Also, MPS only applies to home addresses, not business addresses.

Mail Order Problems

Check with the Better Business Bureau, Chamber of Commerce or state or local consumer protection agency, before ordering merchandise from a business

you are not familiar with. Be wary of post office boxes and companies in other countries. Be sure to keep track of the price, what you ordered and when, warranties and confirmation numbers. Once the product is received, check your credit card to ensure accurate billing.

If you suspect you are a victim of fraud or experience difficulty with the company, contact your local postmaster.

To report postal crimes such as drugs in the mail, mail fraud or mail theft, contact your local postmaster or the Postal Crime Hotline at **888-877-7544** or on line at <https://www.uspsoidg.gov/form/new-complaint-form>

National Do Not Call Registry

The National Do Not Call Registry gives you an opportunity to limit the telemarketing calls you receive. The registry is managed by the Federal Trade Commission (FTC). It is enforced by the FTC and the Federal Communications Commission (FCC) in conjunction with the Kansas Attorney General.

To access this service you may either call toll-free, **888-382-1222**, or visit the website at www.donotcall.gov. To register for this service you must provide your name, address, and telephone number.

Once you register your phone number, telemarketers covered by the National Do Not Call Registry have up to 31 days from the date you register to stop calling you.

Your telephone number may be removed from the registry per your request or if phone service is disconnected.

Consumers who believe that they have received an unsolicited consumer telephone call should obtain as much information as they can about the telemarketer, such as the company's name, telephone number, address and the name of the caller, if possible. This information will aid in the investigation and enforcement of alleged violations. You may file a No-Call complaint by contacting either the Kansas

Attorney General's Consumer Protection Division at **800-432-2310** or the National Do Not Call Registry at **888-382-1222** or www.donotcall.gov.

Remember, political and charitable calls are not covered by this law. In addition, companies you have specifically asked to call you, as well as companies with which you have an established business relationship within the past 36 months, are exempted from the requirements of the law.

Online Pharmacies

Whether you use mail order or a local pharmacy, the Kansas Board of Pharmacy must register all pharmacies doing business in Kansas. Call the Kansas Board of Pharmacy at **785-296-4056**, to find out if a particular pharmacy is registered.

If you purchase your prescription online, choose an online pharmacy that requires a valid prescription from your personal doctor and is registered with the Kansas Board of Pharmacy. Be cautious of sites offering only a limited range of prescriptions and those that ask you to sign a waiver of liability.

If you suspect a site is not licensed, report it to the US Food and Drug Administration at <http://www.fda.gov/ForConsumers/ProtectYourself/default.htm>.

Opting Out of Pre-Screened Credit Solicitations

If you decide that you don't want to receive pre-screened offers of credit and insurance, you have two choices: You can opt out of receiving them for five years or opt out of receiving them permanently. Call toll-free 1-888-5-OPTOUT (1-888-567-8688) or visit www.optoutprescreen.com for details.

When you call or visit the website, you'll be asked to provide certain personal information, including your home telephone number, name, Social Security number, and date of birth. The information you provide is confidential and will be used only to process your request to opt out.

Calling the opt-out line or visiting the web site will stop the prescreened solicitations for credit and insurance based on lists from other sources. You may continue to receive mail from other sources. To stop other mail, you will need to contact each of them directly.

Pornographic Mail

Complete Postal Service Form 1500 (available at your local Post Office) if you do not want to receive unsolicited sexually oriented advertisements through the mail. Thirty days after your name has been placed on the Postal Service reference list, any mailer who sends you a sexually oriented advertisement may be subject to civil and criminal sanctions.

Your name will remain on the list for five years unless you ask to have it removed. At the end of five years, you must complete another form.

Prepare for Disaster

No matter what your age, physical or mental condition, income level or where you live, disasters can and do happen. They may take the form of huge storms with flooding or snow and ice, fires or acts of terrorism. They may cover your entire state or city, or just your little corner of the world. Protecting yourself and your family when disaster strikes requires planning ahead. Be prepared for the little disasters as well as the big ones.

First, assess your immediate needs should a disaster strike. Prepare a disaster supply kit that will fit your personal needs and keep it in a convenient, easy to reach location. Think about food, water, a small amount of cash, batteries, flashlights, first aid and clothing. Keep a list of your medications available if you need to replace your medications. Most disaster experts say to prepare for a three day event. Store the items in an easy to carry container such as a back pack, small suitcase or duffel bag. Re-evaluate the contents at least annually or more frequently if your family or health changes.

Discuss with your family, friends and neighbors where you would go in a disaster, who you would

contact and how you would get there. Think about escape routes, not only from your home, but your neighborhood, work or other places you frequently visit.

Keep emergency and family phone numbers posted where you can find them. Don't rely solely on computer or cell phone lists – the chances are there will not be power when you need it the most. Take responsibility now and plan ahead.

Sweepstake Scams

Con artists often use sweepstakes to lure consumers into sending money to claim a “prize” they’ve supposedly won, often for a contest they didn’t even enter. Sweepstakes scams tell you the only thing separating you from your “winnings” is a fee to cover the taxes or service charges, but the winnings often never materialize.

Precautions for consumers:

- **Don't pay to collect sweepstakes winnings.** Legitimate sweepstakes don't require you to pay “insurance,” “taxes” or “shipping and handling charges” to collect your prize.
- **Hold on to your money.** Scammers pressure people to wire them money through commercial money transfer companies like Western Union or to overnight a check or money order. Once you send this money, it's unlikely you will ever recover it.
- **Look-alikes aren't the real thing.** It is illegal for any promoter to lie about an affiliation with – or an endorsement by – a government agency or well-known organization.
- **Phone numbers can deceive.** Some con artists use technology that disguises their area code when they call you. They may be calling from anywhere in the world.
- **Take control of the calls you receive.** Register your home and cell phone numbers on the national Do Not Call List by calling toll-free 1-888-382-1222 (TTY 1-866-290-4236), from the number you wish to register or signup online at www.donotcall.gov.
- **You do not need to make a purchase to enter**

or win. It is illegal to require a purchase to enter a sweepstakes in Kansas, and making a purchase does not increase your chances of winning.

- **The odds of your winning from a sweepstakes mailing will be in the official rules and regulations.** The odds of winning a typical sweepstakes is one in 117,000,000 and the odds of being struck by lightning is approximately one in 800,000, so you are 146 times more likely to be struck by lightning than to win the sweepstakes.
- **Check the rules on the back of the certificate or envelope for the actual contest deadline.** Don't be fooled by the words "urgent" or an official document.
- **If you enter your personal information (such as your name, address and/or telephone) it will be sold to other companies.**

Telemarketing Fraud

Vulnerable citizens often become targets of dishonest telemarketers. While many firms that sell by telephone and through the mail are reputable, some are not and it can be difficult to know the difference. To protect yourself, you should live by the motto, "If it sounds too good to be true, it probably is."

Generally, "scam" telemarketers follow a similar pattern. Consumers are called and pressured into listening to a sales presentation. The telemarketer will promise that the consumer will receive a prize, award, or special bonus. In order to claim the prize, however, you must make a purchase, and send money or call a 900 telephone number. The free gifts invariably turn out to be worthless vacation packages or trinket jewelry, rather than the cars or large cash awards promised.

To protect yourself, you should always be prepared to hang up. Give out your credit card number only when you are certain you are dealing with a reputable company. Be cautious about making quick decisions. Ask lots of questions. Get the name and street address of the person calling. Ask them to send you written sales information, including product prices. Be cautious about revealing personal information. Don't make the telemarketer your friend - they are not.

Warranty Laws

A warranty is a representation that a product has certain characteristics and that the seller or manufacturer will support its product and its claims in a certain way. When shopping, be sure to compare the different warranties that are given on products.

Basically there are four types of warranty:

- **Warranty of Title-** the seller guarantees to give you a valid title to the product or property. No one else has any legal interest in the property.
- **Express Warranty-** the seller makes an oral or written statement about the goods it is advertising or packaging at the time of sale. This does not include the seller's opinion of the product or its value.
- **Implied Warranty of Merchantability-** the goods are fit for the ordinary purpose for which the goods are to be used. The manufacturer, seller, etc. need not make any written or oral statement.
- **Warranty of Fitness for a Particular Purpose-** the seller knows you are looking for a product for a special purpose and states that the item being sold to you will fit that purpose. You are relying on the seller's judgment in selecting an appropriate product.

Under the Kansas Consumer Protection Act, the implied and fitness types of warranties can never be disclaimed - which means the seller, manufacturer, etc. cannot exclude these guarantees from part of the conditions of the sale. Nor can the seller enforce any agreement in which you agree to a limit on the types of remedies you may seek if the goods do not meet the standards. If you believe that you purchased an item that is not fit for a particular purpose you expressed, or of merchantable quality, or consistent with the express warranty, you may generally demand that the goods be repaired or replaced. Return the goods and request a refund, refuse to pay for the goods, or keep the goods and deduct any repair costs. If you have been physically injured by goods purchased, then you may have a right to sue the seller or manufacturer. You should consult with an attorney as soon as possible, since there are time limits imposed on bringing such actions.

Abuse, Neglect, Exploitation and Fiduciary Abuse

It is hard to believe that someone you love or trust would harm you. Yet, abuse, neglect and exploitation are a reality for many vulnerable adults who have been injured, exploited, or otherwise mistreated by someone whom they depend upon for care or protection.

There is no universal definition of abuse. The term abuse usually refers to abuse, neglect, exploitation, or fiduciary abuse of a vulnerable adult. In Kansas the statute definitions of abuse of a dependent adult or resident of an adult care home are very similar (adult as defined in K.S.A. 39-1430(a) or adult care home resident as defined by K.S.A. 39-923).

Abuse of an adult or resident is considered as: any act or failure to act performed intentionally or recklessly, that causes or is likely to cause harm, including: infliction of physical or mental injury; any sexual act with an adult when the adult does not consent or when the other person knows or should know that the adult is incapable of resisting or declining consent to the sexual act due to mental deficiency or disease or due to fear of retribution or hardship; unreasonable use of a physical restraint, isolation, or medication that harms or is likely to harm an adult; unreasonable use of a physical or chemical restraint, medication, or isolation as punishment for convenience, in conflict with a physician's orders or as a substitute for treatment, except where such conduct or physical restraint is in furtherance of the health and safety of the adult; a threat or menacing conduct directed toward an adult that results or might reasonably be expected to result in fear or emotional or mental distress to an adult; fiduciary abuse; or omission or deprivation by a caretaker or another person of goods or services which are necessary to avoid physical or mental harm or illness.

Neglect of an adult is: the failure or omission by one's self, caretaker or another responsible person to supply or provide goods or services which are reasonably necessary to ensure safety and well-being and to avoid physical or mental harm or illness.

Exploitation of an adult is: the misappropriation of an adult's property or intentionally taking unfair advantage of an adult's physical or financial resources for another individual's personal or financial advantage by the use of undue influence, coercion, harassment, duress, deception, false representation or false pretense by a caretaker or another person.

Fiduciary abuse is a situation in which any person who is the caretaker of, or who stands in a position of trust to, an adult or resident, takes, secretes, or appropriates their money or property, to any use or purpose not in the due and lawful execution of such person's trust or benefit.

Certain professionals are mandated to report abuse, neglect, or exploitation. Also any person who has reasonable cause to believe that an adult or a resident is being or has been abused, neglected or exploited, or is in a condition which is the result of abuse, neglect, or exploitation or is in need of protective services can make a report. Any mandated reporter who knowingly fails to make a report shall be guilty of a class B misdemeanor. (K.S.A. 39-1402(e) and K.S.A. 39-1431(e)).

Note: Any person who makes a report in good faith cannot be sued for doing so. Mandatory reporters cannot be fired, suspended, or disciplined by their employer for making a report.

Protective services are services provided by either the state or a governmental agency, or any private organizations or individuals which are necessary to prevent abuse, neglect or exploitation. Services shall include, but are not limited to, evaluation of the need for services, assistance in obtaining appropriate social services and assistance in securing medical or legal services.

A reported adult has the right not to consent to an investigation or protective services. If the reported adult lacks capacity and is in need of protective services the Kansas Department for Children and Families (DCF) may petition the court for appointment of a guardian or conservator to assist the adult.

Reporting Abuse, Neglect, Exploitation or Fiduciary Abuse:

In an Adult Care Home:

Kansas Department for Aging and Disabilities
800-842-0078

In a Medical Care Facility:

(Not long-term care)

Kansas Department of Health and Environment
800-842-0078

(same number as for an Adult Care Home)

A Child or Adult in the Community:

Kansas Department for Children and Families (DCF)
800-922-5330, open 24 hours per day. You can also
email them at ksrpc@dcf.ks.gov. If you feel this is an
emergency situation and needs immediate attention,
contact your local law enforcement agency.

When an abuse report is made the agency receiving
the report will:

- Notify law enforcement if a criminal act has or
appeared to have occurred.
- Visit with the involved adult or resident;
 - » within 24 hours when there is imminent danger
to the health or welfare of the involved adult or
resident;
 - » within three working days if there is no immi-
nent danger; or
 - » within five working days for all reports of
neglect or exploitation when no imminent
danger is indicated.

Children with Disabilities

Social Security and Children with Disabilities

A child younger than 18 can qualify if he or she meets Social Security's definition of disability for children, and if his or her income and resources fall within the eligibility limits. When deciding whether or not a child gets SSI, the child's income and resources and the income and resources of family members living in the child's household are considered.

In general, a child must not be working and earning more than a certain amount each year, must have a physical or mental condition, or a combination of conditions, that results in a "marked and severe functional limitations," and the child's condition must have been disabling, or be expected to be disabling for at least 12 months; or must be expected to result in death.

As with adult SSI, you will be asked for detailed information about the child's medical condition and how it affects his or her ability to function on a daily basis. You will be asked to give permission for doctors, teachers, therapists, and other professionals who have information about your child's condition to send the information to Social Security. Once the application is completed, the information is sent to Disability Determination for review and a decision.

If approved and receiving SSI, the law requires a review of the child's medical condition at least every three years.

Once the child turns 18, different rules apply. Family member income and resources are not counted and disability rules for adults are applied. A review must be completed during the one-year period that begins on the child's birth date. If a child was not eligible prior to age 18 due to family income and resources, they may now become eligible.

Special Health Care Needs

Children and Youth with Special Health Care Needs is a program of the Kansas Department of Health and Environment that promotes the functional skills of young persons in Kansas who have or are at risk for a disability or chronic disease by providing or supporting a system of specialty health care.

The program is responsible for the planning, development, and promotion of the parameters and quality of specialty health care for children and youth with disabilities in Kansas in accordance with state and federal funding and direction. To locate a regional office call **800-332-6262**.

Families Together, Inc.

The Parent Training and Information Center educates, encourages and informs families that have children with disabilities to be effective advocates. By providing training's throughout the state, Families Together, Inc. encourages families by sharing their own stories, as many of their staff have children or a loved one with special needs. Information and referrals to resources and services throughout the state are offered.

Other programs available are Child and Education Advocacy, Family-to-Family Information Center, and the Parent-to-Parent Information Center. Call 888-815-6364 or go on-line at <http://famiestogetherinc.org> for more information.



Your Rights

Americans with Disabilities Act

The Americans with Disabilities Act (ADA) and the Kansas Act Against Discrimination prohibit discrimination against persons with disabilities and allow persons who have been discriminated against to file complaints under the acts.

Under the ADA, an individual is considered to have a disability if that person either (1) has a physical or mental impairment that substantially limits one or more of that person's major life activities; (2) has a record of such an impairment; or (3) is regarded by the covered entity as having such an impairment. Major life activities include (but are not limited to) activities such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

Title I prohibits private employers, state and local governments and others from discriminating against qualified individuals with disabilities in job application procedures, hiring, advancement, compensation, job training, etc.

Title II prohibits state and local governments from discriminating against qualified individuals with disabilities in providing their services, programs or activities. Governments or government-funded entities must make their offices, programs and services accessible to a disabled person in a form they can use, such as by interpreter or in large print, audio tape or Braille.

Title III covers public accommodations and prohibits restaurants, hotels, theaters, shopping centers and malls, retail stores, museums, libraries, parks and other similar places from discriminating. Title III organizations must make their facilities physically accessible where readily achievable and allow these services to be used by persons with disabilities. If you are blind, you can expect menus, price tags and signs to be read to you or be available on tape or with Braille print.

Title IV covers telecommunications. In Kansas, the State Relay Center allows persons using TTYs to communicate with those who do not have a TTY. The relay center can be contacted at **800-766-3777** or **711**. The Kansas Relay Center can be used as long as one of the parties is in Kansas.

If you feel you have been discriminated against, you may want to seek legal advice. Contact Kansas Elder Law Hotline at **888-353-5337** (35-ELDER) or Kansas Legal Services at **800-723-6953**.

Age Discrimination on the Job

Workers age 40 and over have protection against job discrimination based solely on age. If you think you may have been the victim of some form of age discrimination in employment, whether in hiring, wages, promotion, training, layoffs, harassment, or any other working condition, you should know about the protection you have under the federal Age Discrimination in Employment Act. The act applies to employers of 15 employees or more, and it covers private businesses, units of government, unions, and employment agencies.

In certain situations, courts have recognized that age can be a "bona fide occupation qualification." This means that in certain occupations, usually involving public safety, age can be used as a reason for disqualification.

There are also certain federal occupations not covered by the Act and a number of exceptions to the general rule against discrimination. Because of the technical nature of this Act, it is best to consult an attorney to be sure you do not lose any of your rights.

The Kansas Age Discrimination in Employment Act applies to employers with four or more employees and protects those persons ages 18 and older from age discrimination. Employers with fewer than four employees do not fall under Kansas or federal law. The Kansas Human Rights Commission investigates all complaints. A complaint form is available on their website. Further information is available by calling or writing the Commission at:

Kansas Human Rights Commission
Landon Office Building
900 SW Jackson, Suite 568-S
Topeka, KS 66612-1285

Phone: **785-296-3206**; www.khrc.net

If you believe you have a valid complaint, you should take the following steps:

- Follow your company's grievance procedure.
- File a grievance with your union, if you have one.
- Contact the Equal Employment Opportunity Commission (EEOC) at **800-669-4000** and the Kansas Human Rights Commission (KHRC) at **785-296-3206** for assistance.

Before an individual can file a civil action, that person must file a charge of discrimination with the EEOC and/or KHRC. This must be done within six months from the last day of the incidence. The charge will be investigated, and the investigation agency will try to negotiate a solution. If this fails, the individual may sue in civil court.

The Age Discrimination Act prohibits age discrimination in programs and activities receiving federal financial assistance. The Act would apply, for example, to hospitals, nursing homes, day care centers and other social service providers. It is illegal for persons to be excluded from participation in, to be denied the benefits of, or to be subjected to discrimination in these programs and activities because of age.

The Age Discrimination Act applies to all ages. If a program is by law specifically designed for a particular age group (Example: Medicare age based eligibility), then those age restrictions would not be prohibited.

If you believe a program has discriminated against you based on age, you should file a complaint with the program, the Department of Health and Human Services (HHS), and the Attorney General. This notice must state what violation occurred, when it occurred and what remedy you would like. No money damages are available.

You may not file a lawsuit until the Attorney

General, Department of HHS and the program itself have determined whether age discrimination occurred, or until 180 days have passed without any decision.

For more information contact:

U.S Dept. of Health & Human Services
Office of Civil Rights
601 E. 12th St., Room 353
Kansas City, MO 64106
Phone: **800-368-1019**
TTY: 800-537-7697

www.hhs.gov/ocr/civilrights/complaints

Disability Rights Center

The Disability Rights Center of Kansas (DRC) is a public interest legal advocacy agency empowered by federal law to advocate for the civil and legal rights of Kansans with disabilities.

Almost every Kansan with a disability rights issue is eligible for some type of disability rights advocacy (legal representation, advocacy, self-advocacy, or information and referral). Some federal laws limit DRC's services to individuals that meet disability guidelines or have specific needs (for example DRC cannot serve seniors whose disability was caused by the aging process).

DRC provides advocacy for the civil and legal rights of Kansans with disabilities to individuals with:

- Developmental Disabilities
- Mental Illness
- Traumatic Brain Injury
- Disabled who need access to Assistive Technology
- Supplemental Security Income (SSI) or beneficiaries of Social Security Disability Insurance (SSDI) who experience disability rights barriers to employment
- Disabled who need advocacy in order to exercise their right to vote under the Help America Vote Act
- Other permanent disabilities, that were not caused by the aging process

Depending on the individual's disability, and the requirements of federal funders, DRC may be able to provide advocacy for the following cases:

- Abuse, Neglect and Exploitation
- Guardianship
- Healthcare
- Community Integration
- Accessibility
- Employment
- Fair Housing
- Technology
- Special Education

For more information contact the:

Disability Rights Center of Kansas
635 SW Harrison, Suite 100
Topeka, KS 66603-3726
Toll-free (Voice) at **877-776-1541**
TDD 877-335-3725
Topeka (Voice) at 785-273-9661,
Fax: 785-273-9414
Website: www.drckansas.org

Grandparents Visitation Rights

A grandparent has the right to seek the court's assistance in obtaining visitation rights with a grandchild. Visitation may be granted when a request is made to a District Court. The court must determine that visitation is in the child's best interest and that there is a substantial relationship between the child and the grandparent.

Some situations where this might occur are:

- The parent's divorce. The divorce decree may include this provision or be modified later to allow visitation;
- One parent dies. If the surviving spouse remarries and the grandchild is adopted by the new stepparent, visitation is still possible.
- The parents are alive and have denied visitation to a grandparent.

Grandparents have the right to be heard in court if the child is removed from the parent's home and is considered a child in need of care.

Nursing Home Residents Rights

Residents of nursing homes continue to have their entire constitutional, civil, and contractual rights guaranteed. There are federal and state regulations that require all nursing homes to guarantee and communicate certain resident rights in order to be licensed to operate or to receive Medicare and Medicaid payments. Nursing homes are required to list resident rights and must provide all new residents a copy of these rights. Generally resident rights include:

- **Respect:** You should have the right to be treated with dignity and respect.
- **Services and Fees:** You must be informed in writing about services and fees before you enter the nursing home.
- **Money:** You have the right to manage your own money or to choose someone else you trust to do this for you.
- **Privacy:** You have the right to privacy, and keep and use your personal belongings and property as long as it does not interfere with the rights, health, or safety of others.
- **Medical Care:** You have the right to be informed about your medical condition, medications, and to see your own doctor. You also have the right to refuse medications and treatments.

If you, your family or friends have a complaint about the health, safety, sanitation, nutrition, or care of a resident in a nursing home call **800-842-0078** or write the Complaint Coordinator at:

Kansas Department for Aging and Disability Services (KDADS)
503 S. Kansas Avenue
Topeka, KS 66603-3535

For questions about resident rights, administrative or agency actions that negatively impact a resident of a nursing home, call the Kansas Long-Term Care Ombudsman at **877-662-8362**.

Rights of Persons with Mental Illness

Any person who becomes either voluntarily or involuntarily involved with the mental health

treatment system in Kansas has certain legal rights. The sources of those rights may be state or federal laws or regulations, decisions by state or federal courts or accreditation requirements.

A finding that an individual has a mental illness and is subject to involuntary treatment does not cause that person to lose other civil or property rights outside the treatment facility. Moreover, a finding of mental illness does not imply that the individual lacks capacity in a legal sense.

A booklet by the Disability Rights Center increases awareness of the rights of individuals with mental illness.

Access it at www.drckansas.org/publications.

Victims' Rights

According to the Kansas Constitution, victims of crime, as defined by law, are entitled to certain basic rights, including the right to be informed and to be present at public hearings of the criminal justice process, and to be heard at sentencing or at any other time deemed appropriate by the court, to the extent that these rights do not interfere with the constitutional or statutory rights of the accused.

For more information about victims' rights, contact your County District Attorney's office, the Crime Victims Informational Referral hotline at **800-828-9745**, or read the Victims' Bill of Rights, K.S.A. 74-7333.

Financial compensation may be available for medical, wage loss and other costs related to crime, where insurance is not available. A crime victim compensation form must be completed within two years of the crime. A form can be obtained from your County District Attorney or the Kansas Attorney General at www.ksag.org.

Utility Customer Rights

By law, consumers of publicly owned utilities under the rule of the Kansas Corporation Commission are given a number of rights and protections. You should know about the following standards for billing, late

payment charges, security deposits and discontinuance of service.

All bills for utility service are due and payable upon the due date stated on the bill. Each bill will note a past due date.

Any charge for late payment cannot exceed 2% of the current bill. A bill is deemed delinquent if payment is not received by the utility or its agent on or before the due date stated on the bill.

Rules about security deposits:

- Security deposits for residential customers are allowed only if the customer has an unsatisfactory credit rating, insufficient prior credit history, or has been late in paying their bill for three consecutive billing periods.
- The maximum security deposit a utility can require is two times the amount of the projected average monthly bill for the customer. Customers have the right to pay this security deposit in four equal monthly installments.
- The security deposit must be returned with interest to those customers who have paid nine of their twelve bills on time, or when service is terminated

Customers have the right to enter into a level payment plan under which each bill is calculated as being one-twelfth of the estimated annual usage. If you want to set up a plan, you will need to contact the utility and work with a customer service representative.

Customers who have unpaid bills may also work with the utility to set up a plan to pay off the amount due over a period of time. If you get a notice of disconnection, do not ignore it. If you have reason to dispute the bill, call or write the utility company and let them know. Disconnection will not occur while your complaint is being investigated.

If you rent your home and the landlord is responsible for paying the utility, the utility company must notify both the landlord and you of plans to disconnect service if the billing address is different from your address.

You may make arrangements with the utility to have a relative or close friend receive your disconnect notice. This may help you avoid an inadvertent disconnection if you forget to pay your bills.

Utility service may not be disconnected when it would be especially dangerous to the health of the customer or other resident. Once you show this to the utility and inform them that you are able to pay for service only in installments, the utility company must postpone discontinuing service for at least 21 days in order to make arrangements for payment. Factors the utility company will consider are:

- your medical condition or that of another resident;
- your age;
- any disabilities;
- the weather/time of year.

Kansas utilities are also subject to the Cold Weather Rule (see next Section).

The customer must make an initial payment of 1/12th of the outstanding balance, apply for federal, state or local utility assistance funds for which the customer may be eligible and enter into a payment agreement for the remainder of the outstanding balance.

If you have a dispute with the utility company, try contacting the utility first. The number is listed on your bill. If you do not hear from the company or are not satisfied, then contact the following agencies:

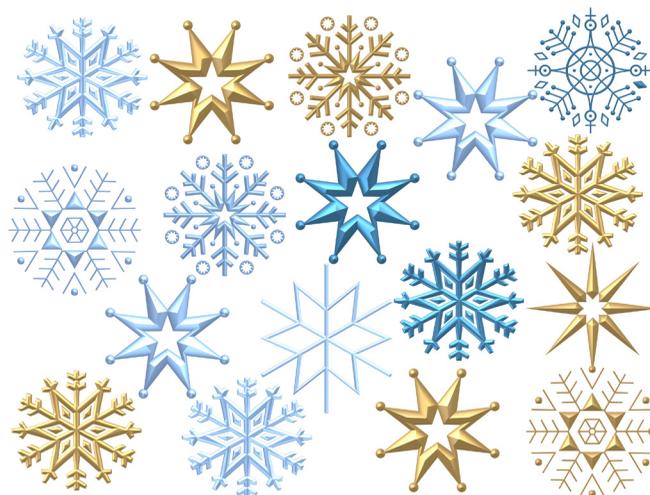
- The Consumer Protection office of the Kansas Corporation Commission, Office of Public Affairs at **800-662-0027** or in Topeka, **785-271-3140**.
- The Aging and Disability Resource Center **855-200-2372**.

Your water company is not covered by these rules. Often water is provided by municipal (city or county) government. Those utilities set rules about deposits, termination of service, etc. through the unit of government.

Cold Weather Rule

Contact your utility provider if you can't fully pay your winter utility bill. The Cold Weather Rule will be in effect every year between November 1 and March 31. This means that a utility will not disconnect service when the local National Weather Service forecasts the temperature to drop below 35 degrees or to be in the mid-30s or colder within the following 48 hour period. To avoid being disconnected when the weather is forecasted to be above those temperatures, or to reconnect your service regardless of temperature, customers must meet the following provisions:

- Notify your utility company if you can't pay your entire bill.
- Provide your utility company with information to place you on a payment plan.
- You must pay your new service bill while paying off the overdue amount.
- Make an initial payment of 1/12th of the total bill and enroll in an 11-month Payment Plan. Future monthly payments will be based on your current bill or average usage plus 1/12th of the arrears.
- Apply for federal, state, local, or other funds for which you might be eligible.
- Do not illegally take service.
- Do not default on payment plan.



Financial Assistance

Social Security Retirement Benefits

Social Security (SS) has become a general term for a number of related programs involving retirement, disability, and survivor benefits. All of these programs are designed to operate together to provide you or your family with some income when your normal flow of income shrinks due to retirement, disability, or death. While the Social Security system does provide a supplement to income, savings and other assets, it does not provide, nor was ever intended to provide, enough benefits to support retirement completely.

General questions about Social Security, claims, or benefits can be answered over the telephone. The Social Security Administration has toll-free numbers, **800-772-1213** and TTY **800-325-0778**, which you may call in addition to your area Social Security office. Social Security publications are also available on the internet, at <http://www/ssa.gov>. Office hours for most Social Security offices have changed to shorter hours. Check before you visit a local office.

Available online services are:

- Apply for benefits
- Find out what benefits you can apply for
- Estimate your future benefits
- Access to the “Benefits Eligibility Screening Tool”
- Field Office Locator
- The ability to update or request information if you are receiving benefits
- Benefit verification letter
- mySocialSecurity

You can apply for benefits online if you:

- Are 61 years and 9 months or older and plan to start receiving retirement or spouse’s benefits within four months; or
- Have a disability or illness that is expected to

keep you from working for at least 12 months or will result in death.

You qualify for retirement benefits by earning Social Security credits. These credits are earned throughout your working career by paying Social Security taxes and contributing to the Social Security trust fund.

Four is the maximum number of credits you can receive in a year. Most people need 40 credits (10 years of work, not necessarily consecutively) to qualify for benefits.

It’s a good idea to check your official work record regularly. Your work credit record available an online request at mySocialSecurity.

Drawing Social Security Benefits

You are eligible to receive Social Security retirement benefits as early as age 62. However, early retirement at age 62 will reduce your monthly benefits. The reduction in monthly benefit is permanent; it will not increase when you reach your full retirement age. Early retirement will give you about the same total benefits over your lifetime, but in smaller amounts due to the longer period you will receive benefits.

Working beyond your full retirement age may increase your Social Security benefits in two ways. First, the extra income may increase your average earnings and ultimately increase your benefits. Second, your benefits will be increased by a certain percentage that is added automatically from the time you reach your full retirement age until you start to collect benefits or you reach age 70.

If you are under your full retirement age and are collecting benefits, your benefits will be reduced if your earnings exceed certain limits during the months before you reach your full retirement age. After you reach your full retirement age you can work without any reduction in the benefits you receive, regardless of how much you earn.

If you cannot continue to work because of a health condition, you may want to consider applying for Social Security Disability to avoid having

permanently reduced benefits. When you reach your full retirement age, if you're receiving disability benefits, your disability benefits will be converted to retirement benefits.



Social Security Disability Benefits

If you suffer a physical or mental impairment that prevents you from holding a job, you may qualify for a disability benefit from Social Security. Just as with other Social Security benefits, the disability is paid to you and your family only when you have enough credits to qualify. Work credits for disability are figured the same way as retirement benefits. The number of work credits you need to qualify for disability benefits depends on your age when you become disabled. However, there are special rules for disability due to blindness and younger disabled workers.

Disability, as defined by Social Security, means that you are so severely impaired, mentally or physically, that you cannot perform any substantial gainful work. The disability must be expected to last at least 12 months from onset of disability or result in an earlier death. You must have a determination of disability based on medical evidence.

When you file your disability claim, you should bring letters from your doctor, hospital, or clinic that describe your medical condition. These letters should also state that your disability is either expected to last, or has lasted 12 months, or that it will result in death.

Even though the disability must be expected to last at least 12 months, you don't have to wait for 12 months before applying. If you qualify, disability benefits be-

gin after a waiting period of five full calendar months from the onset of the disability. There are special situations in which this five-month period will not be necessary. If you qualify for Supplemental Security Income, you may receive that benefit during the waiting period.

The amount of your monthly disability benefit is determined by your age and earnings record. If you receive only a small disability benefit, and you do not have a large amount of savings or other assets, you may be eligible for Supplemental Security Income (SSI) benefits in addition to Social Security disability benefits.

After collecting disability benefits for 24 months, you become eligible for Medicare coverage, even though you may not be old enough to be covered under the regular Medicare rules. You will automatically receive information about this several months before coverage starts. It is very important that you read this information so you don't miss important dates. See Medicare information later in this booklet under Health Care.

If your medical condition improves, and you go back to work, your disability eligibility will end. Even if you do not go back to work voluntarily, Social Security will review your case periodically to determine whether your condition has improved enough for you to go back to work.

Working while on SSDI

Notify your local Social Security Office if you go back to work while receiving disability payments. You will be allowed a Trial Work Period (TWP) to test your ability to work for at least nine months. During the TWP you may earn any amount and still receive disability benefits. At the end of the TWP, the Social Security Office will determine if full benefits will continue.

The Ticket to Work program is a voluntary program for people who receive Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI) because of a disability. The goal of the program is to help SSI and SSDI beneficiaries obtain and maintain employment and earn enough money

that they will not need Social Security cash benefits.

This program gives beneficiaries more choices to obtain the services they need to go to work or earn more money because they can now receive those services from either an Employment Network or Kansas Rehabilitation Services (KRS).

For more information contact KRS at **785-267-5301** or Kansas Benefits Counselors Network at **800-550-5804**.

Supplemental Security Income

Supplemental Security Income (SSI) provides monthly assistance to individuals who are aged, disabled or blind and who do not have substantial income or assets. Monthly benefits can also be paid to disabled or blind children. Unlike Social Security, you can get SSI benefits even if you have never worked or do not qualify for Social Security. You can even receive SSI benefits in addition to the Social Security benefit. There are certain rules you must meet to be eligible for SSI.

To receive SSI benefits you must meet certain income and asset limits, you must be at least 65 years of age and/or you must be blind or disabled. Disabled means that you have a physical or mental condition that keeps you from working and is expected to last at least a year or until you die. Children from birth to age 18 may receive monthly benefits based on disability or blindness if certain guidelines are met. If eligible, you may begin to receive benefits immediately.

Apply for Benefits

Always make a formal written claim for every benefit to which you think you may be entitled. The only way to fully protect your rights to claim a particular benefit or to appeal the denial of a benefit is to make a written claim and receive a written decision.

When you apply for benefits you may need your Social Security card, proof of age, citizenship or alien status records, proof of income and resources, proof of living arrangements, and doctors' names and ad-

resses if applying for disability benefits.

When you submit documents to the Social Security office, always attach your claim number to each document and always keep a copy of every form or document you submit. The Social Security Administration needs to see original documents. If you need assistance, contact the closest Social Security office, call **800-772-1213** or go online at www.ssa.gov.

Dependent or Survivor Benefits

When a person who has worked and paid Social Security taxes dies, his/her family may be eligible for survivor's benefits. Up to 10 years of work is needed to be eligible for benefits, depending on the person's age at time of death.

Who is eligible for survivor benefits

- Surviving spouse - full benefits at full retirement age, or reduced benefits as early as age 60.
- A disabled spouse - as early as age 50.
- A surviving spouse at any age if he or she takes care of the deceased's child who is under age 16 or disabled, and receiving Social Security benefits.
- Unmarried children under 18, or up to age 19 if they are attending high school full time. Under certain circumstances, benefits can be paid to stepchildren, grandchildren, or adopted children.
- Children at any age who were disabled before age 22 and remains disabled.
- Dependent parents age 62 or older.

When receiving survivor benefits, other things may affect your benefits, such as: if you work; if you remarry; if you are eligible for retirement benefits on your own record.

If you die, whether you were still working or retired, a lump sum of \$255 is payable to a spouse or children under 18 or disabled adult children.

Appealing a decision

Social Security will notify you in writing whether or

not your application or claim is approved, how much you will receive, and when you will get your first check. If your claim has been denied or if your claim has been accepted for lower benefits than you think you are entitled to, you have a right to appeal the decision. Appeal rights and steps should be available with every notice sent.

There are four steps in the appeals process.

Step one: The first formal step is to file a written report for reconsideration of the initial determination of your claim. At this stage there is no formal hearing or opportunity to make an appeal in person to Social Security.

Step two: If you disagree with the reconsideration decisions, you may file a written request for a formal administrative hearing; the request must be made within 60 days. Also, you have the right to examine your file at the Social Security office to see that all the papers you have filed are in the file. An administrative law judge will preside, and everything that is said or done in the hearing will be recorded. You may present any evidence you would like the judge to consider.

Step three: If your appeal is denied by the administrative law judge, your next step is to file a written appeal for a Social Security Administration Appeal Council review.

Step four: The last step available after exhausting all of the Social Security appeals procedures is to bring a civil lawsuit against the Social Security Administration in Federal District Court.

Representative Payee

If you are unable to handle your financial affairs, a relative, friend or nursing home can request that your benefit payment be made to them, as a representative payee. This request must be accompanied by positive evidence of your inability to manage your funds, usually in the form of a doctor's statement.

To become a representative payee, contact the closest SSA office. Then submit an application, form SSA-

11 (Request to be selected as payee) and documents to prove your identity. You will need to provide your Social Security number or if you represent an organization, the organization's employer identification number. SSA requires you to complete the payee application in a face-to-face interview (with certain exceptions).

Railroad Retirement

If you were employed by a railroad and earned retirement, the Railroad Retirement system provides retirement, disability, and survivors' benefits under rules approximately the same as for Social Security.

The basic requirement for a regular employee annuity is 120 months (10 years) of creditable railroad service or 60 months (5 years) of creditable railroad service if such service was performed after 1995. Service months need not be consecutive, and, in some cases, military service may be counted as railroad service. Credit for a month of railroad service is given for every month in which an employee had some compensated service for an employer covered by the Railroad Retirement Act, even if only one day's service is performed in the month. (However, local lodge compensation earned after 1974 is disregarded for any calendar month in which it is less than \$25.) Under certain circumstances, additional months of service may be deemed.

There are two types of disability benefits under the Railroad Retirement Act, occupational disability and total disability.

Total disability, at any age, if an employee is permanently disabled for all regular work and has at least 10 years (120 months) of creditable railroad service. Employees with 5-9 years (60-119 months) of creditable railroad service, if at least 5 years were performed after 1995, may qualify for tier I only before retirement age on the basis of total disability if they also meet certain social security earnings requirements. An age reduced tier II amount would be payable at age 62.

Occupational disability, at age 60, if an employee has at least 10 years of railroad service or at any age

if the employee has at least 20 years (240 months) of service, when the employee is permanently disabled for his or her regular railroad occupation. An annuity based on occupational, rather than **total**, disability also requires a “current connection” with the railroad industry.

A 5-month waiting period beginning with the month after the month of the onset of disability is required before any disability annuity payments can begin.

An employee can be compensated for service while filing a disability annuity application as long as the compensated service is not active service and terminates within 90 days from the date of filing. However, in order for a supplemental annuity to be paid by the Railroad Retirement Board, or for an eligible spouse to begin receiving annuity payments, a disabled annuitant under full retirement age must relinquish employment rights.

The age requirements for a spouse annuity depend on the employee’s age and date of retirement and the employee’s years of railroad service.

If a retired employee with 30 years of service is age 60, the employee’s spouse is also eligible for an annuity the first full month the spouse is age 60.

Certain early retirement reductions are applied if the employee first became eligible for a 60/30 annuity July 1, 1984, or later and retired at ages 60 or 61 before 2002. If the employee was awarded a disability annuity, has attained age 60 and has 30 years of service, the spouse can receive an unreduced annuity the first full month she or he is age 60, regardless of whether the employee annuity began before or after 2002 as long as the spouse’s annuity beginning date is after 2001.

If a retired employee with less than 30 years of service is age 62, the employee’s spouse is also eligible for an annuity the first full month the spouse is age 62. Early retirement reductions are applied to the spouse annuity if the spouse retires prior to her or his full retirement age. Full retirement age for a spouse is gradually rising to age 67, just as for an employee, depending on the year of birth. Reduced benefits are still payable at age 62, but the maximum reduction will be 35 percent rather than 25 percent

by the year 2022. The tier II portion of a spouse annuity (as defined **below**) is not reduced beyond 25 percent if the employee had any creditable railroad service before August 12, 1983.

A spouse of an employee receiving an age and service annuity (or a spouse of a disability annuitant who is otherwise eligible for an age and service annuity) is eligible for a spouse annuity at any age if caring for the employee’s unmarried child, and the child is under age 18 or a disabled child of any age who became disabled before age 22.

The employee must have been married to the spouse for at least 1 year, unless the spouse is the natural parent of their child, the spouse was eligible or potentially eligible for a railroad retirement widow(er)’s, parents or disabled child’s annuity in the month before marrying the employee, or the spouse was previously married to the employee and received a spouse annuity. However, entitlement to a surviving divorced spouse, surviving divorced young mother (father), or remarried widow(er) annuity does not waive the 1-year marriage requirement.

An annuity may also be payable to the divorced wife or husband of a retired employee if their marriage lasted for at least 10 consecutive years, both have attained age 62 for a full month and the divorced spouse is not currently married. The amount of a divorced spouses annuity is, in effect, equal to what Social Security would pay in the same situation and therefore less than the amount of the spouse annuity otherwise payable (tier I only). A divorced spouse can receive an annuity even if the employee has not retired, provided they have been divorced for a period of not less than 2 years, the employee and former spouse are at least age 62, and the employee is fully insured under the Social Security Act using combined railroad and social security earnings. A court-ordered partition payment may be paid even if the employee is not entitled to an annuity provided that the employee has 10 years of railroad service or 5 years after 1995 and both the employee and former spouse are 62.

A worker with at least 10 years railroad service, and who worked in at least 12 of the last 30 months

preceding death, is “insured.” If you do not meet these qualifications, your work records are transferred to the Social Security Administration for determining survivor benefits under that program.

Application for benefits may be made at the local office of the U.S. Railroad Retirement Board. Call toll free **877-772-5772** for your local office location. Visit the website <http://www.rrb.gov>.

If you want to challenge the decision, you must ask for reconsideration. If you are not satisfied with the decision on the reconsideration, you may appeal to the Bureau of Hearings on Appeals. If you do not agree with the decision of the appeals referee, you may appeal to the three-person Board.

Company Pensions

The Employee Retirement Income Security Act (ERISA) allows some workers protection in regard to pension plans offered by companies in the private work force. ERISA sets minimum standards for pension plans, guaranteeing that pension rights can't be unfairly denied or taken from the worker. ERISA also provides some protection for workers in the event certain types of pension plans cannot pay all the benefits to which you are entitled.

You have a right to know how your pension plan works and the benefits to which you are entitled.

The employer must provide you with a Summary Plan Description (SPD). The SPD is a description of the plan's terms and should provide accurate and understandable information regarding the plan's benefits, provisions, funding source and any changes to this information.

You may also get an updated Summary Plan Description at any time at the personnel or pension office where you work. You have a right to:

- Obtain a copy of the benefit plan
- Receive a Summary Plan Description
- Obtain a copy of the plan's current annual statement

In addition to the SPD, you are entitled to a statement of your “personal benefit account” which explains

how many benefits you have and what benefits you are vested in.

Vesting means that you have a legal right to collect the pension when you retire. It cannot be taken from you because you change jobs, quit work, get fired or the pension plan changes. You may have to make a written request for your personal benefit account since ERISA does not require the company to provide it unless you make a request.

ERISA also established some rules which must be followed when you retire and want to claim your benefits. All pension plans must have an established claim procedure. Check your pension plan for the specific steps you must take.

If you think you have been unfairly denied benefits, have been denied information about the plan, are adversely affected by a change in the plan, or are concerned the plan has been improperly managed, the rules of ERISA may help you. It is even possible to file a federal court lawsuit to enforce any provision of ERISA not being followed by your company's pension plan.

Kansas Veterans Benefits

The U.S. Department of Veterans Affairs (VA) is charged with administering benefit programs for veterans and their families.

Eligibility for VA benefits is determined by when you served in the military, and the length of that service. Eligibility for benefits in most cases requires that you complete your military service with a discharge that is not dishonorable.

- **Compensation and Pension Benefits** - Compensation is available for injuries or illness contracted while on active duty, either as active military or reservist. A pension may be available for War-time Veterans for total disability not the result of active service.
- **Educational and Training Programs** - These benefits are available under the G.I Bill. There are several Chapters under which veterans and reservists can use their benefits. These are in the

areas of colleges, vocational schools and on-the-job training or apprenticeship.

- **Life Insurance** - Programs are now available for veterans who have been adjudicated as having a service-connected disability. Time restrictions apply.
- **Guaranteed Home Mortgage Loans** - Loans are available to service members, veterans, reservists, and some unremarried surviving spouses for the purchase or refinancing of homes, condominiums or manufactured homes.
- **Vocational Counseling, Training and Job Assistance** - These benefits are available to veterans who have at least a 20% service-connected disability, and who need training to overcome an employment disability caused by a service-connected disability.
- **Health Care Including Long Term Care** - Several categories of health care are available depending on eligibility for specific benefits.
- **Burial** - Eligibility for burial in VA National Cemeteries include veterans, service members, dependents and some reservists. Spouses, widows/widowers, mothers, fathers and dependent children may also be eligible for VA benefits. For additional information, contact:

Kansas Commission on Veterans Affairs
700 SW Jackson, Room 701
Topeka, KS 66603
785-296-3976

Medicaid General Assistance

The General Assistance (GA) program provides access to medical benefits for persons who are disabled. The program serves those who do not qualify for other state or federal programs. It is a short-term program, persons may only receive GA for 12 or 24 months depending upon their level of eligibility. The person must apply for Social Security disability benefits to be eligible. In some cases, a person may work with Vocational Rehabilitation to become employed. You must have low income and few resources to be eligible for the GA program.

Some resources are exempt, including:

- the home where the individual lives
- assets under \$2000
- a car

To find out more about general assistance or for an application, contact the Kansas Department for Children and Families (DCF) at **888-369-4777** or a regional office.

Food Assistance

As food costs continue to rise, many Kansans on fixed incomes have difficulty obtaining the food necessary for a proper diet. The Food Assistance Program (now known nationally as the Supplemental Nutrition Assistance Program (SNAP)) is a federal program administered by the Department of Children and Family (DCF) offices.

Food Assistance benefits in Kansas are provided electronically. You will be issued a Vision card that must be used to get your benefits each month.

You may qualify for food assistance benefits if you:

- Work for low wages;
- Are unemployed or work part time;
- Receive welfare or other assistance payment; or
- Are elderly or disabled and live on a small income.

As with all financial assistance programs, you must meet certain income and resource requirements.

Income is the money you receive on a regular basis, such as wages, Social Security, and SSI. But not all of this income is counted toward the income limits. Deductions are taken for 20% of your earned income, actual cost for care of your dependents, and shelter costs (including utility costs) that exceed certain limits.

If your household contains at least one person who is either 60 or older or disabled, there may be additional deductions for medical expenses.

The term **resource** includes money and other assets that you own, such as savings and checking accounts, stocks, property and cash-on-hand.

The following items are exempt: your home and surrounding lot, household goods, and personal belongings, life insurance policies, burial plots, all vehicles, and all retirement and educational savings accounts. Your household may have up to \$2,000 of countable resources. If there is one member of the household at least 60, you may have \$3,000 of countable resources.

There are special provisions for recipients of Supplemental Security Income (SSI) benefits. The resources of SSI recipients will not be used in calculating their eligibility for the food assistance program. In addition, the gross and net income limits do not apply to households in which all members receive SSI benefits.

To apply for food assistance benefits, contact the DCF service center nearest you. You can find the nearest DCF service center on the internet and apply online at www.dcf.ks.gov or call **888-369-4777** to have an application mailed to your home. If you are applying for or receiving Supplemental Security Income (SSI), you may apply for food assistance at your Social Security District Office.

The DCF office will give you an application the same day you come in, or will mail an application to you. If you are at least 60 years of age or disabled and cannot go to the office or find someone to go for you, let the office know. The worker may be able to interview you by telephone.

The amount of food assistance benefit is determined by the Department of Agriculture's estimate of how much it costs to provide your household with nutritious but inexpensive meals. Taken into consideration are the number of people in your household and the amount of monthly income left after deductions.

If you think your application has been wrongly denied or that you haven't received the correct amount of benefits, you should notify the

DCF office. If the decision is not in your favor, you may request your case be reviewed by a fair hearing official. Your request may be made in writing, by phone or in person at the DCF office. You have the right to examine your own case file and a copy of the food assistance program rules. And, you have the right to be notified in advance if the DCF office is going to reduce or end your benefits.

In some cases you can continue to receive food assistance without change while you are waiting for the hearing decision. If the decision is not in your favor, you will be asked to repay the value of any assistance you were not entitled to receive.

Commodity Supplemental Food Program (CSFP)

CSFP serves a food package to persons 60 years of age or older with income less than 130% of the Federal Poverty Level.

CSFP distributes a monthly food package containing 10 food groups including: cheese, shelf stable milk, nonfat dry milk (every other month), peanut butter or dry beans, cereal, meat, vegetables, fruits, juice, and instant potatoes, rice or pasta.

The location of participating organizations and commodity distribution dates may be obtained from local helping agencies. If you do not know where the commodities are distributed in your community, contact the Department for Children and Families (DCF) or visit the DCF website at www.dcf.ks.gov. You can find the location of the nearest service center on the internet or call **888-369-4777**.

TEFAP commodities are shipped approximately four to six times a year to local nonprofit organizations and food banks which notify the public regarding the time and place the commodities will be distributed.

Kansas Senior Farmers' Market Nutrition Program (KSFMNP)

Eligible seniors will have the opportunity to receive a check to be used to purchase fresh vegetables and fruits at participating Farmers Market vendors during the growing season. This is not a statewide program and is only available in the following counties: Allen, Anderson, Atchison, Bourbon, Butler, Cowley, Cherokee, Crawford, Dickinson, Douglas, Finney, Franklin, Harvey, Jefferson, Johnson, Labette, Leavenworth, Lyon, Marion, McPherson, Montgomery, Neosho, Osage, Reno, Republic, Riley, Saline, Sedgwick, Shawnee, and Wyandotte

To be eligible to receive SFMNP checks, seniors must be 60 years of age or older on the day of issuance, no one under age 60 is eligible, and meet the income guidelines. Seniors that participate in the Emergency Food Assistance Program (TEFAP) and/or the Commodity Supplemental Food Program are automatically eligible to receive Senior Farmers' Market checks.

For more information contact the ADRC at 855-200-2372.

Grandparents as Caregivers Cash Assistance Program

The Grandparents as Caregivers Assistance (GPCG) program provides cash benefits to grandparents or other relatives raising children. To receive help from the Grandparents as Caregivers program, a family must have at least one child in the home under the age of 18 and:

- Be a grandparent or other qualifying relative (aunt, cousin, great-grandparent, etc.)
- Cooperate with Child Support Enforcement
- The child's income and resources must be limited
The child(ren) must not be in state custody
- The parent of the child(ren) must not live with you

For further information, contact the Kansas Department for Children and Families at **888-369-4777** or www.dcf.ks.gov

Homestead Tax Refund and Food Sales Tax Credit

Many older Kansans may not know that they qualify for partial refunds of residential property taxes and a credit on food sales taxes. Both these programs are administered by the Kansas Department of Revenue. The Homestead Tax Refund is available only to home owners starting with the 2013 tax year. It will no longer be available for renters.

As a Kansas resident for the entire year, you are eligible if you:

- Meet the income eligibility guidelines
- Were at least 55 years old on January 1. And for the entire tax year being claimed. Food sales tax applicants are eligible to apply if they turn 55 anytime during the tax year being claimed; OR
- Were totally and permanently disabled or blind the entire year; OR
- Have a dependent child who was born before January 1, was under the age of 18, and lived with you the entire year, AND
- Meet the income guidelines.

Apply for this refund during the regular tax season of January 1 thru April 15 each year.

Starting with the 2013 tax year, filed January 1 thru April 15, 2014, the Food Sales Tax Refund has been changed to a Food Sales Tax Credit. This credit, in the amount of \$125 for every exemption claimed on a taxpayer's federal income tax return (with some exceptions), is applied against the taxpayer's Kansas income tax liability after all other credits allowed under the Kansas income tax act. The credit is not refundable, and cannot be carried forward.

For current guidelines for the Homestead Refund or the Food Sales Tax Credit, contact the Kansas Department of Revenue at **785-368-8222**. Information is also available online at www.ksrevenue.org.

Specific Federal Tax Benefits for Older Americans

While generally the federal income tax laws apply equally to all taxpayers regardless of age, certain provisions give special treatment to older persons. All taxpayers 65 years of age or older benefit from a higher gross income threshold for filing a federal tax return. Qualifying taxpayers who are at least 65 years old may also benefit from the:

- Credit for the elderly or disabled, or
- Exclusion of gain on the sale of their house, or
- Increased standard deduction.

Internal Revenue Service publication No. 554, *Tax Information for Older Americans*, and publication No. 503, *Child and Dependent Care Expenses*, are available annually. They, as well as other IRS publications and forms, can be obtained by calling **800 TAX-FORM** or **800-829-3676**. Information and publications are also available online at www.irs.gov

Volunteer Income Tax Assistance and Tax Counseling for the Elderly

These programs provide free help for low-income taxpayers and taxpayers age 60 or older to fill in and file their returns. For the VITA/TCE site nearest you, contact your local IRS office. For more information, see *Free help with your tax return* under How To Get Tax Help.

For the location of an AARP Tax-Aide site in your community, call **888-227-7669**. When asked, be ready to press in or speak your 5-digit ZIP code. Or you can visit their website on the Internet at www.aarp.org/money/taxaide.

Senior Citizens May be Exempt from Intangibles Taxes

The Kansas intangibles tax is a local tax on gross earnings from intangible property such as savings accounts, stocks, bonds, etc. To determine which counties of the state have intangible taxes and what the tax rate is, view the Kansas Income Tax booklet

on line at www.ksrevenue.org. You may be eligible for an income exemption if you meet income and age guidelines or are disabled.

Although intangibles tax returns are filed by April 15 with the Kansas Department of Revenue, your county clerk computes the tax owed and your County Treasurer bills you for it.

Low Income Energy Assistance Program (LIEAP)

LIEAP is a federally-funded program that helps eligible households pay a portion of their home energy costs.

In order to qualify, applicants must meet the following requirements:

- An adult at the address must be personally responsible for purchasing heating costs incurred at the residence, payable either to the landlord or the fuel vendor.
- Applicants must demonstrate a recent history of payments toward purchase of the primary heating energy.
- The combined gross income (before deductions) of all persons living at the address must not exceed 130% of the federal poverty level.

Benefit levels vary according to household income, number of persons living at the address, type of dwelling, type of heating fuel, utility rates, and the amount of federal funds available.

The application period is from mid-January to the end of March each year. To request an application or more information about LIEAP, call the toll-free hotline at **800-432-0043**. You may also get information online at www.dcf.ks.gov.

Kansas Rehabilitation Services (KRS)

To help Kansas citizens with disabilities meet their employment goals, Kansas Rehabilitation Services (KRS) offers a variety of services. They are Vocational Rehabilitation, Independent Living, Kansas Commission for the Deaf and Hard of Hearing, Business Enterprise Program, and Disability Determination Services.

If you have a disability which impacts your ability to get or keep a job, you may want to apply for Vocational Rehabilitation (VR) services. The programs purpose is to empower persons with disabilities to maximize employment, economic self-sufficiency, independence and inclusion and integration into society. It may also include assistive technology devices or service necessary to achieve the employment goal. Apply at the nearest DCF office. For referral to the office serving your community, please call toll-free **866-213-9079** or TDD 800-432-0698.

Kansas Weatherization Assistance Program (KWAP)

The Weatherization Program assists low-income households with home repairs that will help lower their energy bills. To request an application or additional information, please call the Housing Information Line at **800-752-4422**.

Women Infant and Children (WIC)

WIC is a nutrition program that provides nutrition and health education, healthy food and other services to Kansas families who qualify. WIC stands for Women, Infants and Children.

WIC's goal is to help keep pregnant and breastfeeding women, new moms, and kids under age 5 healthy. To do this, WIC provides:

- Personalized nutrition information and support
- Checks to buy healthy food
- Tips for eating well to improve health
- Referrals for services that can benefit the whole family

But that's not all! WIC also offers immunization screening and referral, breastfeeding support, and nutrition and health classes on a variety of topics including meal planning, maintaining a healthy weight, picky eaters, caring for a new baby, shopping on a budget and more. To find out more, contact your county health department or go to www.kansaswic.org.

Working Healthy

Many people with disabilities want to work but worry that doing so could jeopardize their vital health and long term care coverage. Working Healthy offers people with disabilities who are working or interested in working the opportunity to get or keep Medicaid coverage while on the job. Through Working Healthy people can earn more, save more, achieve their career goals, and still maintain their health coverage.

Working Healthy is a Medicaid program. To qualify for this program, a person must:

- Have a disability determined by Social Security;
- Be no younger than 16 and no older than 64;
- Be employed (earning more than \$65 per month, federal minimum wage or better, FICA withholding from wages or pay SECA if self-employed);
- Have total countable income of less than 300% of the Federal Poverty Level;
- Not be receiving Home and Community Based Services;
- Not be an SSI recipient;
- Not be living in a nursing facility; and
- Have countable resources that are less than \$15,000.

Benefits Specialists are available to discuss Working Healthy and provide benefits planning and analysis regarding the effects of earnings on cash (Social Security Disability Insurance and Supplemental Security Income) and medical benefits (Medicare and Medicaid). To find one close to you, go online at <http://www.kdheks.gov/hcf/workinghealthy/benefits.htm>.

Health Care



Medicare

Medicare is a three-part health insurance program administered by the Centers for Medicare and Medicaid Services (CMS). It is designed to meet some of the hospital, medical, and prescription costs of senior citizens (age 65 or older) and some disabled persons under age 65.

It is not a comprehensive insurance, and there are some health needs that Medicare does not cover, or only partially covers. For example, Medicare doesn't pay for long-term nursing home care. Medicare will cover short-term, skilled nursing care following a hospital stay. A consumer who relies on Medicare alone is exposed to substantial risk when certain kinds of health problems occur.

The Kansas Foundation for Medical Care provides oversight of quality of care under Medicare. Contact them at **800-432-0407** with questions or complaints about the care you received in the hospital.

Part A - Hospital Insurance

You may be eligible if you fit into one of the following three categories:

- You are 65 or older and qualify for Social Security or Railroad Retirement benefits; or
- You are disabled and have met the Social Security disability requirements for two years; or

- You are a kidney patient with end-stage renal disease
- Part A enrollment is automatic for those under 65 and disabled or for kidney patients with end-stage renal disease.

If you are not automatically eligible, then you should apply for Part A coverage three months before your 65th birthday. For most people who are eligible, Part A is premium-free.

Medicare will help pay for the following kinds of health care:

- Inpatient hospital care
- Inpatient care in a skilled nursing facility following a 3-day hospital stay
- Home health care
- Hospice care

You must pay a deductible before Medicare will pay. The deductible is subject to change each year. Each time you enter the hospital, you must pay a new deductible unless you are still in the same "benefit period." A benefit period starts the day you are admitted to the hospital and ends when you have been out of the hospital or a skilled nursing facility for 60 consecutive days.

Once the deductible is met, you will not be charged for any Medicare covered services for the first 60 days you are in the hospital. Medicare will require that you pay a per day co-payment for hospital days 61-90. If you are hospitalized over 90 days, you must pay 100% of the costs, unless you choose to use "lifetime reserve days." Co-payment for hospital inpatient days 91-150 (lifetime reserve days) is double the amount for days 61-90.

Medicare will pay the room charges of a semi-private room unless a private room is medically necessary, such as for a contagious patient or for intensive care. It is important to note that since the doctors do not bill through the hospital, they are not covered under Medicare Part A. Doctors are paid under Part B of Medicare no matter where you receive their services.

Medicare will not pay for long-term nursing facility care, but does provide for short-term recuperative stays. After you have been an inpatient in a hospital for three consecutive days, you may qualify to be moved to a Medicare approved skilled nursing facility bed. This bed is often a “swing bed” in a hospital, although it may be in a separate facility or a part of a nursing facility. While you are a patient receiving daily skilled medical care, Medicare will pay 100% of the facility charges for the first 20 days and all but a set co-payment for days 21-100. After 100 days, or if you stop receiving daily skilled medical care, Medicare will not provide coverage.

It will never pay for personal convenience items such as telephones and televisions in your room; private duty nurses; or a private room, unless medically necessary.

If you need part-time skilled care in your home, Medicare will pay for a limited number of home health visits. Medicare pays for home health visits only if all of the following conditions are met:

- The care you need includes part-time skilled nursing care, physical therapy, speech-language therapy;
- You are confined to your home (homebound);
- You are under the care of a physician who determines you need home health care and sets up a home health plan for you; and
- The home health agency providing services participates in Medicare.
- Covered services include part-time nursing care, therapy, and medical supplies and equipment.

Hospice Services are available to patients with terminal illnesses who choose to receive medical care outside an institution. There are no deductibles or copayments, except for part of the cost of outpatient drugs and inpatient respite care.

- Respite care is short-term, inpatient stay that gives temporary relief to the person who is regularly assisting with home care.

Part B - Medical Insurance

You are eligible for Part B if you are 65 or older; under 65 and disabled; or are a kidney patient with end-stage renal disease, AND are a citizen of the United States or a legal resident for five consecutive years. There is a monthly premium for all enrolled people with Medicare.

If you are automatically eligible for Part A coverage, you will be enrolled in the Part B coverage unless you notify the Social Security office you do not want it.

If you sign up for Part B in the three months before the month in which you turn 65, your coverage will be effective the first of the month in which you turn 65. If you enroll in the month you turn 65, your coverage will be effective the first of the next month. You may still enroll in the three months after the month of your birthday, but your Part B benefits will be delayed 2, 3 or 4 months after your birth month. This seven month enrollment period is called the Initial Enrollment Period.

As an example, if your 65th birthday is in April, you may enroll in Part B during January, February or March and have Part B benefits effective April 1. If you enroll in April, your benefits will be available May 1. If you wait until May, June or July, your Part B coverage could be delayed until September 1. If you wait until after the seven-month Initial Enrollment Period, you must wait for a General Enrollment Period, January 1 to March 31 each year. Coverage will not start until the following July 1. The monthly premium could be 10% higher for each 12 month period you wait to sign up for the rest of your life.

Part B medical insurance will help pay for:

- Doctors’ services
- Outpatient hospital care
- Outpatient physical and occupational therapy including speech-language therapy
- Home health care
- Many other medical services not covered by Part A
- Preventive Services

Medicare pays 80 percent of the “allowed charge.” The approved charge is generally less than the doctor’s bill. You must pay a co-payment of 20 percent of the approved charge **plus** up to an additional 15% of the approved charge, that is, unless your doctor accepts assignment. For example, if your physician does not accept assignment and bills you \$150 for a service for which the Medicare-approved charge is \$100, Medicare will pay \$80 of the approved charge and you must pay a \$20 co-payment plus \$15 of the amount over the approved charge of \$100, for a total responsibility of \$35.

What is assignment?

- If a doctor accepts assignment, the Medicare-approved fee is the maximum amount that the doctor can be paid. You will be responsible only for the deductible, 20% co-insurance, and 100% of any service not covered by Part B.
- **You should always ask in advance whether a doctor or supplier will accept assignment.**
- If not, you may want to go elsewhere. Whether or not a doctor or supplier accepts assignment, they are required by law to submit the claim to Medicare whenever they perform a service that might be covered by Medicare.

Even though the Medicare program has broad coverage, there are many services and supplies that are not paid for. These include custodial care, services not approved by Medicare; services for which the patient has no legal obligation to pay; services paid for by a government agency; personal comfort items; routine checkups; full-time home nursing care; hearing aids and eyeglasses and the examinations for prescribing or fitting them. Medicare also does not generally pay for chiropractic services, cosmetic surgery, dental care, private rooms, orthopedic shoes, or routine foot care.

When you disagree with a decision about your Medicare eligibility or claim, you have a right to a review. Appeals regarding eligibility should be made to the Social Security office. Appeals regarding health care claims should be made to the Medicare Administrative Contractor (MAC) whose name appears on the Medicare Summary Notice. Call the appropriate

office for the appeals procedure. Follow the initial appeals process as instructed on the back of the Medicare Summary Notice.

Part D - Medicare Prescription Drug Coverage

Everyone with Medicare is eligible for this coverage, regardless of income, resources, health status, or current prescription expenses.

Private companies offer Medicare prescription drug coverage which started January 1, 2006. The decisions you make depend on what kind of health care coverage you have now.

You may have Original Medicare only or Original Medicare with a Medigap Policy without drug coverage. You may be a retiree and have drug coverage through your (or your spouse’s) former employer or union. You may be a Veteran with VA benefits or retired Military with TRICARE benefits. You may have a Medicare Advantage Plan (like an HMO or PPO) or other Medicare Health Plan. And finally, you may have Medicare and Medicaid and get your prescription drug coverage from a Medicare stand-alone prescription drug plan. You may have a combination of several of these, but whatever the situation, you have something to consider.

If you have limited income and resources, extra help may be available to help you pay for your coverage.

Joining a Medicare plan that helps cover prescription drugs is voluntary. If you want coverage, you must choose to join a plan to receive it. **Just like any other insurance, if you choose not to join when you are first eligible and later change your mind, you may have to pay a late enrollment penalty.**

If you have any questions, call **1-800-MEDICARE** or visit www.medicare.gov. You can also call the Senior Health Insurance Counseling for Kansas program (SHICK) by calling **800-860-5260** for the name and phone number of a volunteer counselor in your area.

Appealing Claims

Part A hospital insurance claims are initially reviewed by the MAC who made the decision. If you are still dissatisfied after the review and the amount Medicare refuses to pay is at least \$100, you can ask for a formal hearing. Depending on the type of hearing and the disputed amount, you can eventually appeal to a federal court.

If your Part B medical insurance claim is denied, you should first request a review by the MAC. If the claim is still denied and the amount in question is \$100 or more, you can request a hearing before a carrier hearing officer. If you disagree with the hearing officer's decision and the amount in question is \$500 or more, you may request a hearing before an Administrative Law Judge. Cases involving \$1,000 or more can eventually be appealed to a Federal Court.

If you need assistance in appealing a claim that has been reduced or denied, you can contact an attorney or the Senior Law Project (see page A-2) in your area. More information about Medicare coverage is available from the Aging and Disability Resource Center or from Medicare **800-633-4227**. Counselors at the Senior Health Insurance Counseling for Kansas (SHICK) program may also be available. These counselors have been trained to help with Medicare and other senior health insurance matters. For more information, call **800-860-5260**.

Medicare Savings Programs (MSP)

The Medicare Savings Program (MSP) is a Medicaid program that helps people with limited income and resources pay some or all of their Medicare premiums, deductibles, and coinsurance. To be eligible, you must meet income and resource guidelines. Resources could include check and savings accounts, certificates of deposit, and land. A home, car, personal items and keepsakes, and household furnishings are not counted as resources. Income and resource guidelines can change each year.

The Medicare Savings Program has three categories in Kansas: Qualified Medicare Beneficiary (QMB), Low Income Medicare Beneficiary (LMB), and

the Expanded Low Income Medicare Beneficiary (ELMB).

QMB pays the Part A premium if applicable, Part B premium, and the Part A and Part B deductibles, coinsurance, and copayments. Because of the benefits, there is no need for a Medicare supplement insurance policy if a person has QMB. The income limit for QMB is 100% of the Federal Poverty Level (FPL).

LMB and ELMB pay the Part B premium only. The income limit for LMB is 120% of the FPL. The income limit for ELMB is 135% of the FPL.

Participation in the Medicare Savings Program also qualifies you for Extra Help, or LIS, with your Part D Prescription Drug costs.

Medicare Fraud and Abuse

Nationally billions of dollars are lost each year to Medicare abuse and fraud. Most health care providers are honest, but the activities of a few result in wasted funds for the Medicare program and the loss of quality care for individuals who use Medicare. Individuals can become part of the solution to help secure a health care system for all people by eliminating waste, responding to abusive and fraudulent activities and correcting mistakes in billing practices.

Medicare fraud is an incident or practice that intentionally misleads or misrepresents a Medicare claim. Violators may be health care practitioners, hospitals or other institutional providers, clinical laboratories, billing services or any individuals in positions to file claims for Medicare benefits.

How can I prevent Medicare Abuse and Fraud?

- Carefully review each of your Medicare Summary Notices. If you have questions, contact your health care provider.
- Treat your Medicare card like a credit card. Do not give out your Medicare number over the telephone unless you initiated the call or know with whom you are speaking.
- If your card is lost or stolen, report it immedi-

ately to the Social Security Administration.

- Be cautious of individuals who claim they know how to bill Medicare to get uncovered items/services paid for.

If you see a charge on your payment notice that may be wrong, call the health care provider and ask about it. If you think that a provider may be cheating or abusing Medicare, call the Senior Medicare Patrol (SMP) program in Kansas at **800-860-5260**. You can also call the Inspector General's hotline to report Medicare fraud at **800-447-8477**. You can request your name not to be used.

You should check your Medicare Summary Notice carefully to verify that you received the services that Medicare is paying. If you identify an erroneous charge on your Medicare Summary Notice, you should call the number **800-633-4227** (1-800-Medicare).

A representative will be able to access your records via computer, and may be able to determine immediately whether the service charge represents a billing error, a misunderstanding on your part, or a potential instance of fraud.

If you are unable to reach Medicare, or if so advised by the representative, you may also report the charge to the Inspector General's Hotline at **800-447-8477**.

Gaps in Medicare Coverage

Medicare provides a strong base of medical insurance, but it was never designed to pay all of your medical expenses. Basically, Part A pays the hospital cost after a deductible, for the first 60 days you are an inpatient in a hospital. Medicare Part B pays 80% of the Medicare-allowed charges for doctor's fees and outpatient treatment at a hospital after a deductible is met. The deductible is subject to change each year. A deductible is an amount you are responsible for before Medicare will pay, co-insurance means that both you and Medicare are responsible for a portion of the bill. As a result, you will be responsible for Part A and B deductibles and the co-insurance, as well as any amount over the Medicare allowance if your

doctor does not accept the Medicare-allowed charge. These "gaps" become your responsibility. There are also a number of medical services that Medicare does not cover - like dental services and most optometry services.

Medicare Supplemental Insurance

Help is available to pay the amounts left after Medicare pays through Medicare supplemental insurance (Medigap).

- For the services covered by Medicare, the deductibles and co-insurance can be paid three ways. A Medicare beneficiary can pay with his or her own funds, a private insurance can pay or, for those eligible, Medicaid may pay.
- Because the balances after Medicare payment may be substantial following a serious illness, many people purchase insurance from a private company. This insurance is called Medicare Supplement Insurance or Medigap Insurance and is designed to work hand-in-hand with Medicare to limit the amount you will have to pay on the medical bills.
- Kansas Insurance laws allow Medicare Standardized Supplement or Medigap plans to be sold in the state, Plans A through N. These plans range from the basic benefits (Plan A) to those offering more benefits, such as payment of the deductibles and co-insurance of both Parts A and B of Medicare.
- Shopping for a Medicare Supplement can be difficult, but you should remember that Plan A from one company has the same benefits as Plan A from any other company (the same is true for Plans B through N).

A few of the services not covered under Medicare are covered by some of the Medicare Supplement policies. Limited benefits are available for foreign travel emergency, at-home recovery, and preventive medical care. This additional coverage adds to the price of the policy, so before you buy this additional coverage, be sure that the benefits you receive are greater than the additional cost of the coverage.

Policies such as cancer policies cover only specific costs of specific illnesses. Often Medicare will offer benefits for the same services. In some policies, the benefits are limited by waiting periods, diagnostic methods, and coverage only for the treatment of the specific illness and not for related illnesses. Before you purchase any specific illness insurance, be sure to understand all the limits of coverage. Special illness insurance should never be purchased instead of a comprehensive medical insurance program.

Things to Remember When Selecting a Medigap Policy

- During the Medigap Open Enrollment (6 months from the effective date of your Medicare Part B coverage) every company that sells Medicare Supplemental Insurance in Kansas must accept you for insurance, regardless of how sick you have been. Sick people pay the same rates as healthy people; there legally can be no discrimination in pricing based on health.
- **Do not buy more than one Medicare Supplemental Insurance policy.** Since all policies called “Plan A” offer exactly the same benefits as all other policies called “Plan A” (and the same for Plans B through N), you would be duplicating coverage. It is illegal in Kansas to knowingly sell a duplicate Medicare Supplemental Insurance policy.
- **Remember, the government does not sell Medicare Supplemental Insurance policies.** If you receive an advertisement that has a “government” look to it, it could just be an advertisement trying to fool people into thinking it is associated with the government.
- **Do not let an agent force you into a decision.** As in any purchase, shopping around will often result in a better value than yielding to high pressure or scare tactics. Ask any agent who wishes to sell you insurance to give you a signed outline of benefits. This will allow you a chance to compare policies at your convenience, or ask someone you trust to look over your options.
- **Do not pay cash, or make checks payable to the agent.**
- You have 30 days from the date the policy is delivered to you to return the policy to the company

for a full refund of any premiums paid. You do not have to give a reason for returning the policy, just a written notice that you do not want the policy and that you want your money back. Always look over any policy when you receive it to make sure it offers the benefits you expected and desire, and also to make you aware of any exclusions or waiting periods.

- When completing the application do not withhold medical information. If the agency completes an application for you, be sure before you sign that the information is accurate. Inaccurate medical statements can result in denial of benefits later.

Indemnity Policies

An indemnity is an agreement to pay so much per day under certain circumstances. Most indemnity policies are for hospital stays. These policies pay a set amount per day, week or month while you are hospitalized. A waiting period clause may require hospitalization for a set amount of days before payment begins and other limits may apply. Because of these limitations, a hospital indemnity policy should not be purchased instead of a comprehensive medical insurance program.

Medicare Advantage Plans

Medicare Advantage Plans are health plan options that are part of the Medicare Program. If you join one of these plans, you generally get all your Medicare-covered health care through that plan. This coverage can include prescription drug coverage.

Medicare pays a set amount of money for your care every month to these private health plans whether or not you use services. In most of these plans, generally there are extra benefits and lower co-payments than in the Original Medicare Plan. However, you may have to see doctors that belong to the plan or go to certain hospitals to get services.

Medicare Advantage Plans include Medicare Health Maintenance Organizations (HMOs), Medicare Preferred Provider Organizations (PPOs), Medicare Special Needs Plans (SNPs) and Medicare Private Fee-for-Service plans.

Long-Term Care Policies

Long-term care is the help you may need if you are unable to care for yourself because of a prolonged illness or disability. People often think of long-term care as taking place in a nursing home. In fact, the term refers to a variety of private and semiprivate care situations and services, including home health care, adult day care and nursing facilities. Long-Term Care policies can help protect your assets, prevent Medicaid assistance and protect families, if you need long term care. The cost of the different policies will vary based on the services covered.

The Long Term Care Partnership Program encourages Kansans to partner with the state-based program as they purchase qualified private long-term care insurance policies.

Partnership-Qualified policies are available from licensed insurance professionals. Policies must meet the state and federal Partnership requirements.

Individuals who purchase qualifying long-term care policies, after depleting their insurance benefits, may still qualify for Medicaid, provided they meet all other Medicaid eligibility criteria.

The Long-Term Care Partnership program provides dollar for dollar asset protection. Each dollar that your partnership policy pays out in benefits entitles you to keep a dollar of your assets if you ever need to apply for Medicaid services. If you are interested in this type policy, be sure to talk to your insurance agency about these specific policies and the benefits to you.

Before buying a long-term care policy, ask yourself:

- Do I have substantial assets to protect? Only people with a real need to protect assets should consider insuring against using those assets to pay for long-term care. For those who qualify, Medicaid benefits may be available to help pay for long-term care.
- How much does it cost to receive the type of services I will want? To get an idea of the costs

of nursing homes visit, or call a facility to get rates. Remember, the cost will go up over the next several years. Before you seriously consider any policy, be sure it will deliver the benefits you desire.

- Do I really understand the benefits of this policy? Long-Term Care policies offer a wide variety of options and prices, and a comparison of policies can be difficult. However, if a Long-Term Care Policy is right for you, shopping around is a great idea. Prices for similar policies can vary greatly.
- Will I be able to pay the premium after my spouse dies? The need for long-term care may not occur until age 85 or older.

Help making insurance decisions

The Senior Health Insurance Counseling of Kansas (SHICK) program is available for helping with Medicare, Medicare Supplement Insurance, Long-Term Care and other insurance concerns for older Kansans. The SHICK program has counselors available to help you understand how Medicare and other senior health insurance matters work, and what to do when it doesn't work. SHICK counselors offer free, unbiased, confidential help from someone in your area of the state. SHICK counselors do not represent any insurance company. Their job is to show you all the options so you can make an informed decision. For the name of the nearest agency offering this counseling service, contact the SHICK office at **800-860-5260**.

The SHICK program is funded by a grant from the Centers for Medicare and Medicaid Services (CMS) to the Kansas Department for Aging and Disability Services.

Helpful Insurance Booklets

The Kansas Insurance Department produces several publications on health insurance. These are available from the Consumer Assistance Division of the Kansas Insurance Department. Call them at **800-432-2484**. The booklets include:

- *Medicare Supplemental Shoppers Guide*
- *Long Term Care Insurance Shoppers Guide*

Medicaid/KanCare

KanCare is designed by the administration of Governor Sam Brownback to provide comprehensive managed care for Kansans on Medicaid. KanCare delivers person-centered, coordinated care and is expected to generate better health outcomes. It also aims to curb the growth of spending on Medicaid services in Kansas. Spending will continue to increase, but at a slower pace than under the old, fragmented Medicaid program. Three managed care organizations (MCOs) have signed contracts to provide services across the state. These organizations will coordinate delivery of the Medicaid services already being provided, as well as preventative dental care for adults, heart and lung transplants and bariatric surgery.

Income limits for Medicaid

Generally, DCF measures the amount of income you have over and above “protected income.” Protected income is income necessary to meet basic living expenses. Income above the protected income is considered available to meet allowable medical costs. Eligibility is determined by figuring your income for a six-month period.

For the Medicare Savings Program, your income is compared against the poverty level on a monthly basis. If it falls below the poverty level, you are eligible for that coverage.

For the most part you will count all income you have received. However, some income is excluded, such as some veteran income; income and property tax rebates; in-kind income (such as free shelter) and most interest income. The limit in cash and cashable assets for one person is \$2,000. For two persons, it is \$3,000. Resources include checking and savings accounts, savings bonds, stock, jewelry, and other valuables.

You may keep household equipment and furnishings, property used solely at a home, one vehicle (plus one more if it is needed for employment, or to obtain medical care, or is specially equipped for a person with a disability), life insurance having a face value of no more than \$1,500 per person, and resources designated for burial as approved by DCF.

Note: Any non-exempt resource that is transferred for less than fair market value can result in ineligibility for long-term care services for a penalty period.

You may be eligible for Medicaid under the **spend down** provision if you are over the income limit. Eligibility is determined on a six-month basis. The difference between your actual income and the limit set by DCF is considered the spend down amount. If medical expenses incurred during that time equal or exceed the spend down amount, Medicaid will be available to you. This is like an insurance deductible.

If your spouse resides in a nursing home, you are protected by the Spousal Impoverishment Law, which is sometimes referred to as Division of Assets. Under this law you divide and treat as separate, for eligibility purposes, the income and resources shared by you and your spouse. Available on the KDADS website at www.kdads.ks.gov/publications, you can find information on, “Questions and Answers on Spousal Impoverishment or you can talk with a worker at a DCF office.

Services covered by Medicaid

They include physician’s services, prescription drugs (unless the Medicaid recipient is also eligible for Medicare, then most prescription drugs come through the Medicare Part D program), some ambulance services, lab tests, X-rays, home health services, inpatient or outpatient services, skilled intermediate nursing home care, and eye and hearing examinations. Any services not covered by Medicaid must be paid by you. For people on Medicare, prescriptions will be paid by Medicare Part D.

If you are eligible for both Medicare and Medicaid, the provider of the service must “take assignment” of Medicare benefits or Medicaid will not pay. The claim must first be submitted to Medicare for payment under that program.

Not all doctors accept Medicaid payment for services. Providers of medical services cannot be forced to accept payment from Medicaid. Only those providers enrolled by Medicaid are certified to be

part of this program.

If your doctor does not accept Medicaid, you have two options - change doctors or pay with your own funds. Also, if your doctor prescribes a drug that is not covered by Medicaid, ask if there is something else that can be prescribed that is covered - either an alternative drug or the same drug under a different trade mark name.

What if I am denied eligibility?

- You may wish to appeal if you have been denied Medicaid eligibility. This is your right. First, request a hearing. This must be done within 30 days of the denial of your application. Second, if the hearing results are unsatisfactory, you may want legal advice. If you desire the aid of legal counsel at any point in an appeal, contact the Senior Citizen Law Project in your area.
- More information on Medicaid is available from the Kansas Department of Children and Families office, Kansas Health Policy Authority or the Aging and Disability Resource Center.

Dental Care

Coverage for dental care is often limited. For Kansans on Medicaid, exams and cleaning may be offered thru your assigned managed care organization (MCO). Community dental clinics may be available in larger towns. Contact the ADRC at **855-800-2372** for local information.

The Kansas Dental Charitable Foundation hosts the Kansas Mission of Mercy (KMOM) each year. The location rotates around the state and is typically held in February or March. Lines form early as volunteer dentists, hygienist and others treat several thousand Kansans. To find the location for the next event, visit the Kansas Dental Association website at www.kansasdental.org or call **785-272-7360**.

Kansas Donated Dental Service is a project initiated by the National Foundation for Dentistry for the Handicapped and the Kansas Dental Association. Its purpose is to provide free, comprehensive care for people who are permanently disabled, elderly and

medically compromised who are unable to afford dental care. Kansas dentists and dental laboratories volunteer and contribute services. To determine eligibility, contact Donated Dental Services at **888-870-2066**.

Mental Health

Circumstances that can contribute to the development of mental health disorders include social isolation, stressful living conditions, bereavement, acute and chronic health conditions, and the burden of having to take care of a seriously impaired family member. Those who are at greatest risk have a great deal of stress, have difficulty adapting to changes in circumstances and routines, do not have supportive relationships, have difficulty relying on others to help cope with losses, or tend to have a negative outlook on life. It is important to remember that these problems are treatable.

An individual primary care physician can help; however, the most successful treatment involves both medication and counseling therapies. Community Mental Health Centers (CMHC) receive state and local funds to provide mental health services to individuals in their provider area. They have sliding-scale fees and accept Medicaid, Medicare, private insurance, and private pay. The Community Support Programs of the CMHCs generally organize services for the targeted population at the local level for adults. Case management is one of the core services. This network of CMHCs forms an integral part of the total mental health system in Kansas. The independent, locally operated CMHCs are dedicated to fostering a quality, freestanding system of services and programs for the benefit of citizens needing mental health care and treatment. CMHCs initiate and maintain close cooperative working relationships with other groups, organizations, and individuals having similar interests and goals. The Community Mental Health Centers in Kansas are listed in the maps at the end of this booklet. Information is also available at the following web site: <http://www.dcf.ks.gov/services/Pages/MentalHealthServices.aspx>

Help Staying at Home

Like most people, you probably want to remain in your home as long as possible. But an illness or chronic condition may require you to make adjustments in your lifestyle. Sometimes with a little special assistance, you can stay in your own home and postpone or avoid costly nursing home care.

The following services may be available to help you maintain your independence.

- **Home-delivered meals:** Nutritious meals may be brought to your home once and sometimes twice a day if you are unable to cook for yourself.
- **Transportation:** If you are unable to transport yourself to the doctor's office, grocery store or other needed service, there may be various programs to assist you. Bus or taxi cab companies may offer special services, volunteers may drive you, or specially equipped vans may operate in your area.
- **Attendant care:** Aides may provide in-home care such as bathing, dressing and eating.
- **Homemaker:** Aides may come to your home and assist with light housekeeping duties, which might include meal preparation.
- **Home health care:** Health professionals may come to your home on an intermittent basis. Skilled nursing care, occupational or physical therapy, and assistance in taking medications may be among the services offered.
- **Companion/Sitter:** Individuals may come to your home to stay with you. This service is often used to relieve your full-time caretaker for a limited number of hours.
- **Adult day care:** These facilities provide professional supervision in a social setting. Many of the day care centers offer social and recreational programs, nutritious meals and limited medical treatment. If you are unable to stay alone during the day, or if your family works, this option could be beneficial.
- **Hospice:** This offers a comprehensive and coordinated program of services to terminally ill

patients and their families in both home and in-patient settings. Physical, psychological, social, and spiritual care are available from a medically directed interdisciplinary team consisting of physician, nurse, home health aide, social worker, pastoral counselor, and volunteer. The goal is to decrease pain and discomfort while making life as meaningful as possible for the terminally ill patient.

Services may not be available in all areas of the state. Coordinating the various services and the agencies providing the services can be difficult. Case management and care planning can assist you and your family in coordinating these services. Contact the Kansas Aging and Disability Resource Center for further information or go to www.ksadrc.org and click on "Find Services" to locate services in your area.

Home and Community Based Services

The following is a list of the Home and Community Based Service Waivers available in Kansas under Medicaid:

- The HCBS/**Autism** Waiver provides services to children with Autism to receive early intensive intervention treatment and allow primary caregivers to receive needed support through services.
- The HCBS/ **Intellectual and Developmental Disabilities** (IDD) Waiver serves individuals age 5 and over who meet the definition of intellectual disability or having a developmental disability or are eligible for care in an Intermediate Care Facility for people with Mental Retardation (ICF/MR).
- The **Technology Assistance** (HCBS-TA) Waiver serves individuals who are age 0 through 21 years, chronically ill or medically fragile and dependent upon a ventilator or medical device to compensate for the loss of vital bodily function and require substantial and ongoing daily care by a nurse, comparable to the level of care provided in a hospital setting, or other qualified caregiver under the supervision of a nurse to avert death or further disability. Furthermore, the individual is

hospitalized or at imminent risk of hospitalization, whose illness or disability, in the absence of home care services, would require admission to a hospital. The individual must be determined eligible for Medicaid.

- The **Traumatic Brain Injury (HCBS-TBI)** Waiver program is for individuals who have sustained a traumatic brain injury and provides the services needed after injury to insure that individuals can stay in their homes and be as independent as possible in a safe, healthy environment. The HCBS/TBI program serves individuals 16 to 65 years of age who meet the criteria for TBI rehabilitation hospital placement.
- The **Physically Disabled (HCBS-PD)** program serves the physically disabled, ages 16 to 64, who meet medical, functional and financial guidelines. Individuals 65 years of age and older who meet the eligibility guidelines and were being served by the HCBS/PD waiver before the age of 65 years may choose to continue services or choose to access services through the HCBS/FE Waiver.
- **Frail Elderly (HCBS-FE)** The HCBS-FE program may enable a person to stay in his or her home or make other successful living arrangements in the community. In order to qualify for the HCBS-FE program a person must be 65 years old, meet Medicaid income eligibility guidelines, and meet Medicaid long-term care functional assessment criteria.
- **Serious Emotional Disturbance (SED)** The Home and Community Based Services (HCBS-SED) Waiver serves as an alternative to inpatient psychiatric treatment for children and youth with mental health disorders. The waiver provides for the traditional Medicaid financial criteria to be waived and for children to be assessed for Medicaid financial eligibility based solely upon the child's income and resources and not that of the household. In addition to traditional Mental Health Services (Outpatient Therapy and Medication Management, for example) and State Plan Medicaid Services (Targeted Case Management and Community Psychiatric Support and Treatment, for example), SED Waiver members can access an additional six (6) services not

otherwise available:

- Parent Support, Education and Training
- Attendant Care
- Professional Resource Family Care
- Wrap around Facilitation
- Short Term Respite Care
- Independent Living/Skills Building

SED Waiver services are provided by Community Mental Health Centers around the state. Only a qualified mental health professional (QMHP) employed by one of the centers can determine if a child or youth meets the clinical criteria for SED Waiver eligibility.

These programs require both financial and functional eligibility to be met. The DCF office will notify you by letter and tell you how much your monthly obligation will be. Once eligibility is met, coordination of services is through a managed care organization. Contact the ADRC at 855-200-2372 or the DCF office closest to your location for further information.

Program of All-Inclusive Care for the Elderly (PACE)

The Program of All-Inclusive Care for the Elderly (PACE) was developed by Medicare/Medicaid to meet the health care needs of individuals who wish to remain in the community.

The PACE program provides comprehensive health care services designed to meet the following goals:

- Enhance the quality of life and independence for older Kansans.
- Maximize dignity of, and respect for, older Kansans.
- Enable older Kansans to live in the community as long as possible.
- Preserve and support the older Kansan's family unit.

A team of professional and paraprofessional staff assesses the participant's needs, develops a plan of care with the individual and his/her caregiver, and

delivers all services (including hospital and other acute care and when necessary, nursing home services). The PACE provider coordinates and provides all needed preventive, primary, acute and long-term care services, so that older Kansans who need nursing home level of care can continue living in the community. The PACE service package must include all Medicare and Medicaid covered services.

Contact one of the PACE organizations and they will provide an initial overview of PACE. To be eligible to enroll in the program an individual must meet the following requirements:

- Be 55 years of age or older;
- Be assessed to meet the functional eligibility guidelines established by the State of Kansas;
- Reside in the service area of the PACE organization; and
- Meet any additional program specific eligibility conditions imposed under the PACE program agreement.

Currently, Kansas has two PACE Centers: Via-Christi HOPE serving Sedgwick County, **316-858-1111** and Midland Care Connections serving Shawnee, Douglas, Jackson, Jefferson, Osage, Pottawatomie and Wabaunsee counties, **785-232-2044**.

PACE will be expanding into different areas of the state within the next few years. Contact the Aging and Disability Resource Center at **855-200-2372** for current information on available locations.

Assistive Technology and Devices

Assistive technology can be any item, piece of equipment, or product that is used to increase, maintain or improve the living and working capabilities of people with disabilities. Examples of assistive devices include Braille printers, computer-based communication systems, electronic page-turners for books, power wheelchairs, talking books and calculators, bath benches, grab bars and telephone devices for persons with hearing impairments.

Check with your Aging and Disability Resource

Center, center for independent living, church, civic group, veterans' organization, senior center or lending closet for assistive devices such as wheelchairs, walkers, hospital beds, etc. You may also contact the statewide lending closet at Occupational Center of Central Kansas (OCCK) in Salina at **800-526-9731**. There may be other lending agencies in your area.

In addition, the agencies listed below provide information and referral, advice on financing, training, and technical assistance about assistive devices and technology.

Envision, Wichita **888-311-2299**

Kansas Assistive Technology Access Sites
Kansas Equipment Exchange
800-526-3648 or www.atk.ku.edu

Kansas Assistive Technology
Cooperative (KATCO)
866-465-2826 V/TT
620-341-9002 V/TT

Occupational Center of Kansas (OCCK),
Salina **800-526-9731** TDD/TTY 785-827-9383

United Cerebral Palsy of Kansas,
316-688-1888 ext. 538

Housing

Renters Have Important Legal Rights

A rental contract between a tenant and a landlord is called a lease. Whether the contract is written or oral, it is still enforceable. Lease periods of more than one year must be in writing. It is always a good idea to have your lease in writing so that the agreement is clearly outlined in case of a dispute. **Read your lease before you sign it.** If there are terms in the lease you do not like, change them before you sign. Kansas law prohibits certain terms in a lease agreement. A lease cannot:

- waive your legal rights as a tenant; or
- require you to pay for landlord's attorney fees if the landlord sues you.

Note: These clauses cannot be enforced by the landlord even if they are included in the lease you sign. By law, both you and the landlord must conduct an inventory of the apartment within five days of your taking possession. The inventory should list the condition of the apartment, furniture and appliances at the time you move in.

Take as much time as you need to thoroughly inspect and write down the condition of all areas of the apartment. You and the landlord should sign and date the inventory and both should keep a copy. This protects you from paying more for damages when you move out. If your landlord does not do this with you, you can do it alone and send the landlord a copy.

The landlord may ask for a security deposit to protect against damage to the property. Kansas law limits the amount of security deposit to one month's rent for an unfurnished apartment, one and one-half times the monthly rent for a furnished apartment or two times the monthly rent if you have a pet.

When you move out, the landlord must return the security deposit, minus any amount to cover damages other than normal wear and tear, within 14 days

after determining what deductions, if any, should be made. The landlord must provide a written list of deductions. In no event can the return of the security deposit be more than 30 days after the lease is terminated. If the landlord doesn't meet this deadline, you can recover in court one to one and a half of the deposit as damages.

You cannot use your security deposit as your last month's rent. If you do this, you cannot have any of the security deposit back, and the landlord may still collect the unpaid rent.

The landlord has a number of responsibilities to you as the tenant. The landlord must:

- provide reasonable heat, running water, and hot running water;
- maintain common areas (such as halls, laundry rooms and clubhouses);
- maintain all major plumbing and electrical systems;
- provide adequate waste receptacles; and comply with building and housing codes regarding health and safety.

The landlord cannot evict you, raise your rent, or decrease any service if you complain about housing code violations. It is also illegal to raise your rent during the term of your lease unless the lease allows this. An increase at the end of the lease (roll over time) requires at least 30 days advance notice.

Besides paying the rent on time, a tenant also has other duties imposed by law. They include:

- keeping the property clean and safe;
- being responsible for any damages done by the tenant or guests;
- allowing the landlord to enter the apartment during reasonable hours after notice of the need to enter;
- not disturbing the peace of the other residents; and
- giving the landlord written notice of intent to end the lease. The length of time needed for proper notice varies with the type of lease, but is at least 30 days.

Remember that nonpayment of rent can be grounds for eviction. If you pay in cash, always obtain a receipt to protect against a claim of nonpayment. If you pay by check, keep proof of your security deposit payment.

Rights for Mobile Home Park Residents

The Mobile Home Park Residential Landlord and Tenant Act governs the rental of mobile home space in mobile home parks. That law is at KSA 58-25,100 through 58-25,126. If a park resident rents both his mobile home and its space in the park, then the regular Residential Landlord and Tenant Act applies.

Subsidized Housing

Finding appropriate housing at affordable prices is a real problem for many senior and disabled citizens. The federal government has established several programs to assist in housing needs.

One type is public housing that is built and operated by a government agency. The public housing program is administered by the U.S. Department of Housing and Urban Development, also known as HUD. Local Public Housing Authorities, called PHAs, acquire and operate housing projects.

There is also private subsidized housing that is built and operated by nongovernmental groups that have received federal assistance. These are commonly called Section 8 housing.

Income guidelines must be met in order to qualify. Income includes wages, dividends and retirement benefits. Contact your local Housing Authority for more information.

Check your city government listings in the telephone book for the local housing authority. You will be notified if you do or don't qualify. If eligible, you will be informed of the approximate date a housing unit will be available. If not eligible you must be told why and given the opportunity for an informal hearing to appeal the decision.

Rent is based on a percentage of your family income. Changes in your income, family size, or employment status can affect the amount of your rent. An evaluation is made each year to determine if your rent should be changed.

Your lease will contain many of the same rights and duties as outlined under the landlord-tenant section. You will also have a grievance procedure to challenge any decision regarding rent increases, charges for damages, and termination of the tenancy. The procedure includes filing a written complaint, an informational conference, a formal hearing, and court action.

Various types of subsidized private housing may be available in your area. Some federal programs assist you in paying the rent at a place you choose. Others lend money to organizations to help them build and rehabilitate housing. For these programs, you must live in housing that is part of the program.

In most HUD housing programs, the tenant may pay about 30% of his income for rent. If a private landlord is involved, the government pays the rest of the rent.

You should also check in your area for HUD's Section 202 housing program. It makes direct loans to private organizations for building or rehabilitating housing for the elderly and disabled. These units are then offered at lower rents. Special services may also be provided to assist tenants, including homemaker, health and transportation services.

In rural areas, the United States Department of Agriculture (USDA) Rural Housing Services provides affordable housing options to rural communities throughout Kansas.

For more details about subsidized housing available in your area contact a local Public Housing Authority or the Aging and Disability Resource Center.

Housing Discrimination

Federal law prohibits housing discrimination based on your race, color, national origin, religion, sex,

family status, or disability. If you believe you have been discriminated against while trying to rent or purchase housing, you have the right to file a fair housing complaint. Call the Office of Fair Housing and Equal Opportunity Department of Housing and Urban Development at **800-743-5323**, or www.hud.gov for information on how to file a complaint.

Housing Counseling

Housing counseling agencies provide counseling to renters, first-time buyers, and homeowners. Housing Counseling Agencies can provide advice on buying, renting, resolving landlord/tenant disputes, defaults and foreclosures, and reverse mortgages.

For a referral to the HUD-approved housing counseling agency nearest you, contact the Housing Counseling Clearinghouse (HCC) at **800-569-4287**.

Facility-based Housing Options

The key to making any move is good planning and knowing all the choices available to you. The following options have been included to provide information on different kinds of housing options. It is important that you read any admission agreement you sign and fully understand the terms of that agreement. You may also want to request a copy of the agreement so that you can review it at home before signing and later when questions arise.

Availability of the different types of housing discussed below will vary depending on where you live.

Senior Apartment Living . . . is usually an apartment complex that provides each tenant a full apartment, kitchen appliances, laundry facilities, and 24-hour security. Services such as scheduled activities, transportation, and meal service may or may not be included. Continuing Care Retirement Communities usually include this level of housing in their option pack. They are not licensed by the state.

Continuing Care Retirement Community (CCRC) . . . is a campus that offers a range of housing opportunities that may include independent living houses

or apartments, assisted living, apartments, residential health care living units, adult day care, homes plus, and nursing facility. Services may also vary from no assistance to assistance by a licensed nurse.

Residents select the type of housing and level of care that fits their needs and then move to another type and level of care if their situation calls for it.

Adult Care Home . . . is a nursing facility, nursing facility for mental health, intermediate care facility for the mentally retarded, assisted living facility, residential health care facility, home plus, boarding care home, and adult day care facility, all of which are required to be licensed by the Secretary of Aging and Disability Services.

Nursing Facility . . . is a place or facility/home operating 24 hours a day, seven days a week, caring for six or more individuals. A licensed nurse is on duty 24 hours a day 7 days a week. See next page for payment options for this level of care.

Assisted Living Facilities . . . are licensed and are usually located in apartment-type buildings that are free standing or attached to a nursing home. Each apartment in the facility has a kitchen, a bathroom with a shower or tub, and a separate or combined sleeping, living, and storage area. The facility also has common areas such as a living room, activity area and dining room. Support services are provided to promote the people's privacy, freedom, and independence. Some people may not need any assistance, while other people may need assistance with transportation, light housekeeping, meal preparation, medications, bathing, dressing, and health care. Supervised nursing care provided by certified nurse aides is available twenty-four hours a day, seven days a week. Although a licensed nurse must be available at all times to respond to the certified nurse aides request for assistance for the people who live at the facility, facilities vary as to whether or not a nurse is on duty on a regular basis in the facility. The facility may employ health care professionals such as nurses, social workers, therapists, dietitians, and pharmacists, or coordinate the services of these health care professionals with outside agencies. The people living in an assisted living facility cannot employ privately a certified nurse aide or a non-certified

individuals to assist them with services and care.

Residential Health Care Facilities . . . are licensed apartment type buildings that are freestanding or attached to a nursing home. An individual living unit is similar to an assisted living apartment with exception of not having a microwave or stove for cooking. Alternatively, the individual living unit can be only a room with a combined sleeping, living, and storage area. The toilet room may or may not have a shower or tub and may be private or shared with another living unit. The facility has common areas such as a living room, bathing rooms, and dining room. If the facility is attached to a nursing home, it may share some common areas with the nursing home. Staffing, assistance, and services are the same as in an assisted living facility (see previous page).

Homes Plus . . . are licensed private home residences or facilities for twelve people or less. A person may share a bedroom or have a private bedroom. All the people share the common spaces of the home. Meals are provided. Supervised nursing care provided by certified nurse aides is available twenty-four hours a day, seven days a week. Staffing, assistance and services are the same as in an assisted living facility or residential health care facility.

Boarding Care Homes . . . are licensed private home residences or facilities for up to ten people. A person may share a bedroom or have his or her own bedroom. All the people share the common spaces of the home. Non-certified or non-licensed staff provide supervision twenty-four hours a day, seven days a week. The only assistance and services the people may receive are meals, laundry, housekeeping, and supervision for self-administration of medication. This type of facility DOES NOT provide personal, medical, or skilled nursing care. The resident must be able to walk and manage his or her own affairs.

Paying for Housing

The cost of these different housing options will vary depending on the size of your apartment, amount of services you want or need, the facility's location, and management. Some housing may be able to lower the rent cost based on an individual's income.

Services may be funded in assisted living and residential health care facilities and homes plus by the Medicaid program if the owner of the facility chooses to participate in the Home and Community Based Waiver Program. The owner of the facility, the potential resident, and the case manager would negotiate the room and board cost and the service plan. The resident would pay the negotiated room and board cost and Medicaid would pay the service cost. Some facilities will have waiting lists, so it is wise to plan ahead if you are considering moving into one of these housing alternatives. Medicare does not pay for room and board and services in assisted living and residential health care facilities, homes plus, or boarding care homes. Contact the Aging and Disability Resource Center, DCF office, or the local housing authority in your area for more information and assistance.



Important Questions to Ask Before You Sign a Contract

- When is a nurse on duty in the facility?
- Who pays for transportation for medical purposes?
- How much will it cost, including add-ons to the rent?
- What is the cost and policy on telephones/ TVs/ Cable TV hook-up?
- Are pets allowed? If so, is there an extra deposit?
- Are there any restrictions on visitors or overnight guests?
- How are cleaning standards maintained? Does someone inspect apartments? Are the inspections

announced or unannounced?

- Will the home or facility accept Medicaid payment for service?
- Can the rent be based on my income?
- What is the policy on retaining my apartment if I have a change of health or would need to be hospitalized? Is that policy part of the contract?
- What are some situations that may cause an increase in my rent and services?
- What are the costs for services like transportation, laundry, meals, etc?
- If you will need parking, is it included or is there an extra fee for parking?
- What are the conditions under which I may have to leave the facility?
- What fees am I still responsible for if I am discharged per my own choice or by the facility?

It is important that you read the contract and fully understand the terms of the contract.

Kansas Veterans Benefits

Veterans Affairs (VA) has comprehensive programs to prevent and eliminate Veteran homelessness. Contact VA's National Call Center for Homeless Veterans at **1-877-4AID-VET**. A trained VA responder can connect you with the resources VA offers through these and many other programs.

The Kansas Commission on Veterans Affairs offers many services for Kansas veterans, spouses, widows/widowers, mothers, fathers, and dependent children.

The Kansas Soldier's Home - The historic Fort Dodge facility offers a library, museum, recreation center, fitness room, nursing home, three domiciliary residence halls, 60 cottages, and a Veterans Cemetery. Priority for admission of veterans will first be made on the basis of severity of medical care required; second consideration will be of the veteran's ability to pay for care; transfers from other institutions will have the lowest priority. Information on application, eligibility and admission to the Kansas Soldiers Home can be obtained by contacting the Kansas Veterans Affairs Office at 714 Sheridan, Fort Dodge, KS 67801 or call **620-227-2121 Extension 146**, email admissions@ksh.state.ks.us

The Kansas Veteran's Home opened in May of 2000, in Winfield, Kansas. The facility is set on a large hilltop campus overlooking the Walnut Valley that will be the future location of the Kansas Veterans Cemetery at Winfield as well. This renovated home offers three levels of care to eligible residents: assisted living, skilled nursing, and special care for residents with Alzheimer's Disease or related dementia.

Information on application, eligibility, and admission to the Kansas Veterans Home can be obtained by contacting the Home's Clinical Director at **620-221-9479, ext. 250**, 1220 World War II Memorial Drive, Winfield, Kansas 67156. Visit the KCVA website www.kcva.org to learn more.

More information is also available at the Kansas Commission on Veterans Affairs, 700 SW Jackson, Room 701 Topeka, Kansas 66603 **785-296-3976**, www.kcva.org

The Veterans Crisis Line connects veterans in crisis and their families and friends with qualified, caring Department of Veterans Affairs responders through a confidential toll-free hotline, online chat, or text. Veterans and their loved ones can call **800-273-8255** and **Press 1**, or send a text message to **838255** to receive confidential support 24 hours a day, 7 days a week, 365 days a year.

Reverse Mortgage

A reverse mortgage is a special type of home loan that allows the homeowner to convert home equity into cash. Unlike traditional home equity loans or second mortgages, there is no payment due on the loan until the borrower no longer lives in the home.

To be eligible for a reverse mortgage you must be at least 62 years of age, own your home free and clear, or have a very low outstanding mortgage balance.

Many seniors use a reverse mortgage to pay for repairs, to pay for unexpected expenses, or to supplement their retirement income. You can obtain free information about Reverse Mortgage by call-

ing Fannie Mae at **800-732-6643** or, by calling HUD toll-free at **888-466-3487**.

USDA Rural Development Home Repair Loan and Grant Program

USDA Rural Development helps limited-income owners of single family homes in rural communities make needed repairs to improve or modernize their home, make it safer or more sanitary or to remove health and safety hazards.

To be eligible the following qualifications must be met: meet income guidelines, have acceptable credit history, own and personally occupy a single family dwelling in need of repair, US Citizen or a legal resident alien. Grant applicants must be 62 years of age or older and unable to repay a loan.

Loan repayment plans are available for up to 20 years with a one percent interest rate. Eligible home repair projects can include: roofs, floors, walls, wells or hook-ups to rural water, septic, plumbing, heating, air conditioning and electrical systems, insulation, energy efficient windows and doors, storm shelters or safe rooms, improvements to bathrooms, doorways, and kitchens to make them handicap accessible.

Contact one of the following offices for more information:

State Office in Kansas, Topeka – **785-271-2700**

Hays Area office – **785-628-3081**, Ext 4

Manhattan Area office – **785-776-7582**, Ext 4

Iola Area office – **620-365-2901**, Ext 4

Newton Area office – **316-283-0370**, Ext 4

Garden City Area office – **620-275-0211**, Ext 4

Nursing Home Care

Selecting a Nursing Home

The Kansas Department for Aging and Disabilities (KDADS) licenses all adult care homes and certifies nursing facilities, nursing facilities for mental health, and intermediate care facilities for the mentally retarded in Kansas. Programs exist to assure quality care through two primary means – establishing licensing standards and inspecting facilities to assure state and federal regulatory standards are being met.

A written report is given to the facility after every inspection. The facility must make the report available for examination in a place readily accessible to residents and must post a notice of their availability.

Other resources that may be helpful are:

www.kdads.ks.gov/LongTermCare/Facility_Reports

www.medicare.gov/NHcompare/Home.asp

Kansas Long Term Care Ombudsman at:
www.da.state.ks.us/care **877-662-8362**

Kansas Advocates for Better Care at:
www.kabc.org **800-525-1782**

Associations to which some adult care homes belong include:

Kansas Adult Care Executives at:
www.k-a-c-e.org **785-273-4393**

Leading Age at: www.leadingage.org
785-233-7443

Kansas Health Care Association at:
www.khca.org **785-267-6003**

Determine your physical, mental and social needs before selecting a nursing home. Sometimes these needs can be met in your own home, an assisted living facility, a board and care home, an adult family home, or a residential care facility.

When there is a need for nursing home care, start with those near your home or close by for easy visitation by friends, family and physician. When you have narrowed the selection to a few homes, visit them to determine the quality of care received by the residents and the quality of life they are experiencing in the home. Ask for the survey (inspection report). Check to see if the residents are well groomed and are involved in daily activities that appear meaningful to them. When possible schedule your visit at meal time to evaluate the appearance and taste of meals and to determine if there is sufficient staff to provide residents with assistance in eating when needed. Determine if they are involved in the care planning sessions.

When visiting a home, chat with the residents to see if they are allowed to make decisions about their day, i.e. choosing the time to get up in the morning or going to bed at night and are satisfied with the services provided. Talk to staff to determine if they enjoy their work at the home. Rely upon your impressions of staff attitudes and your reactions to the nursing home.

Nursing Home Contracts

Nursing home residents have a number of rights and safeguards secured by federal and state law, including the right to an admissions contract.

The contract should indicate which services are included in the daily rate and which are not, as well as the additional costs for other services. Nursing homes participating in the Medicaid program may not require a period of “private pay” prior to conversion to Medicaid nor any sort of donation for the promise or privilege of securing a bed. Rarely is a deposit required at admission from private paying residents, and it is unlawful to request one from Medicaid residents. Take a close look at how money is refunded when care is terminated due to a move or death, and look for any language regarding late charges.

Paying for Nursing Home Care

Paying your nursing home bill is your responsibility. There are four basic options for payment.

Private Pay – You pay the nursing home from your own funds.

Long Term Care Insurance Policy – Can help pay for all or a portion of your nursing home care based on the policy.

Medicare – Nursing home coverage is very limited and short term with specific eligibility criteria.

Medicaid – Medicaid nursing home coverage is an option when you run out of money or insurance coverage. An application must be submitted to the Kansas Department of Children and Families (DCF) office to begin the process. DCF staff will determine eligibility and notify you by letter. They will also tell you the monthly amount you will owe the nursing home out of your own funds.

Extended nursing home stays can be quite expensive, and the daily rates vary from one home to another. You may want to contact several homes and ask for their daily rates.

Most, but not all homes are certified for Medicaid in Kansas and many are certified for Medicare. Ask your hospital discharge planner or call the facility to determine its types of certification. As explained in the Medicare section, up to 100 days in a skilled nursing facility may be covered if the eligibility criteria are met. You will be responsible for a copayment for days 21 through 100.

Medicaid will pay for nursing home care for those physically and financially eligible. A nursing home accepting a Medicaid payment cannot bill you any covered costs in excess of the reimbursement rate authorized. You will be required to apply your monthly income toward the cost of care, minus a \$62 personal needs allowance.

Client Assessment, Referral and Evaluation (CARE)

The CARE program is operated by the Kansas Department for Aging and Disability Services. Your area Aging and Disability Resource Center is contracted to complete Level I CARE assessments while

Kansas Health Solutions (KHS) serves as the contracted CARE Level II Provider.

A section of the CARE assessment is required by federal law. This section is referred to as the Pre-Admission, Screening and Resident Review (PASRR). Everyone seeking admission into a Medicaid-certified nursing home must receive a Level I CARE assessment by a certified CARE assessor before they can be admitted. If the Level I assessment would indicate a Level II assessment is needed that too must be completed prior to admission. The CARE assessment takes about one hour and can be ordered through the ADRC. The assessment is designed to evaluate your basic care needs and abilities to perform daily activities such as dressing, shopping, laundry, etc.

Once the assessment is complete, the assessor will provide you with a certificate that shows you have been assessed. If you decide a nursing facility is your best choice, you must take a copy of the certificate (and may take a copy of your assessment) to the nursing home.

For more information about the CARE program or community based services, contact an ADRC. A CARE assessment is not Medicaid Eligibility; if you believe you will need Medicaid assistance you will need to apply through the Kansas Department of Children and Families (DCF).

Money Follows the Person Demonstration Grant

Money Follows the Person (MFP) is a demonstration grant that permits the funding to “follow the person” to the most appropriate and preferred setting of that resident’s choice. Kansans can be served in the community as an alternative to nursing home care. This program shifts Medicaid’s traditional emphasis on institutional care to a system offering greater choices that include Home and Community Based Services (HCBS) and help eliminate barriers that prevent residents from transitioning back into the community. MFP provides transitional opportunities to the Frail Elderly, Physically Disabled, Traumatic Brain Injured, and Intellectual and Developmentally Disabled populations.

To be eligible for this program the person must:

- Be a current resident of a nursing home or intermediate care facility for mental retardation (ICF/MR) with three months continuous stay
- Be Medicaid eligible one day prior to receiving MFP services
- Meet the functional eligibility for waived services
- Have an interest in moving back to the community

Services offered under the MFP demonstration:

- HCBS waived services specific to the waiver the individual would qualify for
- Transition services - up to \$2,500 start-up cost.
- Home modification/assistive technology above the \$7,500 lifetime cap
- Transition Coordination Services
- Targeted Case Manager Service
- Therapeutic Support (for only two waiver populations)

The MFP demonstration grant has specific criteria of housing options; customers cannot reside in Residential Care Facilities, Homes Plus, or Board and Care Homes.

Contact the Aging and Disability Resource Centers or your managed care coordinator for more information.

Kansas Long-Term Care Ombudsman Program

The Ombudsman serves as a resident advocate who seeks to promote individual rights, dignity and independence. The Kansas Long-Term Care Ombudsman program consists of volunteers serving residents of nursing homes and residential care facilities to provide support and assistance with any problems or complaints.

Long-Term Care Ombudsmen are advocates for residents of long-term care facilities; a person who is

concerned with protecting the civil and human rights of elderly persons in long-term care facilities; a problem-solver and a mediator; an objective investigator of complaints.

They provide a place where a long-term care facility resident or family can discuss a problem and receive assistance; help long-term care residents obtain legal, social, physical, and emotional services for the highest quality of life; help long-term care staff meet the needs and concerns of those who use their facilities; provide information about the long-term care system; receive and investigate complaints and help achieve equitable solutions.

Call an ombudsman if you have questions or concerns about resident rights, transfer and discharge rights, or other care issues.

To contact the Office of the State Long-Term Care Ombudsman call or write:

Kansas Long-Term Care Ombudsman Program
Landon State Office Building, 900 SW Jackson,
Suite 1041, Topeka, KS 66612
785-296-3017 or 877-OMBUD-62 or 877-662-8362 (toll free)

<http://www.kansasombudsman.ks.gov>

Legal Assistance

Selecting an Attorney

Laws can be complex and many occasions may arise where you need the legal advice or representation offered by an attorney. These situations could range from denial of benefits to estate planning. Knowing when you need assistance and where to turn is important.

Kansas Elder Law Hotline

Kansas Legal Services, Inc. operates the Kansas Elderlaw Hotline, **888-353-5337** for the benefit of Kansas seniors 60 years and older. The Hotline provides access to attorneys who provide advice at no charge about civil legal issues. The Hotline also provides referrals to private attorneys or connects you with your area Senior Citizen Law Project attorney. If you have a question about a legal issue listed in this guide or any other questions involving civil law, you can contact the Hotline for assistance. Even if you are unsure about whether you have a legal problem, staff with the Hotline will be able to talk with you about your issue or problem. Attorneys who work with the Hotline are Senior Citizen Law Project Attorneys or private attorneys who handle elder law issues.

Kansas Legal Services

Kansas Legal Services (KLS), a statewide non-profit corporation, is dedicated to helping low income Kansans meet their basic needs through the provision of essential legal, mediation and employment training services.

Individuals seeking legal assistance should first submit an application. Staff cannot answer any questions or give any legal advice until they have an application on file.

Call toll-free **800-723-6953** (Monday through Friday from 7:30 a.m. to 5:45 p.m.) to see if you are eligible for legal assistance. Kansas Legal Services provides

civil legal advice and representation at no cost or at reduced fees to income eligible individuals

KLS also has information and forms on their website on a number of topics including divorce, child support, health care decisions, poverty, and identity theft. Check out their website at www.kansaslegalservices.org or call **800-723-6953**.

Private Attorneys

If you need a referral to a private attorney in your area contact Kansas Legal Services at the above number or the Kansas Lawyer Referral Service at **800-928-3111**. These attorneys will charge you for their services.

In selecting and using a private attorney, there are several steps to take:

- Decide what kind of assistance you need
- Ask friends and relatives for the name of their attorney
- Talk with each possible attorney if a free consultation is offered
- Ask about experience, fee, billing, and how you will be updated about your case
- Compare their answers, fees, professional and personal qualities
- Have a written agreement about the work to be done and the cost

Small Claims Court

The District Court of each county in Kansas has a small claims court to handle money or property disputes of less than \$4,000 (2013). Usually, neither party in a small claims case is represented by an attorney. If one party is an attorney or is represented by an attorney, that party must let the other side know and that side may also use an attorney. You each explain your side of the dispute to the judge in your own words and or present any witnesses. After hearing the evidence and asking some questions, the judge makes a decision.

Because the court procedure is simple and informal and because lawyers are usually not involved, settle-

ment of a dispute may be achieved more cheaply and quickly than in other actions. The judge's decision has the same legal effect as a decision in any other form of lawsuit.

Before you file a small claim

- Call the person or business you have a complaint against and attempt to resolve the problem. Write down the date and time of your call and who talked to you. This information may be useful if you must eventually file suit in small claims court.
- Write to the person or business, describe your complaint, and state what settlement you think is fair. Include copies of receipts, warranties, contracts, correspondence or other papers that support your position (always keep the originals). Keep a copy of your letters.
- If your complaint is against a local business, contact the local Chamber of Commerce, the Better Business Bureau and, if there is one, your local consumer protection agency. In many cases, they will be able to persuade the business to satisfy the complaint.

Even if you win in small claims court, enforcing the judgment may prove difficult and time-consuming because the judgment debtor may not have assets with which to satisfy your judgment (money you get from them). So before you file a small claim, exhaust all of the non-legal remedies available.

To file a suit, go to the county courthouse in the county where you live or check online at www.kscourts.org. If the transaction occurred in another county, you should file your suit in that county. The clerk of the small claims division of the district court will provide you with a simple form to fill out and will answer your questions regarding the procedure.

Forms are also available at www.kscourts.org/rulesprocedures-forms/small-claims-information/4thdistrict.asp#forms. You can prepare the forms ahead of time and take them to the clerk of the court at the county courthouse to file.

You should have the exact name and address of the person you are suing when you fill out the form to

file the case. List him or her as the Defendant on your papers. If you are suing a corporation, list the business as the Defendant, but check with the Secretary of State's office for the "resident agent" of the corporation and list that person for service of the papers by the Sheriff. You must also pay a filing fee. Before you leave court, check to see that you know the docket number of your case, the time and date that your case will be heard, and the location of the courtroom where you will appear.

Filing the petition is just the first step, you must prove your case to the Judge. These ideas may help:

- **Collect and organize documents** relevant to your complaint so that you can make a complete and orderly presentation of your case. Take all relevant materials to the hearing to show the judge. Make a copy for yourself, the Judge and the defendant.
- **Think over and note what you want to say** so that you can make a complete, but brief, statement of your argument.
- **Determine what witnesses, if any, you need** to have at the hearing. Witnesses may be subpoenaed (ordered by the judge to attend) if they refuse to appear voluntarily and are important to the case. You must request subpoenas from the Clerk several days before the hearing.
- **Check with the Clerk before the hearing** to find out whether or not the defendant has been served successfully with the summons to appear. If not, the clerk can advise you of your options, and you may be able to obtain a postponement of the hearing. Your case cannot be heard until the defendant is served with the Petition.
- Consider how to respond to any claims the Defendant has filed back against you.

Either side in the small claims court judgment may appeal the decision to the District Court. If you are dissatisfied with the outcome in small claims court and wish to pursue an appeal, it would be advisable to seek the assistance of an attorney. The appeal must be filed with 14 days of the small claims decision. There is a new filing fee to pay. There is no simplified form for appeal. Small claims appeals are heard again as a trial by the District Court Judge.

You may have the assistance of an attorney when the small claims decision is appealed to District Court. If you appeal a small claims decision and lose the appeal, the court will order you to pay the attorney fees of the prevailing party. This is one reason why you should appeal only if you stand a good chance of winning.

If you win a judgment, contact the court clerk for assistance regarding enforcement of your judgment. Small claims court judgments are often difficult to enforce.

If you are sued and you do not settle the claim against you before the trial date, you must appear in court at the scheduled time. If you do not appear, the judge will rule against you. If the judge rules against you, you will have a legal obligation to pay what the judge orders you to pay. If you settle the claim before the trial date, you will not have to appear in court. Also notify the court in writing regarding the settlement.

If you have a claim against the plaintiff in connection with the same matter, you may file a counterclaim. You may do this by filling out the “defendant’s claim” form that comes with the summons and return it to the office of the Clerk of the District Court as soon as possible. You may be responsible for additional court costs if your claim is more than the amount authorized for the original filing fee.

Court Terms

Answer- a statement of the defendant’s response to the claim made in plaintiff’s petition

Appeal- a legal proceeding in which a party asks a higher court to review the action taken by a lower court

Counterclaim- a legal claim made by the defendant against the plaintiff

Defendant- a person who is being sued or held on behalf of the judgment debtor by a third party

Judgment- the official decision of a court determining the rights of the parties involved in a legal action.

This is usually set out in a document entitled “Journal Entry of Judgment.”

Judgment Creditor- the person that money is owed to as a result of a judgment in court

Judgment Debtor- the person who owes money as a result of a judgment in court

Petition- a written form filed by the plaintiff to begin legal action that contains the basis for the claim and the request for payment of money or return of property

Plaintiff- a person who brings a legal action; the party who complains or sues

Service- the presentation of a summons to the defendant in a legal action by a person authorized by law.

Summons- an order directing a sheriff or other process server to notify the person named that a legal action has been commenced against him or her and that he/she is required to appear within a certain time to answer the petition

Subpoena- an order requiring a witness to appear and testify at a certain time and place

Power of Attorney

A Power of Attorney is a document by which one person (the “principal”) gives legal authority to another (the “agent” or “attorney-in-fact”) to act on behalf of the principal. The authority the principal gives the agent can be very broad or limited to one or two specific acts.

The **Durable Power of Attorney** provides authority to handle financial affairs. It can be either broad or limited and is not affected by subsequent disability or incapacity of the principal. It is called **durable** because it continues to be effective even after the principal has lost capacity due to illness or injury. A Durable Power of Attorney has specific language that makes the power continue after the principal has lost capacity. This language makes the Durable Power of Attorney a useful document for persons who wish to pre-plan for a future illness or incapacity.

Kansas law authorizes two additional types of powers of attorney designed for use by persons who wish to appoint someone of their own choosing to handle affairs, to make good personal medical treatment decisions, or both, when they can no longer do so themselves. See information on Durable Powers of Attorney for Health Care Decisions.

Normally, the agent or attorney-in-fact is a friend or relative rather than a lawyer. Since a power of attorney can be used to your disadvantage, it is vital the person you selected be trustworthy, conscientious, and willing to study your financial affairs. Your Senior Citizens Law Project may be able to help draft a Durable Power of Attorney.

Court Appointed Guardian or Conservator

Sometimes, due to a chronic health condition or disease, a person becomes impaired and cannot manage his or her financial resources or physical health and safety. Such an individual may become the subject of a guardianship or conservatorship action.

The powers of guardianship and conservatorship can be granted only by the court. They are not to be confused with other legal powers, such as Durable Power of Attorney, which one individual may grant to another. The individual appointed to be guardian or conservator assumes most of the adjudicated person's civil and legal rights and is subject to the direction of the court. Kansas Guardianship Program provides guardianship services to eligible wards. Contact them at **800-672-0086** or online at www.ksgprog.org.

A **guardian** is appointed to make personal care decisions for the individual, or "ward," including medical treatment and other decisions promoting comfort, safety, and health. The guardian must file an annual report with the court on the ward's condition.

A **conservator** manages the conservatee's financial resources for his or her support. Each year an accounting must be filed with the court detailing income or funds received and how the funds were

spent on behalf of the adult with an impairment (conservatee).

A guardian and/or conservator has no personal financial responsibility for the ward or conservatee. Under direction of the court, the conservator uses the conservatee's funds to pay expenses.

Determining impairment

There must be a court proceeding to determine whether a person meets the legal definition of "an adult with impairment" and is in need of a guardian and/or conservator. The court will base this in part on medical determination of a person's ability to make and communicate decisions in their own best interest. The person who is alleged to be an adult with an impairment is entitled to a notice that a petition has been filed, and a trial will be held. They are also entitled to be present at the hearing, if possible, as well as to have a court appointed attorney and a jury trial if requested. The person may call witnesses to testify in their behalf.

If you wish to become a guardian and/or conservator over someone else, remember you may have to:

- 1) pay the court cost,
- 2) hire a lawyer, and
- 3) post a bond.

A guardianship or conservatorship can be ended by the court in one of several ways. 1) Upon the death of the ward or conservatee, 2) the conservatee's property may be exhausted, or 3) the adult with an impairment (ward or conservatee) may request a hearing so the Court can determine if the person's rights should be restored. Any changes in guardianship and conservatorship usually require court action.

Future Planning

Estate Planning

Planning your estate can prevent headaches for your heirs. Your estate consists of everything you own: your home, personal property, car, land, stocks and bonds, life insurance, and any other property in which you have an ownership interest. Estate planning is a plan for how you will acquire property, use it, conserve it and, perhaps most importantly, how it will be transferred upon your death.

There is no way to determine your wishes regarding distribution of your property after your death unless you take appropriate steps prior to your death. Estate planning can be beneficial no matter what the size of the estate.

Probate is legal procedure for settling the decedent's estate. It is a process by which the court validates the will if there is one, grants authority to the executor or appoints an administrator if there is no will, assures payment of taxes, oversees distribution of the property, and provides for legal transfer of ownership of the property.

All property is subject to probate proceedings, whether or not there is a will, except for property owned in joint tenancy with another, any property placed in a trust, property subject to a transfer on death deed (real estate or vehicles may be titled in transfer on death titles), payable on death accounts or life insurance proceeds designated for a named beneficiary. The property in these categories automatically passes to the joint tenant, designated beneficiary or trust beneficiary, although it may be subject to inheritance and estate taxes. Kansas and federal estate taxes only apply when more than \$5.25 million is in the estate at the time of death (2013).

A regular probate proceeding takes a minimum of six months from the date they receive notice to file their claims against the estate. There are some simplified, less time-consuming proceedings that may be used in certain cases.

The expense of the probate proceeding depends upon the complexity and value of the estate. In Kansas, fees average from one percent to five percent of the estate. Fees for the attorney and executor or administrator are also charged to the estate.

There are a number of options available to avoid probate. These include transfer on death deeds, pay on death beneficiaries for bank accounts, mutual funds, bonds, CD's, etc. and life insurance proceeds.

Wills

- A will is a legal document that dictates how your property is to be distributed after your death.
- In Kansas, a valid will must comply with these requirements:
- The maker, called the testator, must be at least 18 years old.
- The testator must be of sound mind at the time the will is prepared.
- The will must be properly prepared and signed by the testator.
- The will must be witnessed by at least two people who will not receive any property under the will.
- A notary public can also sign, making a "self-proving" will; however, the witnesses are still required, and the notary public must make a special certification if the will is to meet requirements.

A will should name an executor who will administer and settle the estate. The job includes paying all debts and taxes out of the estate assets, as well as distributing the estate according to your wishes. It is always best to name an alternate executor to serve in the event that your first choice cannot serve.

Generally, Kansas law allows you to distribute property as you desire. One major restriction is that a spouse has an absolute right to at least half of the estate. If the will is written to give a spouse less than half, then that spouse must have agreed to the smaller share of the estate in the manner provided by law for the will to be valid as written.

A will that meets all of the requirements of Kansas law is good until it is changed or revoked by the maker. This may be done by writing a new will or by writing

an amendment (a codicil) to your current will. The document must be signed with all the formalities of the original will. You may revoke your will by burning, tearing, destroying, or marking through it with the intent of revoking it. Marriage, divorce, and birth or adoption of a child also have an effect on your will. You should review your will every few years to make sure it still reflects your wishes.

If you die without a valid will, which is called dying intestate, all of your property, other than what is held jointly, will be distributed among the surviving relatives according to Kansas laws. Your estate will be divided into various portions depending on whether a spouse, child (ren), parent(s) or other categories of relatives survive.

An **estate tax** is imposed by the federal government on the value of all property owned at death over an amount set by the federal government. Various deductions are subtracted from your gross estate in order to determine the amount of your estate that is subject to federal estate tax.

The state of Kansas imposes an estate tax only on estates subject to federal estate tax. The amount of such tax is equal to the amount of the maximum credit allowed by section 2011 of the Internal Revenue Code against the tax imposed by that section. In 2013 only estates of more than \$5.25 million pay estate taxes.

Trusts

A trust is a legal arrangement made during your life where property is held by one person for the benefit of another. The person creating the trust is called the **grantor**. The person who manages the trust property is called **trustee**, and the person who receives benefits from the trust is called the **beneficiary**. The terms of the trust are written out in a legal document known as a **trust instrument**. It looks a lot like a will and contains your written instructions for what you want to happen to the trust property if you become disabled or die.

A **living trust** takes effect during the grantor's lifetime. The grantor usually serves as the trustee. Because title to the property is transferred from the

grantor to the trust, the property does not pass through probate. However, the establishment of a living trust does not deprive the grantor of control of his or her property. Upon the grantor's death the property automatically passes to the beneficiary.

The primary advantage of the living trust is that the trust is not subject to probate on the death of the grantor. The living trust also offers protection if the grantor becomes disabled. Because the property is titled in the trust, someone else called the successor trustee can step in and take over without delay. Some people are attracted to the living trust because it is private. Unlike a will, your trust is not required to be filed with the probate court on your death. Therefore, the assets of your estate plan remain private.

Living trusts are often set up to avoid probate and for tax purposes. If the grantor needs Medicaid due to nursing home costs, many trust documents will prevent the grantor from receiving Medicaid. Changes in federal law severely restrict the use of trusts for KanCare long term care beneficiaries. Transfers of funds from a trust are subject to a 60-month "look-back" period creating potential ineligibility for five years from the transfer. Assets of a KanCare long term care beneficiary put into a trust for the benefit of an individual or the spouse are considered available regardless of trust purposes or discretion. Both the cost and complexity of living trusts may make them undesirable.

Trust assets are not protected in bankruptcy or debt collection the way a home in your name would be.

Many people find that the expenses of setting up a living trust, including attorneys' fees and asset transfer charges, are much less than the expense of probate. However, there are people whose estate can be handled through one of the simplified small estate proceedings and who can find disability protection through a durable power of attorney. This decision, as to whether a trust is for you, can best be made in consultation with your attorney.

A pay at death type of account may be established at various financial institutions. It provides for the balance of your account to be transferred to a named

beneficiary upon your death. It is like a joint account in that the funds will not be subject to probate. It is preferable to a joint account as a probate avoidance tool because the beneficiary cannot withdraw funds from the account until your death, nor can the beneficiary change the beneficiary designation. You may withdraw funds from the account and change the designation of the beneficiary at any time. Pay at death accounts will come under the provisions of estate recovery for KanCare long term care services.

Transfer on Death Deed (TODD)

It is possible to transfer title to real estate or vehicles, upon the death of the owner, by a process similar to payable-on-death bank accounts. The owner of real estate or a vehicle may record a TODD to real estate which specifies a beneficiary of the title upon the death of the owner. This is a special deed created for the purpose of designating a beneficiary upon death. It should be filed with the Recorder of Deeds in the county where the real estate is located. There is a small fee for recording the Deed. An attorney with the Senior Citizens Law Project can help with this. You will need the full legal description of your real estate.

Similarly, the owner of a motor vehicle may record a title transfer with the Division of Motor Vehicles designating a beneficiary upon the death of the titleholder. The transfer can be recorded by taking the title to the County Treasurer in the owner's county of residence and paying a fee. This can most easily happen when the annual car registration is paid.

Designating a beneficiary on death allows the property to pass to the ownership of the beneficiary without any involvement of Probate Court, but the ownership doesn't take effect until the present owner dies. That means that the present owner can change his or her mind and change the beneficiary without anyone else consenting. It also means that the present owner can sell or trade the property or give it away to someone else before death without needing any other person's permission.

Joint Tenancy

Joint tenancy does avoid probate, because title to the property automatically passes to the surviving joint tenants upon your death.

Adding a joint tenant to property makes that joint tenant an owner of the property; therefore, you should carefully consider the effects before using joint tenancy as an estate planning tool.

- If you add a name to the deed as a joint tenant, you will not be able to sell the property without that person's permission. If the joint tenant is married, you will need his or her spouse's permission as well.
- If the joint tenant is married and becomes involved in a divorce action, the property could be considered marital property to be assigned to one party or the other by the divorce court.
- If you add a name to the deed and that person is later sued and loses, the winner might place a lien on the property.
- If you use joint tenancy as an estate planning tool, you could unintentionally disinherit your family members. For example, if you add two children to your deed and one of the children predeceases you, on your death all the property passes to your surviving child. If the child who predeceased you had children, you will have disinherited your grandchildren.
- If you use joint tenancy as a way to avoid probate and one of the joint tenants files for bankruptcy, the property may be considered an asset of the bankruptcy estate and creditors would have a claim or lien upon it.

Property held in joint tenancy with anyone other than your spouse will not be considered as an available resource if you apply for KanCare long term care. If you decide to put someone other than your spouse on a joint tenancy deed and then apply for KanCare long term care, the state will look back 60 months to see if you have given away any valuable property. Adding a joint tenant (other than a spouse) less than 60 months before you apply for KanCare long term care will make you ineligible for a "penalty period" based on the value of the proportion of the ownership held by the joint tenant.

Transfer of Property Before Death

You may decide to sell or give away your property for various reasons for extra income or to help your family avoid paying inheritance or estate taxes. But you should consider the effects of such transfers:

- If you give your property away, you no longer have ownership rights in that property. If you give away your house, you could be forced to move out by the new owner.
- If you give away your property or sell it for less than it is worth, you could become ineligible for some public benefit programs, including state KanCare long term care assistance with the cost of long-term care. The ineligibility can be a significant problem if you no longer have any assets with which you can support yourself or pay your bills.
- If you give away or sell your property, you might owe capital gains or gift taxes.

Planning for the Time You Can't Make Health Decisions for Yourself

A Durable Power of Attorney for Health Care Decisions is a written document that allows you, the principal, to designate another person to make health care decisions when you are unable to do so. This designated person is called the agent. The document must contain language expressing that the agent's granted power is effective even if you become incapacitated. Other powers may be granted into the document, such as the power to make financial decisions.

To make the document valid, it must be dated and signed in the presence of a notary public or in the presence of two witnesses who are at least 18 years old. If two witnesses are used to validate the document, then these witnesses cannot be your agent. Your agent cannot be your treating health care provider, any employee of your health care provider or insurance company, or any employee, owner, officer or director of a hospital, psychiatric hospital or treatment facility, hospice, nursing home or similar facility. However, if an excluded person is related to you by blood, marriage, or adoption, they are allowed to serve as your agent. This just means that your doctor,

nursing home director or anyone else who has a professional or financial interest in your case should not be making these decisions on your behalf unless they are also your spouse, son or daughter or close relative, persons who would be expected to have your own wishes paramount in their decision-making.

The agent has broad authority; in fact, it has broader powers than those granted in a guardianship. The agent in a Durable Power of Attorney for Health Care Decisions has the power to do the following:

- Consent, refuse consent, or withdraw consent to any care, treatment or procedure to maintain, diagnose or treat a physical or mental condition;
- Make decisions about organ donations, autopsy and disposition of the body;
- Make all necessary arrangements for the principal at any hospital, psychiatric hospital or psychiatric treatment facility, hospice, nursing home or similar institution;
- Employ and discharge health care personnel, including physicians, psychiatrists, psychologists, dentists, nurses, therapists, or any other person who is licensed or otherwise authorized or permitted by the laws of Kansas to administer health care;
- Request, receive and review any information, oral or written, regarding the principal's personal affairs or physical or mental health, including medical and hospital records, and;
- Execute any releases or other documents that may be required in order to obtain such information.

The law has only one limitation of an agent's authority. An agent cannot be granted the authority to revoke a previously existing "Living Will," which is a declaration made under the Natural Death Act.

If you want, you may include other limitations. The statute recognizes that an agent may have broad powers, but it does not require you to grant all of these powers in the document. Because the principal has the power to determine what authority the agent has, it is important that the document is reviewed carefully and changes are made to tailor it to your desires.

Unless the document specifically states otherwise, the agent's powers become effective when the principal becomes incapacitated, which the attending physician determines, unless the power of attorney document states another test for determining when the power becomes effective.

The agent is obligated to act consistently with any desires that you have expressed.

Any durable power of attorney can be revoked at any time by the principal or by a court-appointed guardian. However, an agent, without knowledge of the revocation, can act in good faith under the power.

Unless otherwise stated in the document, an agent can make decisions regarding organ donation, autopsy and the disposition of the body.

In general, you may choose anyone to be your agent, but there are some exceptions. You may not designate a health care provider or the employee of a treating health care provider, unless that person is related to you by blood, by marriage or by adoption. In some cases, you may not designate a person who is a member of your community and is bound by religious vows.

The Kansas Statute contains a simple form that can be used. It is available at www.kansaslegalservices.org_servicesforseniors. You can also have an attorney draft a document that meets your special needs. If you have questions, you should contact an attorney or the Senior Citizen Law Project at **888-353-5337**.

Living Wills

Kansas law (KSA 65-28,101 to 65-28-109) allows you to make a written declaration instructing your physician to withhold or withdraw life-prolonging measures in the event of a terminal condition. This document is often called a "Living Will." The Kansas Statute lists certain provisions that must be in the document. Although often used to terminate life support, a Living Will can be used to convey any instructions you wish to your physician, to be carried out when you can no longer communicate those instructions.

You can visit www.kansaslegalservices.org, services for seniors page or visit an attorney of your choice.

You can sign a declaration at any time so long as you are competent and at least 18 years old, but it will not become effective until your attending physician diagnoses a terminal condition. The doctor must either comply with your wishes or transfer you to another physician.

When signing a "Living Will," you must have your signature witnessed by two adults who are not related to you, not entitled to any part of your estate by will or otherwise, and not financially responsible for your medical care.

Also, two medical doctors, one of whom must be your attending physician, must provide written diagnosis of a terminal condition, before your wishes to terminate life support are carried out.

It is best if you give a copy of to your primary care physician. It will be in your records, when needed. You can also be sure your physician is willing to follow your instructions. If not, your physician must assist in transferring your care to someone who will do as you wish. Also, let your family know what your wishes are.

You can revoke a Living Will by destroying it or defacing it, by signing a document revoking the Living Will, or by saying that you intend to revoke it in front of witnesses who sign and date a written confirmation of the revocation. Notify everyone who has a copy, and destroy the original and all copies.

Do Not Resuscitate Order

This statement is another very specific instruction to health care providers. It only deals with a situation where your heart stops beating or you stop breathing. It instructs your health care team to take no action to revive you. It is only effective in a hospital, nursing home, or other similar setting. EMS and other trauma settings will take action if called to provide health care. After signing, it should go to your primary care physician.

Visually Impaired/Deaf Programs

Blind and Visually Impaired Services

DCF provides a variety of employment and independent living services for Kansans who are blind or visually impaired. Vocational Rehabilitation provides services to help individuals achieve or maintain competitive integrated employment. The Business Enterprise Program provides career opportunities in food service facilities, snack shops, and vending machine routes. Independent Living services are available for persons who are age 55 or older. Contact them at **866-213-9079**.

Audio-Reader

The Kansas Audio-Reader Network is a reading and information service for blind, visually impaired, and print disabled individuals in Kansas and western Missouri. Daily newspapers, magazines and best-selling books are read on the air and on the internet, 24 hours a day, and also available are automated newspaper readings by telephone. Services are offered free of charge to anyone in the listening area who is unable to read normal printed material. To find out if this service is available in your area call **800-772-8898** or in Lawrence **785-864-4600** or <http://reader.ku.edu>.

Talking Books

Talking Books provides personalized support and materials in a specialized format to eligible Kansas residents to ensure that all may read. This library service is available for those who are unable to read or use standard printed materials as a result of temporary or permanent visual or physical impairment.

Books and magazines are available in audio format, as well as the playback equipment needed to enjoy them. Library materials are sent through the mail to customers, wherever they reside.

Like services you receive from your local public

library, services for the blind and physically handicapped have no user fees. The Talking Book program is funded jointly by federal, state and local tax dollars. All materials are loaned to readers at no charge. No postage is necessary to mail library materials to and from Talking Books. For more information:

State Library of Kansas
Kansas Talking Books
1200 Commercial, Box 4055
Emporia, KS 66801
E-mail: KSLIB_talking_books@library.ks.gov
Phone: **800-362-0699** (toll free in Kansas and surrounding states) or **620-341-6280** (outside of Kansas and surrounding states).

IKAN Live Independently with Low Vision or Blindness

Ikan represents a consortium of independent living centers, headed by Prairie Independent Living Resource Center (PILR) Hutchinson, that are working in 76 counties to provide provision of independent living services for persons who are age 55 and older who experience blindness or visual impairments. Ikan has five core services: individual and system advocacy, peer counseling, information and referral, independent living skills training, and deinstitutionalization. They also offer orientation and mobility training, Braille transcription, and assistive technologies.

Contact an Independent Living Resource Center for more information and to see if these services are available in your area.

Kansas Commission for the Deaf and Hard of Hearing (KCDHH)

The mission of the Kansas Commission for the Deaf and Hard of Hearing (KCDHH) is to advocate for and facilitate equal access to quality, coordinated and comprehensive services that enhance the life of Kansans who are deaf and hard of hearing. Services include information/referral, quality assurance screening for sign language interpreters, and advocacy. Contact them at **800-432-0698**.

Contact Information & Forms

Durable Power of Attorney for Health Care Decisions

General Statement of Authority Granted

I, _____ designate and appoint:

Name _____

Address _____

Telephone Number _____

to be my agent for health care decisions and pursuant to the language stated below, on my behalf to:

(1) Consent, refuse consent, or withdraw consent to any care, treatment, service or procedure to maintain, diagnose or treat a physical or mental condition, and to make decisions about organ donation, autopsy and disposition of the body;

(2) make all necessary arrangements at any hospital, psychiatric hospital or psychiatric treatment facility, hospice, nursing home or similar institution; to employ or discharge health care personnel to include physicians, psychiatrists, psychologists, dentists, nurses, therapists or any other person who is licensed, certified or otherwise authorized or permitted by the laws of this state to administer health care as the agent shall deem necessary for my physical, mental and emotional well being; and

(3) request, receive and review any information, verbal or written, regarding my personal affairs or physical or mental health including medical and hospital records and to execute any releases of other documents that may be required in order to obtain such information.

In exercising the grant of authority set forth above my agent for health care decisions shall:

(Here may be inserted any special instructions or statement of the principal's desires to be followed by the agent in exercising the authority granted.)

Limitations of Authority

(1) The powers of the agent herein shall be limited to the extent set out in writing in this durable power of attorney for health care decisions, and shall not include the power to revoke or invalidate any previously existing declaration made in accordance with the natural death act.

(2) The agent shall be prohibited from authorizing consent for the following items:

(3) This durable power of attorney for health care decisions shall be subject to the additional following limitations:

(continued from previous page)

Effective Time

This durable power of attorney for health care decisions shall become effective (*immediately and shall not be affected by my subsequent disability or incapacity or upon the occurrence of my disability or incapacity*).

Revocation

Any durable power of attorney for health care decisions I have previously made is hereby revoked. (This durable power of attorney for health care decisions shall be revoked by an instrument in writing executed, witnessed or acknowledged in the same manner as required herein or set out another manner of revocation, if desired.)

Execution

Executed this _____, at _____, Kansas

(Principal)

This document must be: (1) Witnessed by two individuals of lawful age who are not the agent, not related to the principal by blood, marriage or adoption, not entitled to any portion of principal's estate and not financially responsible for principal's health care; OR (2) acknowledged by a notary public.

_____ Witness	_____ Witness
_____ Address	_____ Address

(OR)

STATE OF _____

COUNTY OF _____

This instrument was acknowledged before me on _____
(Date)

by _____
(Name of Person)

(Seal, if any)

(Signature of Notary Public)

My appointment expires _____

This declaration may be revoked or changed by declarant at any time.

Living Will Declaration

Declaration made this _____ day of _____ (Month, Year).

I, _____, being of sound mind, willfully and voluntarily make known my desire that my dying shall not be artificially prolonged under the circumstances set forth below, do hereby declare:

If at any time I should have an incurable injury, disease, or illness certified to be a terminal condition by two physicians who have personally examined me, one of whom shall be my attending physician, and the physicians have determined that my death will occur whether or not life-sustaining procedures are utilized and where the application of life-sustaining procedures would serve only to artificially prolong the dying process, I direct that such procedures be withheld or withdrawn, and that I be permitted to die naturally with only the administration of medication or the performance of any medical procedure deemed necessary to provide me with comfort care.

In the absence of my ability to give directions regarding the use of such life-sustaining procedures, it is my intention that this declaration shall be honored by my family and physician(s) as the final expression of my legal right to refuse medical or surgical treatment and accept the consequences from such refusal.

I understand the full import of this declaration and I am emotionally and mentally competent to make this declaration.

My additional instructions, if any, are listed on the reverse side.

Signed _____
(Declarant)

City, County and State of Residence _____

The declarant has been personally known to me and I believe the declarant to be of sound mind. I did not sign the declarant's signature above for or at the direction of the declarant. I am 18 or older, not related to the declarant by blood or marriage, not entitled to any portion of the estate of the declarant according to the laws of intestate succession or under any will of the declarant or codicil thereto, and not directly financially responsible for declarant's medical care.

Witness

Witness

Address

Address

(OR)

STATE OF _____ COUNTY OF _____

This instrument was acknowledged before me on _____ by _____

(Signature of Notary Public)

(Seal, if any)

My appointment expires _____

This declaration and optional additional instructions may be revoked or changed by declarant at any time.

(continued from previous page)

Optional Additional Instructions

I make these optional additional instructions to my living will to exercise my right to determine the course of my health care and to provide clear and convincing proof of my treatment decisions **when I lack the capacity to make or communicate my decisions.**

If there is a phrase, statement or section below with which you do not agree, draw a line through it and add your initials.

- I direct all life-prolonging procedures be withheld or withdrawn when there is no hope of significant recovery, and I have:
 - a terminal condition; or
 - a condition, disease or injury without hope of significant recovery and there is no reasonable expectation that I will regain an acceptable quality of life; or
 - substantial brain damage or brain disease which cannot be significantly reversed; or
 - other _____
- I choose to have withheld or withdrawn the following life-prolonging procedures, when the above conditions exist:
 - surgery
 - heart-lung resuscitation (CPR)
 - antibiotics
 - mechanical ventilator (respirator)
 - dialysis
 - tube feedings (food and water delivered through a tube in the vein, nose or stomach)
 - other _____
- If my physician believes that a certain life-prolonging procedure or other health care treatment may provide me with comfort, relieve pain or lead to a significant recovery, I direct my physician to try the treatment for a reasonable period of time. However, if such treatment proves to be ineffective, I direct the treatment be withdrawn even if so doing shortens my life.
- I direct I be given health care treatment to relieve pain or to provide comfort even if such treatment might shorten my life, suppress my appetite or my breathing, or be habit-forming.
- I make other instructions as follows: (you may want to describe what an acceptable quality of life is)

- I have discussed my wishes with the following person(s) and authorize my physician to discuss my treatment and this document with them: **(if you have used a Medical Durable Power of Attorney to appoint an agent, initial here _____ and include that person on the first line below.)**

Name (Agent)	Address	Telephone
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Name	Address	Telephone
------	---------	-----------

I have read these instructions and have given them careful consideration. As I have indicated, they are in accordance with my wishes.

Date _____ Signed _____

Witness

Witness

Do Not Resuscitate

Prehospital DNR Request Form

An Advanced Request to Limit the Scope of Emergency Medical Care

I, _____ request limited emergency care as herein described.
 (Name)

I understand DNR means that if my heart stops beating or if I stop breathing, no medical procedure to restart breathing or heart functioning will be instituted.

I understand this decision will *not* prevent me from obtaining other emergency medical care by prehospital care providers or medical care directed by a physician prior to my death.

I understand I may revoke this directive at any time.

I give permission for this information to be given to the prehospital care providers, doctors, nurses, or other health care personnel as necessary to implement this directive.

I hereby agree to the "Do Not Resuscitate" (DNR) directive.

 Signature Date

Witness:*

 Witness Date

 Address

*Must be 18 or older, not related to the declarant by blood or marriage, not entitled to any portion of the declarant's estate according to Kansas laws of intestate succession or under any will of the declarant or codicil thereto, and not directly financially responsible for the declarant's medical care expenses.

Attending Physician:* I AFFIRM THIS DIRECTIVE IS THE EXPRESSED WISH OF THE PATIENT, IS MEDICALLY APPROPRIATE, AND IS DOCUMENTED IN THE PATIENT'S PERMANENT MEDICAL RECORD.

In the event of an acute cardiac or respiratory arrest, no cardiopulmonary resuscitation will be initiated.

 Attending Physician's Signature* Date

 Address Facility or Agency Name

*Signature of physician is not required if the above-named is a member of a church or religion which, in lieu of medical care and treatment, provides treatment by spiritual means through prayer alone and care consistent therewith in accordance with the tenets and practices of such church or religion.

Revocation Provision

I hereby revoke the above declaration.

 Signature Date

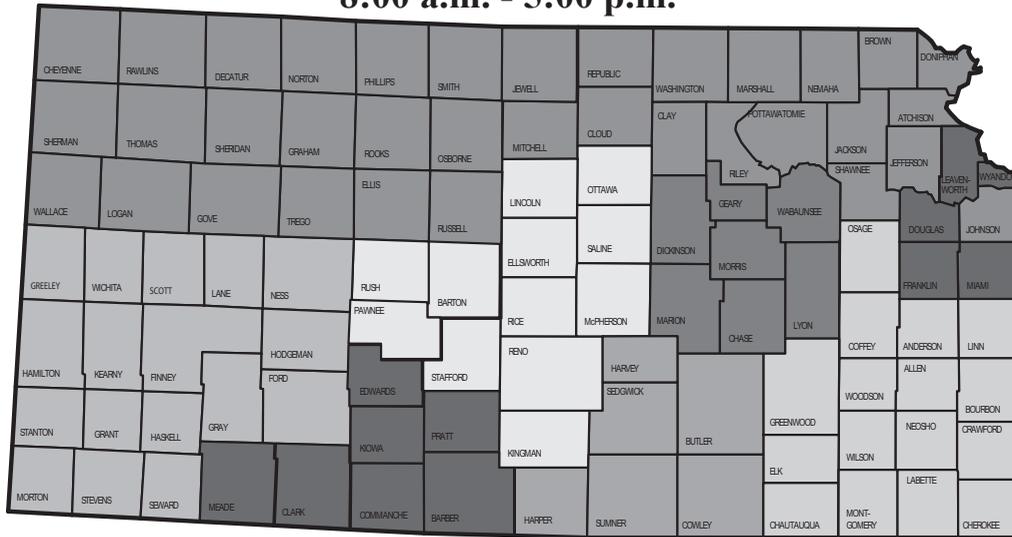
Where Personal and Property Records are Kept

Record	Where Kept
Marriage Records/Divorce Papers	
Birth Certificates/Adoption Papers	
Wills/Advance Directives/Durable Powers of Attorney	
Baptismal Records	
Death Certificates	
Citizenship Papers/Tribal Enrollment Record	
Social Security	
Military Service Records (including military discharge and service number)	
Passports	
Immunization Records	
Deeds to Property	
Where is Deed Recorded?	
Deed to Cemetery Lot	
Abstract to Title of Property/Title Insurance	
Mortgage Papers	
Automobile Title and Bill of Sale	
Household Inventory	

Long Term Care Ombudsman Offices

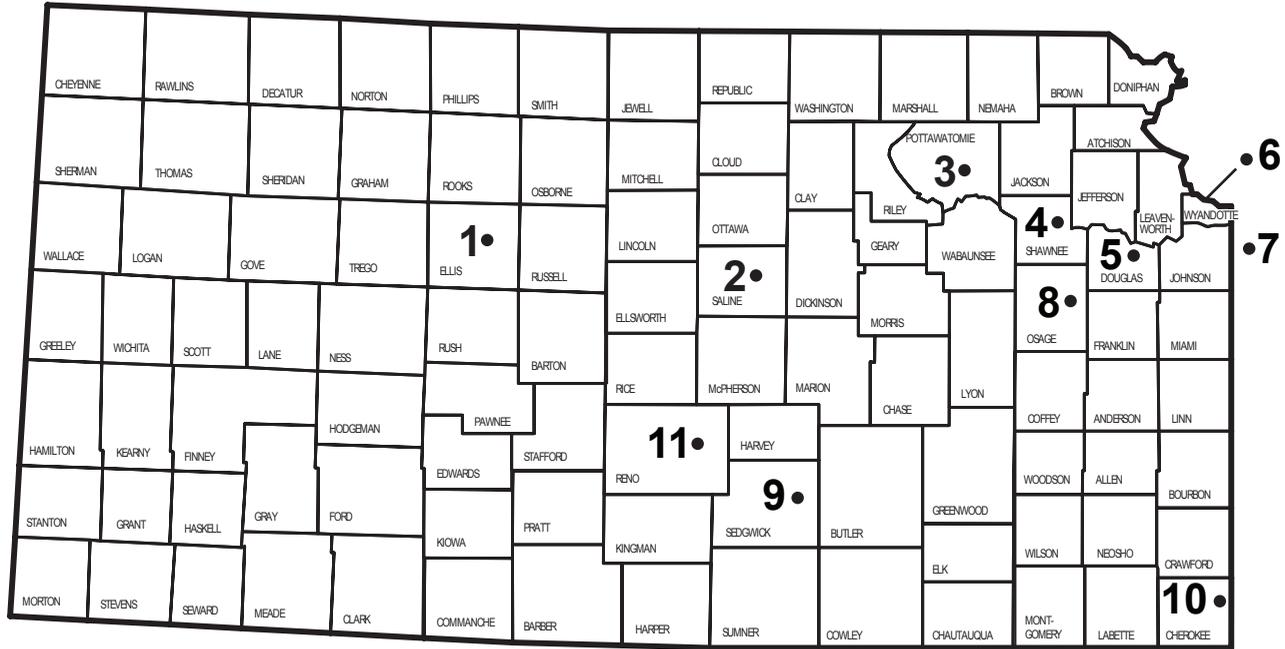
877-662-8362 (toll free)

8:00 a.m. - 5:00 p.m.



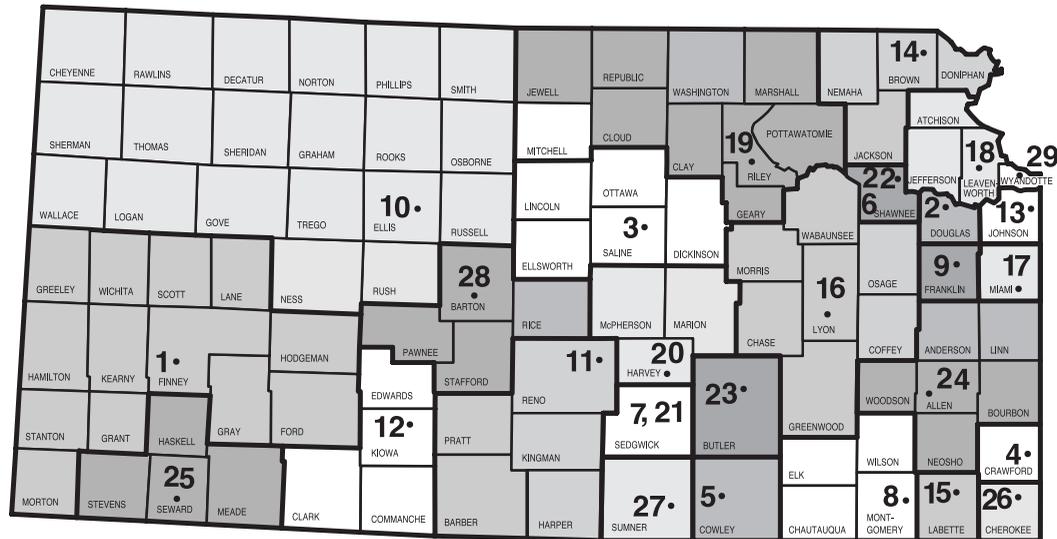
Office	Address, City, State, Zip	Phone
Region 1	600 Andrew Ave, South Hutchinson, KS 67505	620-728-0180
Region 2	900 SW Jackson, Ste. 1041 Topeka, KS 66612	785-296-2962
Region 3	16010 Metcalf, Suite 105 Stilwell, KS 66085	913-236-9385
Region 4	130 S. Market, #5063 Wichita, KS 67202	316-347-1429
Region 5	1509 Avenue P Dodge City, KS 67801	620-225-2439
Region 6	332 E 8th Hays, KS 67601	785-628-3121
Region 7	900 SW Jackson, Suite 1041 Topeka, KS 66612	785-296-6017
Region 8	16010 Metcalf, Suite 105 Stilwell, KS 66085	620-230-0743
Region 9	130 S Market, Suite 5063	316-640-3710

Centers For Independent Living



1. LINK, Inc.	Hays	800-569-5926
2. Independent Connection/OCCK	Salina	800-526-9731
3. Three Rivers, Inc.	Wamego	800-555-3994
4. Topeka Independent Living Resource Center	Topeka	800-443-2207
5. Independence, Inc.	Lawrence	785-841-0333
6. Coalition for Independence	Kansas City, KS	866-201-3829
7. The Whole Person, Inc.	Kansas City, MO	800-878-3037
8. Resource Center for Independent Living	Osage City	800-580-7245
9. Independent Living Resource Center	Wichita	800-479-6861
10. Southeast Kansas Independent Living Resource Center	Parsons	800-688-5616
11. Prairie Independent Living Resource Center	Hutchinson	888-715-6818
Statewide Independent Living Council of Kansas, Inc.	Topeka	785-234-6990

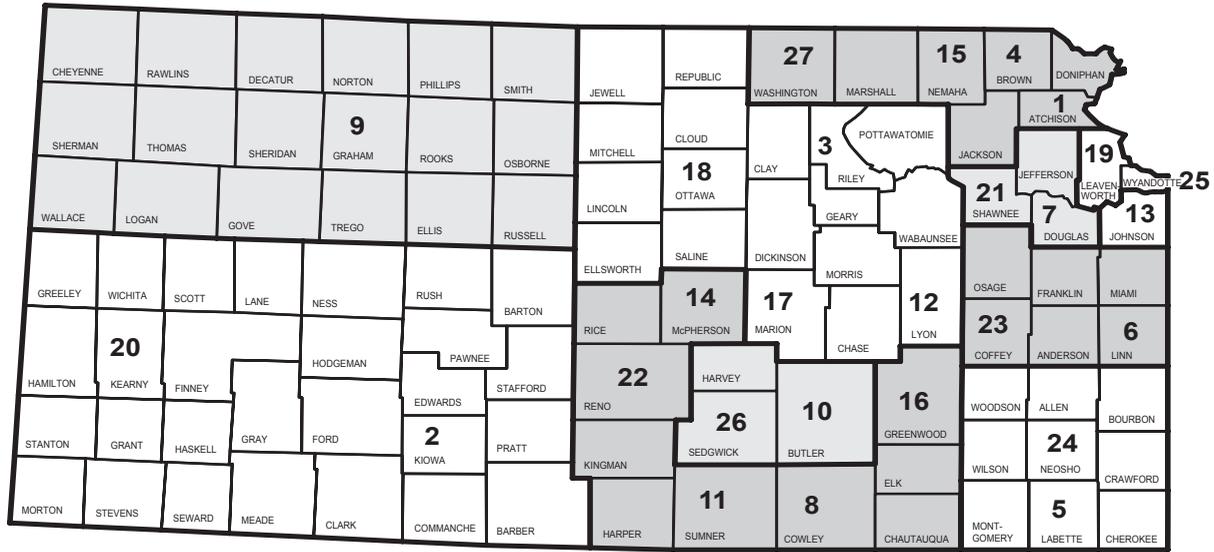
Community Mental Health Centers of Kansas



Consult this map to find the Community Mental Health Center (CMHC) serving your area. The city listed with each organization indicates the Center's office location. Service areas may include other counties.

1.	Area Mental Health Center	Garden City	620-276-7689
2.	Bert Nash CMHC, Inc.	Lawrence	785-843-9192
3.	Central Kansas MHC	Salina	785-823-6322
4.	CMHC of Crawford County	Pittsburg	620-231-5130
5.	Cowley County MH & Counseling Center	Winfield	620-442-4540
6.	Family Service & Guidance Center	Topeka	785-232-5005
7.	Four County MHC	Independence	620-331-1748
8.	Elizabeth Layton Center (Franklin County)	Ottawa	785-242-3780
9.	High Plains CMHC	Hays	785-628-2871
10.	Horizons Mental Health Center	Hutchinson	620-694-1099
11.	Iroquois Center for Human Development	Greensburg	620-723-2272
12.	Johnson County MHC	Mission	913-826-4200
13.	Kanza MH & Guidance Center	Hiawatha	785-742-7113
14.	Labette Center for MH Services	Parsons	620-421-3770
15.	MHC of East Central KS	Emporia	620-343-2211
16.	Elizabeth Layton MHC (Miami County)	Paola	913-557-9096
17.	The Guidance Center	Leavenworth	913-682-5118
18.	Pawnee Mental Health Services	Manhattan	785-587-4300
19.	Prairie View, Inc.	Newton	316-284-6400
20.	Comcare of Sedgwick County	Wichita	316-660-7700
21.	Valeo Behavioral Health Care	Topeka	785-228-3071
22.	South Central MH Counseling Center	Augusta	316-775-5491
23.	Southeast Kansas MHC	Iola	620-365-8641
24.	Southwest Guidance Center	Liberal	620-624-8171
25.	Spring River MH & Wellness	Riverton	620-848-2300
26.	Sumner County MHC	Wellington	620-326-7448
27.	Center for Counseling & Consultation Services	Great Bend	620-792-2544
28.	Wyandot Center for Community Behavioral Healthcare	Kansas City	913-233-3300

Community Developmental Disability Organizations



Consult this map to find the Community Developmental Disability Organization serving your area. The city listed with each organization indicates location of office. Service areas may include other counties.

1.	Achievement Services for Northeast Kansas	Atchison	913-367-2432
2.	Arrowhead West, Inc.	Dodge City	620-225-8033
3.	Big Lakes Developmental Center, Inc.	Manhattan	785-776-9201
4.	Brown County Developmental Services, Inc.	Hiawatha	785-742-3959
5.	CDDO of Southeast Kansas	Columbus	620-429-1212
6.	Tri-Ko., Inc.	Osawatomie	913-755-3025
7.	Cottonwood, Inc.	Lawrence	785-842-0550
8.	Cowley County Developmental Services, Inc.	Winfield	620-221-5404
9.	Developmental Services of Northwest Kansas	Hays	785-625-5678
10.	Flinthills Services, Inc.	El Dorado	316-322-8777
11.	Futures Unlimited, Inc.	Wellington	620-326-8906
12.	Hetlinger Developmental Services	Emporia	620-342-1087
13.	Johnson County Developmental Support	Lenexa	913-826-2626
14.	McPherson County CDDO	McPherson	620-241-6693
15.	Nemaha County Training Center	Seneca	785-336-6116
16.	New Beginnings Enterprises, Inc.	Neodesha	620-325-3333
17.	Harvey-Marion County CDDO	Newton	316-283-7997
18.	Disability Planning Organization of Kansas, Inc.	Salina	785-823-3173
19.	Riverside Resources, Inc.	Leavenworth	913-651-6810
20.	Southwest Developmental Services, Inc.	Garden City	620-275-7521
21.	Shawnee County CDDO	Topeka	785-232-5083
22.	Reno County CDDO	Hutchinson	620-663-2219
23.	COF Training Services, Inc.	Ottawa	785-242-5035
24.	Tri-Valley Developmental Services, Inc.	Chanute	620-431-7401
25.	Wyandotte County CDDO	Kansas City	913-573-5460
26.	Sedgwick County CDDO	Wichita	316-660-7630
27.	Twin Valley Developmental	Greenleaf	785-747-2251

Kansas Social Security Offices

National Automated Toll-Free 800-772-1213

TTY 800-325-0778

www.ssa.gov

Office hours are 9:00 a.m. to 3:00 p.m.

Wednesdays 9:00 a.m. to Noon

Office	Address, City, State, Zip	Telephone/fax
Dodge City	2204 Summerlon Cir, Dodge City, KS 67801	877-694-5494
Emporia	3010 W. 18th, Emporia, KS 66801	877-405-7830
Hays	1212 E. 27th St., Hays, KS 67601	888-552-7176
Hutchinson	811 E. 30th Ave., Suite A, Box 2107, Hutchinson, KS 67502	877-846-8333
Independence	2125 N. Penn Ave., Independence, KS 67301	877-512-3855
Joplin	4102 S. Arizona Ave., Joplin, MO 64804	866-964-7421
Kansas City	850 Nebraska Ave., Kansas City, KS 66101	866-331-2197
Lawrence	1440 Wakarusa Dr., Ste 200, Lawrence, KS 66049	866-698-2561
Lenexa	15375 W. 95th St., Lenexa, KS 66219	877-445-9978
Manhattan	1121 Hudson Avenue, Suite A, Manhattan, KS 66503	877-840-5741
Pittsburg	801 S. Broadway, Pittsburg, KS 66762	866-964-7421
Salina	1410 E. Iron, Suite 7, Salina, KS 67401	877-405-3494
St. Joseph	1402 N. Woodbine Rd, St. Joseph, MO 64506	888-366-6148
Topeka	600 SW Commerce Place, Topeka, KS 66615	888-327-1271
Wichita	3216 N. Cypress St., Wichita, KS 67226-6515	866-931-9173

Kansas Commission on Veterans Affairs

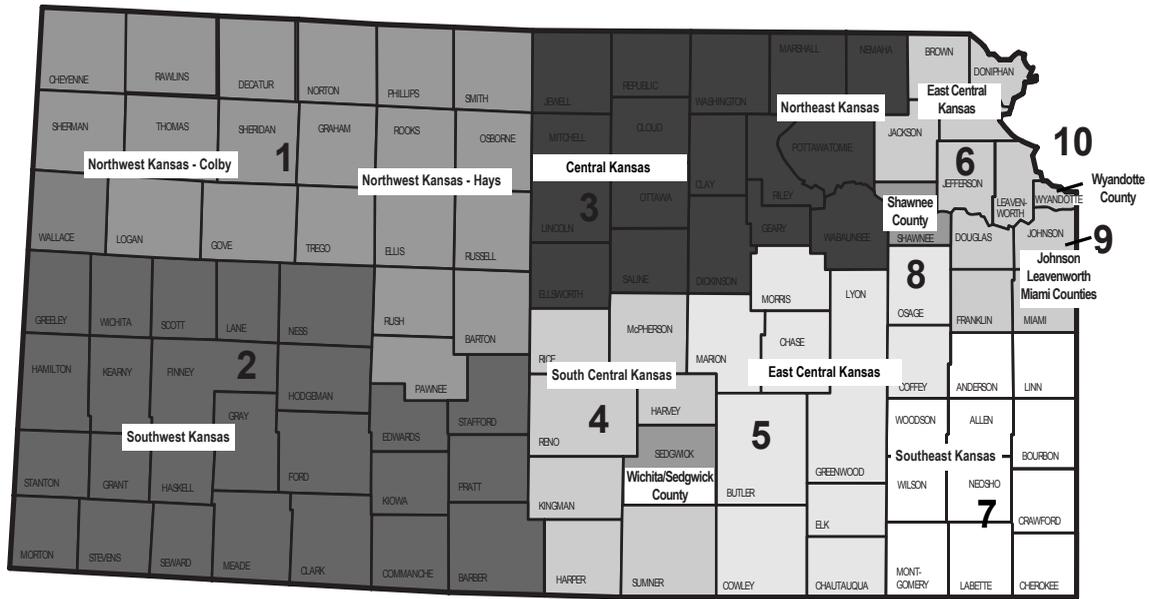
Veterans Administration National Toll-Free Number 800-827-1000

www.kcva.org or www.va.gov

Kansas Persian Gulf War Health Initiative 800-513-7731

Field Office	Address/City/State/Zip	Telephone
Colby	990 S. Range, Suite 3 Colby, KS 67701	785-462-3572
Emporia	702 Commercial St., Kress Center, Suite 1D, Emporia, KS 66801	620-342-3347
Ft. Dodge	714 Sheridan, Unit 87 Ft. Dodge, KS 67843	620-225-4041
Garden City	116 E. Chestnut, Ste. 105 Garden City, KS 67846	620-276-3102
Hays	207 East 7th Street, Ste C Hays, KS 67601	785-625-8532
Hutchinson	1625 E 30th Hutchinson, KS 67501	620-662-7131
Independence	200 Arco Place, Room 421, Box 117 Independence, KS 67301	620-331-0540
Junction City	Municipal Building, Box 311 Junction City, KS 66441	785-238-4522
Lawrence	745 Vermont Street Lawrence, KS 66044	785-843-5233
Leavenworth	Dwight D. Eisenhower VA Medical Center 4101 S. 4th Street Leavenworth, KS 66048	913-682-2000 800-574-8387 (Am. Legion) x54297 800-952-8387 (VFW) x54296
Marysville	Helvering Senior Center 111 S. 8 Street Marysville, KS 66508	785-562-2581
Overland Park	10107 W. 105, Ste B Overland Park, KS 66212	913-371-5968
Salina	1410 East Iron, Ste 3B Salina, KS 67401	785-823-2862
Topeka	700 SW Jackson, Suite 701 Topeka, KS 66603	785-296-3976
	Colmery-O'Neil VA Medical Center 2200 Gage Topeka, KS 66622	785-350-3111 800-574-8387 x 54489 (Am. Legion) 800-574-8387 x 54491 (VFW)
Wichita	VA Medical and Regional Office 5500 East Kellogg, PO Box 21318 Wichita, KS 67218	316-685-2221 888-878-6881 x 56869 (Am. Legion) 888-878-6881 x 56801(VFW)
Winfield	Kansas Veterans Home 1220 WWII Memorial Drive Winfield, KS 66156	620-221-9021

Regional Prevention Centers



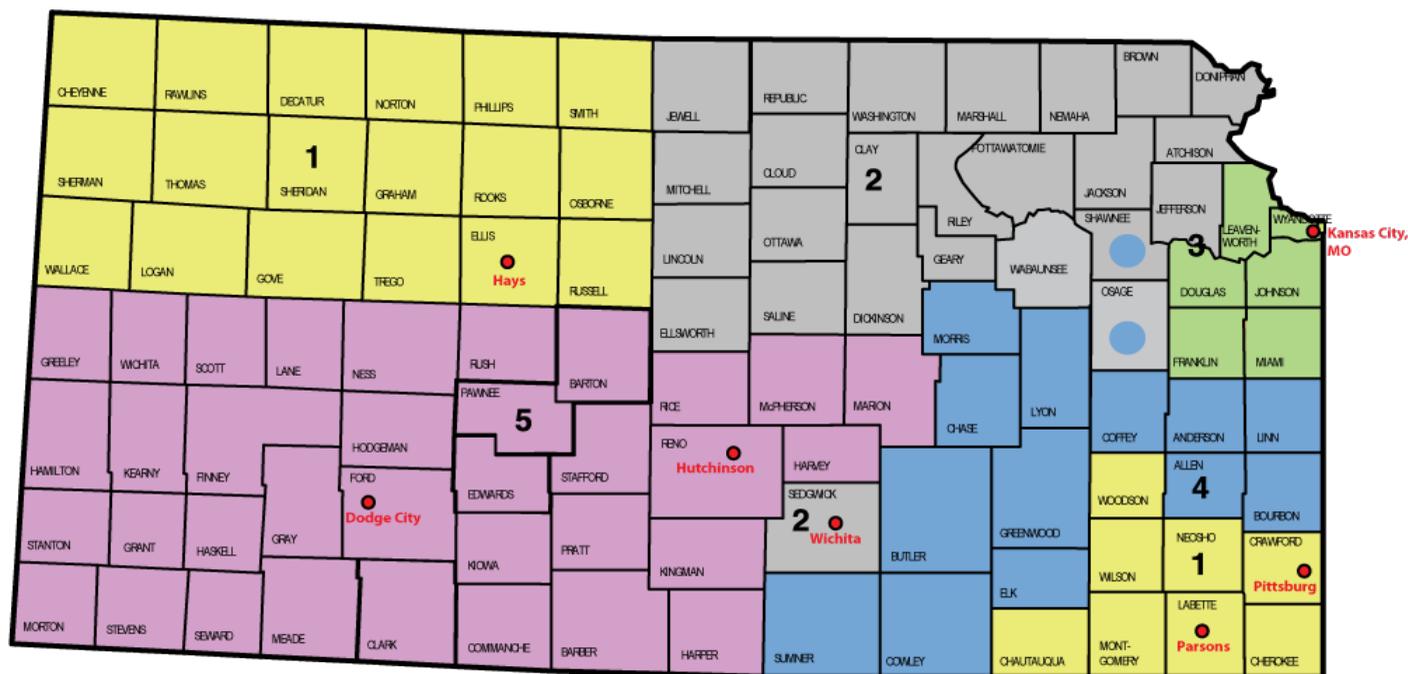
Consult this map to determine the Regional Prevention Center serving your area.

1. Smoky Hill Foundation for Chemical Dependency	Hays	785-625-5521
2. RPC of Southwest Kansas	Garden City	620-276-9624
3. Central Kansas Foundation	Salina	785-825-6224
4. RPC of Wichita/Sedgwick	Wichita	316-943-2051
5. MHC of East Central Kansas	Emporia	620-340-6085
6. DCCA , Inc	Lawrence	785-841-4138
7. Preferred Family Healthcare	Iola	620-365-8408
8. RPC of Shawnee	Topeka	785-266-8666
9. Johnson County MHC	Olathe	913-715-7880
10. Mirror, Inc	Kansas City	913-371-9668

Services for Kansans Who are Blind or Visually Impaired

Website: www.dcf.ks.gov

Go to Agency Information?Rehabilitation Services/Services for people who are blind or visually impaired

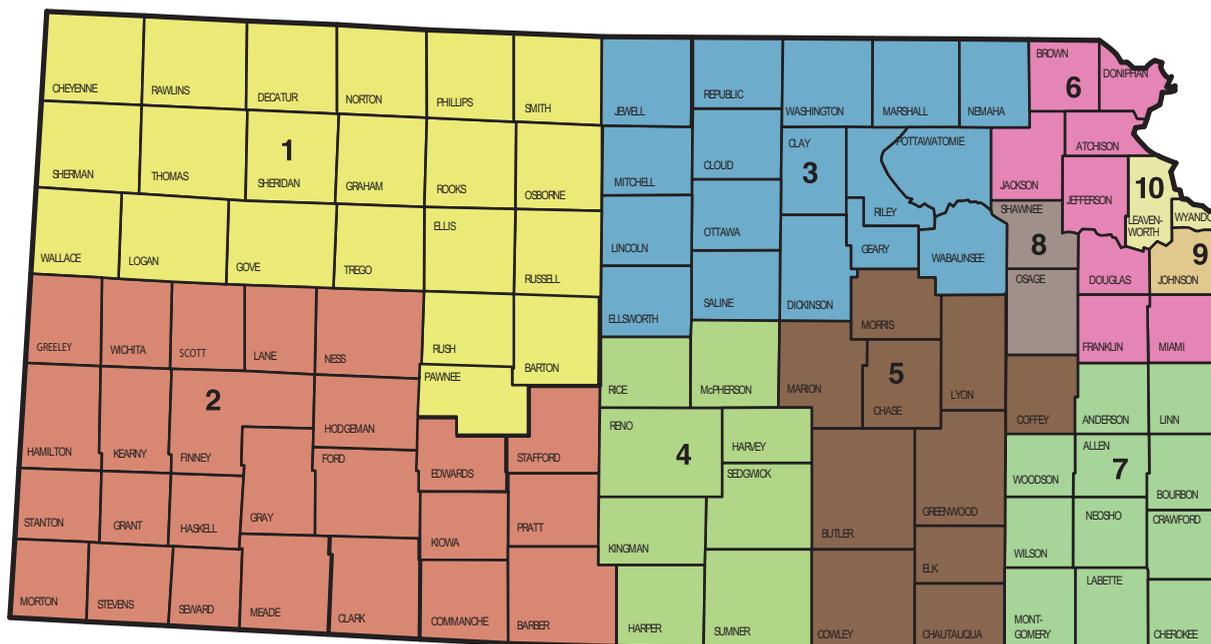


<p>1. Northwest Region & Southeast Region covered by Southeast Kansas Independent Living (SKIL) Hays... (785) 628-8019 Pittsburg (620) 421-5502 Parsons (620) 421-5502</p>
<p>2. Northwest Region & Wichita covered by Envision Wichita..... (316) 440-1617</p>
<p>3. Kansas City Metro & Area covered by Alphasointe Kansas City.....(316) 440-1617</p>
<p>4. Southeast Region covered by Resource Cet Kansas City..... (316) 440-1617</p>
<p>5. Southeast Region covered by Center for Prairie Independent Living Resource Center (PILR) Hutchinson (620) 663-3989 Dodge City (620) 663-3989</p>

Note: Shawnee and Osage Counties are covered by both Envision and Resource Center for Independent Living (RCIL).

Drug and Alcohol Prevention Centers

Website: www.kansasbehavioralhealthservices.org



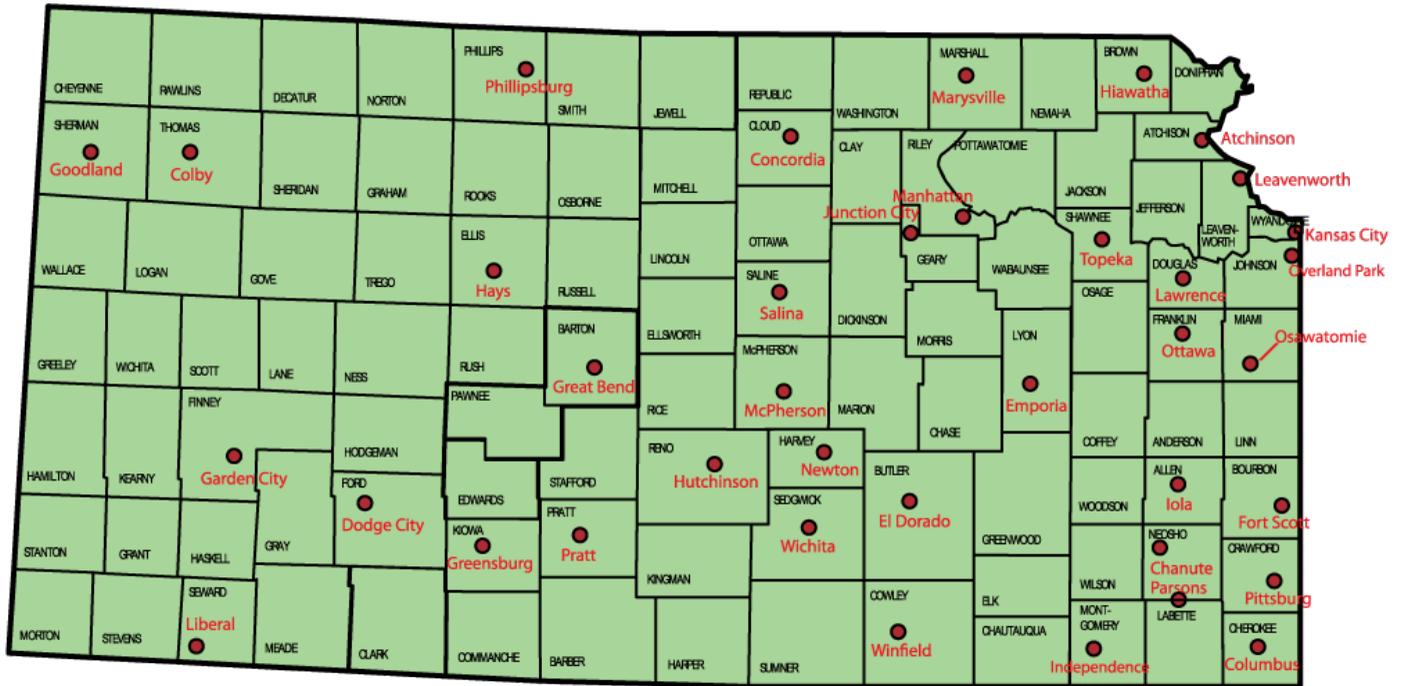
REGIONAL CENTERS

<p>1. Region 1 Smoky Hill Foundation for Chemical Dependency 2714 Plaza Avenue - Hays, KS 67 67601 785-625-5521 www.smokyhillfoundation.com</p>	<p>6. Region 6 DCCCA, Inc. 3312 Clinton Parkway - Lawrence, KS 66047 785-841-4138 www.dccca.org</p>
<p>2. Region 2 Garden City Community College 801 Campus Drive - Garden City, KS 67846 620-276-9624</p>	<p>7. Region 7 Preferred Family Healthcare 726 West Patterson Avenue - Iola, KS 66749 620-365-8408 http://pfh.org</p>
<p>3. Region 3 Central Kansas Foundation 1805 South Ohio - Salina, KS 67401 785-825-6224 www.C-K-F.org</p>	<p>8. Region 8 Prevention and Recovery Services 2209 Southwest 29th Street - Topeka, KS 66611 785-266-8666 www.parstopeka.com</p>
<p>4. Region 4 Preferred Family Healthcare 3540 West Douglas - Wichita, KS 67203 316-943-2051 http://pfh.org</p>	<p>9. Region 9 Johnson County Mental Health Center 913-715-7880 www.4prevention.info</p>
<p>5. Region 5 Mental Health Center of East Central Kansas 1000 Lincoln Street - Emporia, KS 66801 www.mhcek.org</p>	<p>10. Region 10 Mirror, Inc. 1023 Hoel Parkway - Kansas City, KS 66102 913-371-9668 www.mirrorinc.org</p>

Rehabilitation Services

Website: www.dcf.ks.gov/services/rs/Pages/default.aspx

Rehabilitation Services help Kansans with disabilities meet their employment goals, offering a variety of vocational rehabilitation services, including transition services for youth in high school.



- | | | |
|---------------------------------------|---|---|
| Atchinson ... (913) 367-5345 Ext 227 | Hiawatha (785) 742-7186 Ext 211 | Osawatomie ... (913) 755-2162 Ext 219 |
| Chanute (620) 431-5000 Ext 248 | Hutchinson.... (620) 663-5731 Ext 372 | Ottawa (785) 229-8630 |
| Colby (785) 462-6760 Ext 244 | Independence..(620) 331-0350 Ext 220 | Overland Park..... (913) 233-8301 |
| Columbus... (620) 231-5300 Ext 203 | Iola (620) 431-5000 Ext 248 | Parsons(620) 331-0350 Ext 214 |
| Concordia... (785) 776-4011 Ext 226 | Junction City...(785) 762-5445 Ext 211 | Phillipsburg.... (785) 543-5258 Ext 239 |
| Dodge City..(620) 227-8508 Ext 233 | Kansas City....(913) 279-7407 | Pittsburg (620) 231-5300 Ext 203 |
| El Dorado....(316) 321-4200 Ext 226 | Lawrence (785) 832-3846 | Pratt (620) 672-5955 Ext 206 |
| Emporia (620) 342-2505 Ext 282 | Leavenworth...(913) 680-2203 | Salina (785) 826-8000 Ext 206 |
| Fort Scott.... (620) 223-4010 Ext 206 | Liberal(620) 626-3700 Ext 218 | Topeka (785) 296-1348 |
| Garden City..(620) 272-5963 | Manhattan(785) 776-4011 Ext 218 | Wichita (316) 337-6310 |
| Goodland (785) 899-5661 Ext 231 | Marysville (785) 776-4011 Ext 220 | Winfield(620) 221-6400 Ext 254 |
| Great Bend ..(620) 792-5234 Ext 231 | McPherson(620) 241-3802 Ext 220 | SRS Statewide Access Line |
| Greensburg ..(620) 227-8508 Ext 233 | Newton(620) 663-5731 Ext 372 | (886) 369-4777 |
| Hays(785) 629-1066 | | TTY: (785) 296-1491 |

Kansas Transit Provider Directory

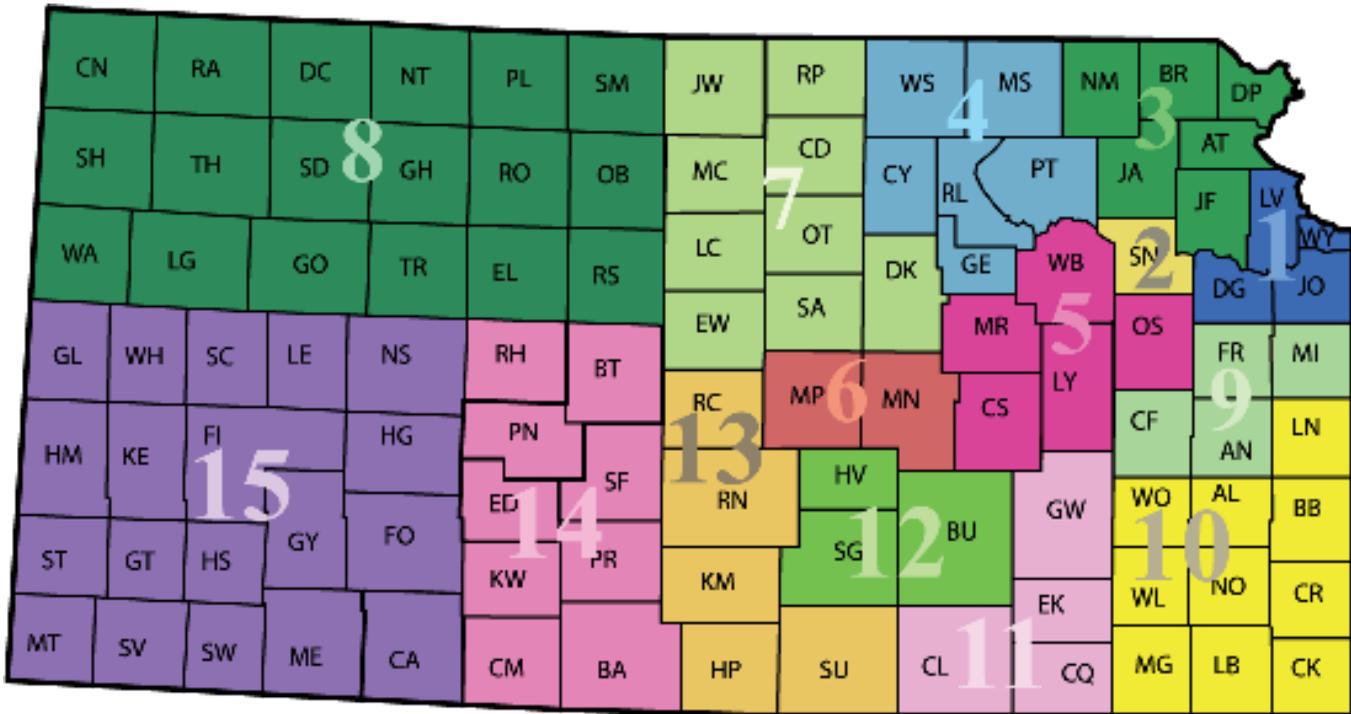
Website: http://www2.ku.edu/~kutc/cgi-bin/RTAP_transit.php

This is an online web-based interactive map. You must go to the Website listed (www.kstransitdirectory.org) to get information.

Once the map is up, click on the county you need transportation information on and it will show a listing of organizations that provide transportation services.

Click on the Organization name and it will take you to a page that will show you:

- Contact information
- Clientele they service (elderly, disabled, general public)
- Service Area
- Service Hours
- What they will provide transportation for (medical, personal, education, employment, shopping, meals)
- Cost (if any)



CTD #1	CTD #4	CTD #7	CTD #10	CTD #13
CTD #2	CTD #5	CTD #8	CTD #11	CTD #14
CTD #3	CTD #6	CTD #9	CTD #12	CTD #15

Toll-Free Numbers

Adult and Child Abuse	
• Community	(800) 922-5330
• Nursing Homes	(800) 842-0078
• Kansas Crisis Hotline.....	(888) 363-2287
<i>(Provides crisis intervention to victims of domestic violence and sexual assault)</i>	
Aging and Disability Resource Center (ADRC).....	(855) 200-2372
Alcohol & Drug Abuse	(866) 645-8216
Alzheimer’s Association	(800) 272-3900
Audio Reader	(800) 772-8898
Disability Rights Center of Kansas.....	(877) 776-1541
Eldercare Locator.....	(800) 677-1116
Elderlaw Hotline	(888) 353-5337
Fraud Hotline (Medicare)	(800) 876-3160
Fraud Hotline (Medicaid)	(866) 551-6328
Gambling Problems	(800) 522-4700
Governor’s Office	(877) 579-6757
Home Health Care Complaints	(800) 842-0078
Housing and Credit Counseling.....	(800) 383-0217
Immigration & Naturalization Service Information	(800) 375-5283
• TTY.....	(800) 767-1833
KS Advocates for Better Care.....	(800) 525-1782
KS Attorney General’s Office	(800) 432-2310
• Crime Victim.....	(800) 828-9745
KS Commission Deaf & Hard of Hearing.....	(800) 432-0698
KS Commission on Disability Concerns	(800) 295-5232
KS Corporation Commission.....	(800) 662-0027
<i>(For reports of problems with utilities)</i>	
KS Dept. for Aging and Disability Services (KDADS).....	(800) 432-3535
• TTY.....	(785) 291-3167
KS Dept. for Children and Families (DCF).....	(888) 369-4777
KS Foundation for Medical Care.....	(800) 432-0407
<i>(Reviews written complaints concerning the quality of care received in a Medicare-certified agency including home health agencies.)</i>	
KS Guardianship Program	(800) 672-0086
KS Insurance Dept.....	(800) 432-2484
KS Legislative Hotline.....	(800) 432-3924
KS Long-Term Care Ombudsman	(877) 662-8362
KS Secretary of State	(785) 296-4564
KS Senior Health Insurance Counseling.....	(800) 860-5260
KS State Library	(800) 432-3919
KS Relay Center	(800) 766-3777
Medicare	(800) 633-4227
Mental Health Hotline.....	(888)582-3759
Senior Health Insurance Counseling for Kansas (SHICK).....	(800) 860-5260
Social Security Admin	(800) 772-1213
Suicide Prevention Lifeline.....	(800) 273-8255
Veterans Affairs.....	(800) 827-1000



Department for Aging
and Disability Services

New England Building
503 S. Kansas Avenue
Topeka, KS 66603
1-800-432-3535
www.kdads.ks.gov