



State Resources for Seniors in Indiana

Many seniors face high costs for their medical care and prescription drug coverage, and finding the funds to pay for these health care expenses can be stressful. We created this guide covering all of the available health insurance and prescription drug coverage programs in your state so you can take care of your health without worrying about the cost. Included in the guide are the benefits details, eligibility requirements, and application processes for available health insurance and prescription drug coverage programs for seniors in your state.

Financial Assistance for Senior Living & Senior Care

According to the Administration for Community Living, nearly 70% of all adults who turned 65 in 2020 will need some kind of residential care in a skilled nursing or assisted living facility someday. Nearly 1 in 5 will need more than five years of care. The high cost of residential care makes this a burden that few seniors can afford to pay on their own. If you are a senior on a fixed retirement income and limited health insurance, you might be left wondering how to cover the cost of care if and when you need it.

Fortunately, seniors in Indiana have more than a few resources available to support them when they need long-term care. If you meet the eligibility requirements for these programs, you can get help finding and paying for the services you need.

Medicaid

Indiana's Medicaid program, known in the state as Hoosier Care, is a joint federal-state program to provide health insurance to medically and financially needy residents. The program covers basic and emergency health services, many common prescription drugs and some of the medical care you might need during a stay in a nursing home. Depending on your income and assets, you may get care that's free at the point of service, or you may have a share of the cost.

How to Apply

You can apply for Medicaid in Indiana online, through the state's online benefits hub, where you can also apply for SNAP and cash aid. Paper applications can be submitted at a county assistance office, which you can find in the state's searchable database. Phone applications are available by calling (800) 403-0864.

Eligibility

No matter how you apply for Hoosier Care, you may be asked to provide proof of eligibility as part of the intake process. Assuming you are a U.S. citizen or permanent legal resident with a home address in the state of Indiana, age 65 or over, and you have a medical need for coverage, you may only have to demonstrate financial

eligibility. Like other states' Medicaid programs, Hoosier Care has limits on the income and assets beneficiaries can have. This table shows the income and asset limits in Indiana in 2022:

	Income	Assets
Single Adult	\$2,523	\$2,000
Married (Applying Alone)	\$2,523 (Applicant only)	\$2,000 for applicant and \$137,400 for non-applicant
Married (Applying Together)	\$2,523 per spouse (\$5,046 combined)	\$3,000

Medicare

Medicare is the federal health insurance program for older adults (65+) and some younger people with disabilities. Part A, which covers inpatient care, may also cover medically necessary care delivered in a skilled nursing facility.

How to Apply

To apply for Medicare online, visit the Social Security Administration website, agree to the terms of service and fill out the application. To apply by telephone, call (800) 772-1213. If you prefer to apply in person, use the SSA office locator to find a nearby Social Security office.

Eligibility

You may qualify for Medicare coverage if any of the following apply:

- You're at least 65 years old.
- You have end-stage renal disease.
- You're under age 65 and have a disability.

If you or your spouse worked and paid Medicare taxes for at least 10 years, you qualify for premium-free Part A coverage. You may also qualify for premium-free coverage if you've been receiving disability benefits for at least 24 months, you're on kidney dialysis or you need a kidney transplant.

Medicaid Waiver

Hoosier Care participants whose health conditions make them eligible for state-funded care in a nursing home may be able to avoid placement with services provided by Indiana's Aged and Disabled (A&D) Waiver. This waiver pays for many

different types of care services that support seniors in their own homes or in assisted living communities and stay out of the more intensive care offered at nursing homes.

Services paid for or directly provided by the Indiana Aged and Disabled Waiver include:

- Adult day health care
- Assisted living expenses
- Attendant Care
- Self-directed attendant care in the home
- Case management support
- Transitional care
- Home delivered meals
- Personal emergency response system (PERS) hardware
- Pest control
- Respite care
- Transportation
- Personal vehicle modifications

How to Apply

You can apply for an A&D Waiver through the benefits coordinator at your assisted living facility. To apply for yourself, look up your local Area Agency on Aging and call or schedule a visit to submit an application. A&D Waivers are limited to current Hoosier Care beneficiaries. To apply for Indiana Medicaid, visit the program's web portal.

Eligibility

To be eligible for an Indiana A&D Waiver, you must participate in Indiana Medicaid. This implies you already meet the financial criteria for Medicaid, which is enough for the income and asset limits of the waiver. In addition, you must have a serious medical need for caregiver support and be eligible for admission to a skilled nursing home. Medical conditions that might qualify you for a waiver include:

- Decubitus ulcers, coma or severe pain caused by being bedridden or otherwise severely limited in mobility
- Unstable and complex medical conditions that require direct assistance or special routines, such as tracheotomy, suction or continuous oxygen
- Need for continuous or intermittent medical observation or assessment from a physician
- Substantial and debilitating medical conditions as determined by a doctor

Health Insurance & Prescription Drug Coverage for Seniors

Medicaid provides free and low-cost health coverage for eligible beneficiaries who have a medical and financial need for health services. Hoosier Care pays for preventive care, emergency care and medication prescribed by a doctor. Under some circumstances, it can also provide durable medical equipment for people with limited mobility.

How to Apply

You can apply for Hoosier Care from home by filling out the state's online application. Applications can be submitted in person at a local Area Agency for Aging or by phone at (800) 403-0864.

Eligibility

Hoosier Care has enrollment criteria that must be met before your application can be approved. Basic enrollment standards require you to be:

- A U.S. citizen or permanent legal resident
- A resident of Indiana
- Either disabled, currently living in some kind of residential care or a senior age 65 and over

Financial limits also apply, and you may be required to demonstrate financial eligibility before your application can be approved. In Indiana, you may qualify for Hoosier Care if your income and assets fall within these limits:

	Income	Assets
Single Adult	\$2,523	\$2,000
Married (Applying Alone)	\$2,523 (Applicant only)	\$2,000 for applicant and \$137,400 for non-applicant
Married (Applying Together)	\$2,523 per spouse (\$5,046 combined)	\$3,000

As part of the application process, your intake worker may ask you for documentation of your financial status. It is helpful to have your paperwork in order early on, and you can submit any of your documents when you file the application. Documents commonly requested include:

- Pay stubs, bank statements and other proof of income
- Title deeds, insurance and stock certificates and other ownership records
- Transaction records showing major transfers you may have made during the three-year look-back period to determine whether any large amounts of property have recently been transferred out of your control

Medicare

Original Medicare consists of Part A, which covers services provided on an inpatient basis, and Part B, which covers outpatient services. For example, Part A covers nursing care provided during a hospital stay, while Part B covers things like doctor visits and durable medical equipment.

How to Apply

To apply for Medicare online, visit the Social Security Administration website and fill out the form. You can also apply by telephone or in person. Call (800) 772-1213 to speak with a representative or use the online locator to find a Social Security office near you.

Eligibility

To receive Medicare benefits, you must be at least 65 years old or have a qualifying disability or end-stage renal disease. Everyone pays a premium for Part B, but you may qualify for premium-free Part A coverage if you or your spouse worked and paid Medicare taxes for at least 10 years.

Medicare Advantage

Original Medicare is managed by the federal government, but Medicare Advantage Plans are sold by private insurance companies. Each plan must offer at least the same amount of coverage as Original Medicare, but many insurers offer extra benefits to make their plans more attractive to consumers.

How to Apply

Use the Find a Medicare Plan tool on Medicare.gov to compare Medicare Advantage Plans in your state. When you're ready to enroll, call (800) 633-4227 or contact the plan provider directly.

Eligibility

If you're eligible for Original Medicare, you are likely eligible for Medicare Advantage; however, confirm eligibility requirements with the plan provider.

Medicare Part D

Original Medicare doesn't cover most prescription drugs, so you may want to enroll in Medicare Part D, a supplemental plan that pays for a wide range of medications. Each plan has a formulary that explains how much coverage is provided for each type of drug. Most Medicare Advantage Plans include prescription drug coverage, and you can't enroll in Medicare Part D if you have a Medicare Advantage Plan that pays for prescription medications.

How to Apply

Use the Find a Medicare Plan tool on Medicare.gov to find a plan that meets your needs. When you're ready to enroll, contact the plan directly for instructions on applying for coverage.

Eligibility

To qualify for Medicare Part D, you must be enrolled in Medicare Part A and Medicare Part B (Original Medicare) or one of the few Medicare Advantage Plans that doesn't cover prescription drugs.

Medicare Savings Programs

Indiana seniors have access to several Medicare Savings Programs to help manage health costs. These programs help with Medicare deductibles, copays and other out-of-pocket costs.

- **Qualified Medicare Beneficiary Program:** This MSP helps pay for Medicare Part A/Part B premiums, Part A/Part B deductibles and Part A/Part B coinsurance.
- **Specified Low-Income Medicare Beneficiary:** The SLMB program helps pay Medicare Part B premiums.
- **Qualified Individual:** The QI program also helps participants pay their Medicare Part B premiums, but it has higher income limits than the QMB and SLMB programs.
- **Qualified Disabled Working Individual:** This MSP pays Medicare Part A premiums for participants who lost their Medicare and Social Security disability benefits because they returned to work and earned more than the allowable limit.

How to Apply

To apply for the QMB, SLMB or QI program, download the application from the Indiana Department of Insurance website. After it's done, you can mail it to your county's Area Agency on Aging. You can find this office by calling (800) 986-3505 and giving your county name to get the nearest location. For information and help preparing your application, you can call the state health information program (SHIP) at (800) 452-4800.

Eligibility

To qualify for an authorized Medicare Savings Plan, you must meet the income and asset limits set out in the table below. You must also be:

- Eligible for Medicare Parts A and B
- A resident of Indiana
- A U.S. citizen

Program	Single Income Limits	Married Income Limits	Single Asset Limits	Married Asset Limits
Qualified Medicare Beneficiary	\$1,719	\$2,308	\$8,400	\$12,600
Specified Low-Income Medicare Beneficiary	\$1,946	\$2,614	\$8,400	\$12,600
Qualified Individual	\$2,116	\$2,843	\$8,400	\$12,600
Qualified Disabled Working Individual	\$2,266	\$3,052	\$8,400	\$12,600

Cash Assistance Programs for Seniors

Cash assistance programs help pay for expenses not covered by health insurance, senior living programs and other forms of aid. These benefits can be used to pay for toiletries, public transportation, utilities and other necessities.

Social Security

Social Security is a source of income available to retirees and people who can no longer work because of a disability. The money for Social Security comes from a payroll tax levied on employers, employees and self-employed individuals. When you retire, you'll receive monthly payments based on how much you earned when you were working.

How to Apply

To apply online, visit the Social Security website and fill out the application. You can also call (800) 772-1213.

Eligibility

To qualify for Social Security, you must earn at least 40 Social Security credits in your lifetime. Working and paying your portion of the Social Security payroll tax helps you earn these credits.

Supplemental Security Income

Supplemental Security Income is a tax-funded program that provides monthly payments to help aged, blind and disabled people meet their basic needs.

How to Apply

To apply for SSI, fill out the online application, call (800) 772-1213 or visit your local Social Security office.

Eligibility

SSI has the following eligibility requirements:

Basic Requirements	Aged 65, blind or disabled.
Citizenship	U.S. citizen, U.S. national or resident alien.
Countable Resources	\$2,000 for individuals/\$3,000 for married couples.
Income	Countable income can't exceed the federal benefit rate.