

My Coverage & Support Costs Guide

Understanding what's covered, what needs approval, and what I may need to pay.

Who this is for

Anyone helping a person with a disability sort out who pays for what:

- The person getting support
- Family caregivers and guardians
- Case managers and service coordinators
- DSPs and group home staff who get the "who pays for this?" question

What this guide does (and doesn't)

It **does** give you plain words, good questions, and a place to write down real answers.

It **does not** decide what's covered for you. Coverage depends on your state, your plan, your approved services, and your income. Only your plan, your case manager, or the agency that runs your program can confirm it.

How to use it

STEP 1

Learn the words. Pages 2–3 cover the programs and the terms you'll hear on the phone.

STEP 2

Sort the costs. Pages 4–6 help you split *services* from *everyday living costs* and plan your questions.

STEP 3

Write down real answers. Pages 7–8 are worksheets. Fill them in as you call and confirm.

The three labels you'll use

Every time you get an answer, mark it with one of these. Never guess — "Needs Verification" is a perfectly good answer.

✓ Confirmed Covered

Someone with authority told you yes — ideally in writing — and you know if approval is needed.

? Needs Verification

You heard "probably," "should be," or nothing yet. Keep asking before anyone agrees to pay.

✗ Not Covered

You were told no. Ask why, ask about other options, and ask how to appeal.

A note before you start: This is general information, not legal or benefits advice. Rules change and every state runs its programs differently. When an answer matters, get it in writing and keep a copy.

You don't have to know it all. You just have to know what to ask next.

1 Know My Coverage

Many people have more than one program. Check every one that applies — they often work together.

Program type	What it usually helps with	Where to find it	I have this
Medicaid (state plan)	Doctor and hospital care, prescriptions, some transportation to medical visits, some in-home help. Run by each state, so benefits differ.	Medicaid card, managed care plan card, or state Medicaid letter	☐ Yes ☐ Not sure
Medicaid waiver (home & community-based services)	Long-term supports at home or in the community: staff support, day programs, job supports, respite, some transportation and equipment. Services must be in the person's approved plan.	Case manager or service coordinator; your support plan (ISP or similar)	☐ Yes ☐ Not sure
Medicare	Hospital (Part A), doctor visits and equipment (Part B), prescriptions (Part D). Often comes with SSDI after a waiting period. Usually does not pay for long-term daily care.	Red, white, and blue Medicare card; plan card if in Medicare Advantage	☐ Yes ☐ Not sure
Private insurance	Medical care through a job, a parent's plan, or the Marketplace. Copays and deductibles are common. Usually limited for long-term supports.	Insurance card; plan's member handbook	☐ Yes ☐ Not sure
Disability & local programs	County or state DD agency funds, Vocational Rehabilitation (job training), school services (IEP), VA benefits, state-only programs, local grants.	Case manager, county board, school, or VA office	☐ Yes ☐ Not sure
Income benefits (SSI / SSDI)	Not insurance — this is monthly income . It's often what pays rent, food, and personal costs. It can also affect which health programs a person qualifies for.	Social Security award letter	☐ Yes ☐ Not sure

Have more than one?

That's common — for example, Medicare *and* Medicaid ("dual eligible"), or private insurance plus a waiver. One usually pays first and the other picks up some of what's left. Ask: "**Which plan pays first for this service?**"

My main contacts

PLAN MEMBER SERVICES PHONE

CASE MANAGER / SERVICE COORDINATOR PHONE

OTHER PROGRAM PHONE

 **No ID numbers here on purpose.** Keep the member card next to you when you call instead of writing ID numbers on paper that could get lost.

Covered service

Something the plan or program agrees to pay for, under its rules.

Ask: "Is this covered for this person, with this provider?"

Copay

A set fee for a visit or prescription, like \$4 or \$30.

Ask: "Is there a copay, and is there a yearly limit?"

Deductible

What you pay each year before the plan starts paying its share.

Ask: "How much of the deductible is left this year?"

Out-of-pocket maximum

The most you'd pay in a year for covered care. After that, the plan pays the rest.

Ask: "What's our yearly max?"

Waiver

A Medicaid program that pays for supports at home or in the community instead of in an institution.

Ask: "Is this service in the approved plan?"

Patient liability / cost share

A monthly amount some people must pay toward their care, based on income. Not everyone has one.

Ask: "Does this person have a cost share? How much?"

Room and board

Rent, utilities, and food. Waivers usually **do not** pay for these, even in a group home.

Ask: "What's the monthly room and board charge?"

Out-of-pocket cost

Anything the person or family pays themselves.

Ask: "What exactly would we owe, and when?"

Coinsurance

A percentage you pay after the deductible, like 20% of the bill.

Ask: "Is that a flat fee or a percentage?"

Premium

The monthly cost just to have the plan, whether you use it or not.

Ask: "Is there help paying the premium?"

Prior authorization

Approval needed *before* a service or item. Skip it, and the plan may not pay.

Ask: "Does this need approval first? Who requests it?"

Service authorization / units

How much of a service is approved — for example, a set number of hours a week.

Ask: "How many units are approved, and what if we need more?"

In-network / enrolled provider

A provider the plan works with. Going outside it can cost more, or not be paid at all.

Ask: "Is this provider in-network or Medicaid-enrolled?"

Appeal

A formal way to ask for a "no" to be reviewed. There are deadlines.

Ask: "How do I appeal, and by what date?"

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What Might Be Covered?

Common types of support and where coverage often comes from. "Often" isn't "always" — mark your own answer in the last column.

Type of support	Examples	Often paid by	Watch for	My status
Healthcare	Doctor and specialist visits, hospital, labs, prescriptions	Medicaid, Medicare, private insurance	Copays, network rules, drug lists	☐ Covered ☐ Verify ☐ Not covered
Dental & vision	Cleanings, fillings, glasses, eye exams	Varies widely by state and plan	Adult limits, yearly caps	☐ Covered ☐ Verify ☐ Not covered
Therapies & behavioral health	Physical, speech, occupational therapy; counseling; behavior supports	Medicaid, insurance, sometimes a waiver	Visit limits, prior approval	☐ Covered ☐ Verify ☐ Not covered
Medical transportation	Rides to doctor and therapy appointments	Medicaid (non-emergency rides)	Booking days ahead, trip rules	☐ Covered ☐ Verify ☐ Not covered
Community transportation	Rides to work, day program, or community activities	Sometimes a waiver; sometimes the person	Mileage limits, what counts as "community"	☐ Covered ☐ Verify ☐ Not covered
Personal care & in-home help	Help with bathing, dressing, meals, daily routines	Medicaid state plan or waiver	Approved hours; Medicare rarely covers this	☐ Covered ☐ Verify ☐ Not covered
Residential supports	Staff support in a group home or supported living	Waiver (the <i>staffing</i>)	Rent and food are usually separate	☐ Covered ☐ Verify ☐ Not covered
Day & employment supports	Day programs, job coaching, community skills	Waiver, Vocational Rehab	Must be in the approved plan	☐ Covered ☐ Verify ☐ Not covered
Equipment & supplies	Wheelchairs, lifts, incontinence supplies, communication devices	Medicaid, Medicare, insurance, waiver	Prescription and prior approval often needed	☐ Covered ☐ Verify ☐ Not covered
Respite	Short breaks for family caregivers	Waiver, some local programs	Yearly limits	☐ Covered ☐ Verify ☐ Not covered

What Might I Pay For?

The biggest source of surprise bills is mixing up **support services** with **everyday living costs**. Keep them in separate piles.

Support services

May be covered — confirm each one

- Staff time and support hours
- Medical care and prescriptions
- Therapies
- Approved equipment and supplies
- Day and job supports
- Medical transportation

Everyday living costs

Usually paid by the person — often from SSI, SSDI, wages, or family

- Rent, utilities, and food (room and board)
- Phone, internet, streaming
- Clothing, shoes, haircuts
- Toiletries and personal items
- Activity tickets, meals out, hobbies
- Trips, gifts, holidays, pets

Costs that can show up even when a service *is* covered

- | | |
|--|---|
| ☐ Copays, coinsurance, or a deductible | ☐ Using more hours or units than approved |
| ☐ A monthly cost share or patient liability | ☐ Upgrades — a nicer model than the one approved |
| ☐ Using a provider outside the network | ☐ Items not on the plan's approved list |
| ☐ Skipping a needed prior approval | ☐ Fees you agreed to in a signed form |

The gray-area questions (group homes & outings)

These come up all the time. The answer depends on the program and the agency's written policy — so ask, and write down the answer.

- | | |
|---|--|
| • Who pays for a staff member's ticket at an outing? | • How are the person's personal funds tracked and receipted? |
| • Who pays for gas or mileage on community trips? | • What's in the residential or room-and-board agreement? |
| • Are shared house supplies part of room and board? | • Who approves a big personal purchase? |

Good rule of thumb: If someone is being asked to pay out of pocket for something that sounds like a *support service*, pause and mark it **? Needs Verification** until the case manager or plan confirms.

Before I Agree to Pay

Run through these before signing anything or handing over money. You can take a copy to the call or the meeting.

About coverage

- ☐ Is this service or item covered for this person?
- ☐ Under which program — and which one pays first?
- ☐ Is it already in the approved plan or authorization?
- ☐ Is there a covered option that would work just as well?

About approval

- ☐ Does it need prior authorization?
- ☐ Who submits the request — the provider or us?
- ☐ How long does approval take?
- ☐ What happens if we start before it's approved?

About the provider

- ☐ Are they in-network or Medicaid-enrolled?
- ☐ Do they bill the plan directly?
- ☐ Will they tell us in advance if something isn't covered?
- ☐ What's their policy on missed appointments?

About the cost

- ☐ What exactly will we owe? Can I get it in writing?
- ☐ Is this a one-time cost or ongoing?
- ☐ Is there a payment plan or financial help?
- ☐ If paying privately, can I get a written estimate first?

Slow down if you hear...

- "Just sign this — it's standard."
- "Insurance will probably cover it."
- "We'll figure out the bill later."
- A bill for a service you thought was covered
- A form saying you agree to pay "if denied"
- A charge with no itemized receipt

Ask for the details in writing first. Providers that accept Medicaid generally can't bill members extra for covered services beyond allowed cost sharing — if that happens, call the plan or your case manager before paying.

If the answer is "no"

- Ask for the denial **in writing**, with the reason.
- Ask for the **appeal deadline** and write it on the next page.
- Free help often exists: your state's **Protection & Advocacy** agency, **legal aid**, your **State Health Insurance Assistance Program (SHIP)** for Medicare questions, and your case manager.

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My Coverage Questions

One box per question. Write down who told you what — it makes the next call much easier.

DATE	WHO I CONTACTED (OFFICE / ROLE)	CALL REFERENCE #
MY QUESTION		
THE ANSWER I GOT		
STATUS: ☐ Confirmed Covered ☐ Needs Verification ☐ Not Covered ☐ Got it in writing		
NEXT STEP & BY WHEN		

DATE	WHO I CONTACTED (OFFICE / ROLE)	CALL REFERENCE #
MY QUESTION		
THE ANSWER I GOT		
STATUS: ☐ Confirmed Covered ☐ Needs Verification ☐ Not Covered ☐ Got it in writing		
NEXT STEP & BY WHEN		

DATE	WHO I CONTACTED (OFFICE / ROLE)	CALL REFERENCE #
MY QUESTION		
THE ANSWER I GOT		
STATUS: ☐ Confirmed Covered ☐ Needs Verification ☐ Not Covered ☐ Got it in writing		
NEXT STEP & BY WHEN		

 **Tip:** Ask every person for a call reference number. Write the office or role ("plan member services," "county board"), not private details about the person you support.

My Coverage Snapshot

Your one-page summary. Fill it in as answers come in, and bring it to support plan meetings.

Service or item	Status	Who pays	Approval needed?	Notes / date confirmed
	☐ Covered ☐ Verify ☐ No		☐ Yes ☐ No	
	☐ Covered ☐ Verify ☐ No		☐ Yes ☐ No	
	☐ Covered ☐ Verify ☐ No		☐ Yes ☐ No	
	☐ Covered ☐ Verify ☐ No		☐ Yes ☐ No	
	☐ Covered ☐ Verify ☐ No		☐ Yes ☐ No	
	☐ Covered ☐ Verify ☐ No		☐ Yes ☐ No	
	☐ Covered ☐ Verify ☐ No		☐ Yes ☐ No	
	☐ Covered ☐ Verify ☐ No		☐ Yes ☐ No	
	☐ Covered ☐ Verify ☐ No		☐ Yes ☐ No	
	☐ Covered ☐ Verify ☐ No		☐ Yes ☐ No	
	☐ Covered ☐ Verify ☐ No		☐ Yes ☐ No	
	☐ Covered ☐ Verify ☐ No		☐ Yes ☐ No	

Check these again when...

- The plan renews or changes
- The support plan is updated
- Income or benefits change
- The person moves or changes providers

Appeal & deadline tracker

WHAT WAS DENIED

APPEAL DEADLINE

WHO'S HELPING

Every answer you write down is one less thing to chase next time.

General information only — not legal, medical, or benefits advice. Always confirm with your plan, case manager, or program.
Keep this guide private. It has no spaces for ID numbers or diagnoses on purpose.

Questions to Ask / Part 1

Mark the questions that match your situation. You do not need to ask every one.

Medicaid and Medicare

- ☐ What services and providers does my specific plan cover?
- ☐ Do I have copays, deductibles, premiums, or other costs?
- ☐ Do I need prior approval or a referral for this service?
- ☐ If I have both Medicare and Medicaid, which one pays first?
- ☐ Could I qualify for QMB, another Medicare Savings Program, or Extra Help?
- ☐ Where can I get my coverage decision in writing?

Waivers and disability supports

- ☐ Which waiver or support program am I enrolled in?
- ☐ Which services, units, and hours are approved in my plan?
- ☐ How do I request more hours or a different service when my needs change?
- ☐ Can I choose or change my DSP or service provider?
- ☐ Does my program cover community transportation, job support, or accessibility changes?
- ☐ If a service is denied or reduced, how do I appeal and by what date?

Questions to Ask / Part 2

Choose questions about bills, benefits, and support for everyday living costs.

Financial assistance and basic needs

- ☐ Could I qualify for help with Medicare premiums or prescription costs?
- ☐ Where can I apply for SNAP, rent help, or heating and cooling assistance?
- ☐ Could SSI or another income-support program apply to me?
- ☐ Which programs can I receive together?
- ☐ What changes in income or living situation do I need to report?

Bills and out-of-pocket costs

- ☐ What exactly am I being charged for? Can I have an itemized bill?
- ☐ Is this charge allowed under my coverage or service plan?
- ☐ Is any financial assistance or a covered alternative available?
- ☐ How do I challenge a bill I think is wrong?
- ☐ Who can explain my rights before I agree to pay?

Support cards, allowances, and taxes

- ☐ Which program issued this card or payment, and what can I use it for?
- ☐ Does its balance expire or roll over?
- ☐ Could this benefit affect SSI, Medicaid, or other assistance?
- ☐ Will I receive a tax form or need tax advice about this benefit?

Questions to Ask / Part 3

These questions help clarify costs in shared homes and support settings.

Housing, group homes, and personal funds

- ☐ What is my written rent or room-and-board agreement?
- ☐ Which costs cover food, utilities, and shared household supplies?
- ☐ Which staff supports are funded separately from my living expenses?
- ☐ Who pays for admission tickets, meals, and transport on outings?
- ☐ Who manages my money, and how can I review receipts or account records?
- ☐ Who can help if I disagree with a charge or want to change an arrangement?

Questions to close every call

- ☐ What is the official decision, and can you send it to me in writing?
- ☐ Who do I call next, and is there a case or reference number?
- ☐ Is there a deadline to apply, send documents, or appeal?
- ☐ Is there a free counselor or advocate who can help me?

My Top 5 Questions

Take this page to a call, benefits appointment, or support-plan meeting.

Agency / program: _____ Date: _____

Phone: _____ Person / office: _____

1. My question:

2. My question:

3. My question:

4. My question:

5. My question:

What I learned / what was confirmed:

Next step and follow-up date: _____

Free Help: Who Can I Call?

Start with your question. These are national starting points; eligibility and local contacts vary.

Medicare: coverage, bills, plans, drug costs

1-800-633-4227 | [medicare.gov](https://www.medicare.gov)

SHIP: free, unbiased Medicare counseling

1-877-839-2675 | shiphelp.org

Medicaid: eligibility, waiver and plan questions

Your state Medicaid agency | [medicaid.gov/about-us/where-can-people-get-help-medicicaid-chip](https://www.medicicaid.gov/about-us/where-can-people-get-help-medicicaid-chip)

Social Security: SSI, SSDI, Extra Help

1-800-772-1213 | [ssa.gov/agency/contact](https://www.ssa.gov/agency/contact)

Community help with food, housing, utilities

Dial 211 | 211.org

Heating / cooling bill assistance (LIHEAP)

1-866-674-6327 | liheapch.acf.hhs.gov

Public housing and housing vouchers (HUD)

1-800-955-2232 | [hud.gov](https://www.hud.gov)

Free tax return preparation locator (IRS VITA)

1-800-906-9887 | [irs.gov/individuals/irs-free-tax-return-preparation-programs](https://www.irs.gov/individuals/irs-free-tax-return-preparation-programs)

Tip: Ask if language access, TTY, or other accommodations are available.

More Places to Get Help

For disability supports, local programs, denials, and unusual bills, use the right contact.

Waiver / DD supports

Your service coordinator, county disability board, or state developmental disabilities agency. Ask: Which office approves my services?

Disability services locator

DIAL (Administration for Community Living): dial.acl.gov

SNAP and food assistance

State SNAP office: fns.usda.gov/snap/state-directory

Housing and rent help

Find your local public housing agency through hud.gov; 211 can help identify local programs.

Benefits denial or rights concern

State Protection & Advocacy organization: ndrn.org/about/ndrn-member-agencies/

Free civil legal assistance

Legal Services Corporation locator: lsc.gov/about-lsc/what-legal-aid/get-legal-help

Private health insurance

Use the Member Services number printed on the card, or your state insurance department.

Before you call

Have your cards or award letters nearby. Ask about eligibility, required documents, deadlines, and free appeal help. Do not write full SSNs or insurance ID numbers in this workbook.

My Benefits Call Tracker

Print extra copies. Write down answers from the agency, not guesses.

CALL 1

Program / office: _____ Date: _____

Phone: _____ Person / role: _____

Reference number (optional): _____

My question:

What they told me:

Next step / deadline:

CALL 2

Program / office: _____ Date: _____

Phone: _____ Person / role: _____

Reference number (optional): _____

My question:

What they told me:

Next step / deadline:
