

# Section 3

*LBGTQ*  
*Information and*  
*Resources*



# LGBTQ Issues in Caregiving

*Sandy Davenport, MSW, Pima Council on Aging, Caregiver Specialist*



There are many issues specific to LGBT older adults that shape the challenges caregivers may face.

“Providing long-term care for a friend or loved one can feel overwhelming. And lesbian, gay, bisexual and transgender (LGBT) caregivers may be dealing with a host of additional issues, from healthcare laws and policies that prioritize legal and biological family, to a lack of resources that address their particular issues.” (SAGE, Services and Advocacy for GLBT Elders, Caregiver Resources, 2016).

LGBT older adults may have a long history of facing discrimination and prejudice. This may mean they feel unsafe when receiving or coordinating care from home health staff, in hospitals, in assisted living, rehab, and nursing home settings. The client and/or caregiver may feel the need to remain “in the closet,” i.e., hidden regarding their sexual orientation and/or gender identity. If remaining invisible in this way, their health care providers may not fully understand their medical and other needs, and may not have a picture of the whole person, which is essential to providing optimal care. The caregiver may feel blocked from giving the whole picture, if unsure about the response medical providers will give. (This is why PCOA provides Project Visibility trainings, to improve the culture of care for LGBT elders.)

Same sex couples have relatively recently been given the right to legal marriage. Many health and supportive care settings have begun recognizing the rights of same sex partners to be involved in care planning. Having advance directives in place (namely a completed Healthcare Power of Attorney form and Living Will) can be crucial to confirming who will be making decisions if the client cannot do so themselves. (PCOA can help with this.) This is especially important with same sex partners, since there are many stories of biological family pushing the long-time partner aside, when decisions are needed at times of crisis.

Some LGBT caregivers feel invisible, when dealing with staff that are caring for their partner or spouse, as relegated to the status of “friend,” instead of family. This adds to the stress of already difficult medical care planning, may discourage caregivers from expecting helpful outcomes, and contribute to resulting health disparities for the care recipients. Caregivers can consider screening prospective health providers, home health agencies, and long term care communities, by asking in advance if they have brought LGBT culturally responsive training to staff, made their non-discrimination policies include sexual orientation and gender identity and expression, and taken other steps to be LGBT-inclusive and supportive.

LGBT caregivers may be caring for family or others who are not LGBT. Finding the support and resources they need may feel daunting. PCOA’s Caregiver Support Groups that are LGBT-aware and welcoming are an important tool to reduce the stress of caregiving. We can also help with arranging respite so that the caregiver can have some

needed breaks. The local Alzheimer's Association has an LGBTQ Support Group for caregivers of persons with memory problems.

PCOA has Caregiver Specialists, well versed in the needs of LGBT caregivers, available for no-cost consultations by phone or in person, on the full range of resources, possible subsidies, and options for support. LGBT caregivers do not have to feel alone and isolated when facing the demands of caregiving.

*Source: Sandy Davenport, MSW, Pima Council on Aging, LGBT Issues in Caregiving, [www.pcoa.org](http://www.pcoa.org).*

# Legal Issues for LGBT Caregivers

*By Family Caregiver Alliance  
(Note: Document adapted for Arizona)*

## **Introduction**

Lesbian, gay, bisexual and transgender (LGBT) people have witnessed two of the most dramatic and far-reaching changes to their rights in the last few years. In 2010 Edith Windsor, a woman in her 80s, challenged the US Supreme Court (*U.S. v. Windsor*) in order to receive the pension of her deceased life partner, a partnership of 44 years duration. The pension had been denied to her because they were not married as husband and wife according to the 1996 Defense of Marriage Act (DOMA). On June 26, 2013, the US Supreme Court ruled that section 3 of DOMA that had defined marriage as between a man and a woman as husband and wife was unconstitutional. From that date forward, the federal government had to recognize same sex marriages approved of by the states. At the time only 37 states recognized and protected same sex marriage. Two years later to the day, on June 26, 2015, the Supreme Court's long-awaited landmark decision in *Obergefell v. Hodges* handed down a guaranty to same sex couples in all the states throughout the nation the right to marry and the right to have those marriages recognized at the federal level. Both of these Supreme Court decisions greatly advanced LGBT rights.

Nevertheless, even with these decisions in place, lesbian, gay, bisexual and transgender people, in couples or not, will still face increasingly important legal and financial decisions as they age. These legal and financial decisions, the documents that enforce them, and the agents that you name in them will determine who has the legal authority to confer with your doctors and make medical decisions for you, and who has the legal authority to manage your financial resources if and when you become incapacitated, legally unable to act on your own behalf.

Unlike heterosexual aging adults who have extended families through marriage over generations, many LGBT people must often turn to their "family of choice" for caregiving needs. These chosen families are trusted and valued friends who have provided emotional and social support to one another over the years. Without written protections in place, these chosen family members will not be legally recognized, and could very easily be questioned or contested by a biological family member. You may know people who have had this experience.

As a caregiver to a spouse, partner, or friend, it is essential to discuss available legal protections and their limitations with the person for whom you care before that person becomes incapacitated. Time is of the essence. Incapacity can happen in a heartbeat with a stroke or in a car accident.

**Because many of these documents are state-specific, it is best to work with an attorney in your state when putting together advance directives and other legal documents. For help finding an LGBT-friendly attorney in your area, see the Resources section of this fact sheet.**

## Creating an Estate Plan

For his or her own protection and for yours, estate planning is an absolute necessity for the person for whom you provide care. Every LGBT person should have these documents in place, but this is especially true for partnered LGBT people where illness has been identified or if a person is advancing in age and infirmities. Estate planning documents to have in place include:

### A Will

A Will (often called a Last Will and Testament) is a legal document that allows you to designate who will receive your property when you die, and how and when they will receive it. If there is not a properly executed\* Will when a person dies, the laws of intestacy in the state in which he or she lives determine who gets everything unless there is a named beneficiary on the asset (i.e., on life insurance or an IRA), or if he or she held the property in joint tenancy with another (i.e., a home or bank account), or in trust (i.e., named on bonds or bank accounts).

A same-sex partner or a friend not named as a beneficiary in a Will, or as a joint tenant on a property deed or in trust, could find all the property belonging to the deceased going to the deceased's children, parents, siblings, or other biological family members against the deceased's intention. These undesirable results are easily avoided with a properly written Will. **With the advent of the Internet and the availability of Will forms, it is very important that a Will be printed out and properly executed according the laws of the state.**

*Note: A Will is only effective when you die. It is only about what happens to your property when you die.*

\* **Properly executed** generally means that when you sign legal documents, it is in the presence of witnesses and in accordance with the laws of your state.

If an LGBT person has a minor child who has not been adopted by the same-sex partner, it is imperative that he or she execute a Will. **Wills are the only form of testamentary document in which a Guardian of Minor Children may be nominated.** In a Will, the testator may leave instructions about the child's education and place of residence, and nominate the person or persons who will have authority in the event of a child's illness. The nominated guardian will still have to be appointed by court order.

### A Revocable Trust

Another type of legal document that LGBT people receiving and giving care may want to consider is a Trust, also called a Living Trust or a Revocable Trust. Like a Will, a Trust provides for an orderly distribution to beneficiaries of a person's assets upon death. But, unlike a Will, a Trust also has incapacity language in it, which may become effective before death. Also, unlike a Will which simply lists your assets to be distributed, assets must be legally transferred into the Trust; it then holds these assets "in trust." Should a trustor (the person making the Trust) become unable (incapacitated), for whatever reason or however long, to properly manage his or her estate, a named successor trustee may step in and exercise those powers during the trustor's life that have been enumerated in the

trust. Trusts are also important because they avoid a Probate at death. Probate is a court-controlled distribution of the deceased's property. In California, Probate is a long and costly process.

*Note: It is a good idea to ask an attorney to compare trusts and Wills to help you decide the most effective document for carrying out your wishes.*

### **A Durable Power of Attorney**

A Durable Power of Attorney, also known as a Durable Power of Attorney for Property and Finances (DPAP), will ensure that if a person becomes legally incapacitated, the designated agent (also called an "attorney-in-fact") will have legal authority to manage all property, including real property, and financial affairs. For LGBT care receivers and caregivers, the Durable Power of Attorney for Property and Finances is a very powerful document. Without this documentation, an LGBT partner or friend will find that it is very difficult, if not impossible, to take care of important legal and financial transactions when a loved one is incapacitated. As with Wills, it is possible to download a DPAP form from the internet. Again, it is important that these be state specific and properly executed. If there is real property involved, the DPAP should be notarized.

*Note: Banks are especially reluctant and often resistant to working with anyone but the person named on the account. Once a DPAP has been executed, it is a good idea to take it to the banks where there are assets and have it filed or otherwise recognized. Some banks will have their own forms; examine them carefully before you sign them. Always request that the DPAP be attached to any bank forms.*

### **An Advance Health Care Directive**

An Advance Health Care Directive (in California) or a Durable Power of Attorney for Health Care (so named in most other states) ensures that all healthcare needs and desires are carried out and monitored by a trusted person—the agent or attorney-in-fact named in the document—when the principal can no longer make those decisions or communicate them to healthcare providers. This document contains the instructions regarding a care recipient's wishes and desires for healthcare, including what end-of-life treatment is and is not desired, such as intubation, ventilators, or hydration. There is also room, on attorney-drafted forms, for burial, funeral, and memorial directions, as well as organ and whole body donation. A short form of the Advance Health Care Directive is available on the Internet. These are also state-specific. Again, once downloaded and printed out, the document must be properly executed.

Additional forms for healthcare include a **Living Will; Do Not Resuscitate (DNR) order (called a Prehospital Medical Care Directive in Arizona- on orange paper)**. Some people don't have anyone they trust (or want to burden) to be their agent. They can still make their wishes about end-of-life care known directly to the medical personnel. Whichever documents they execute, a copy should be given to the primary physician and /or health care agency.

## **Keeping Documents Up to Date**

If the person for whom you care already has some or all of these documents drawn up, make sure they are up to date (current with state law, all assets are covered, proper beneficiaries are named, etc.) and complete. Banks have been known to refuse to honor a DPAP that is more than 2 or 3 years old. Deeds to houses and other property, insurance policies, and financial accounts should be examined to determine if the beneficiaries listed are up to date. Other components of an estate plan may include long-term care insurance with coverage for both in-home and nursing home care, and disability insurance. Ask the person for whom you care if he or she intends to use either of these to pay for care.

*Note: All of these documents are vital to a person's well-being in life and orderly distribution of assets at death. For these reasons, it is risky to rely on pre-packaged trust packages bought on the Internet or in a commercial publication. To protect yourself, it is essential that you consult a knowledgeable attorney who is familiar with the law in your state. See the list of available resources at the end of this article.*

## **Social Security**

Social Security is another important matter for LGBT couples to consider in estate planning. Social Security benefits have just become available to legally married same sex spouses. It may be worth your while to explore the best way to take Social Security benefits.

## **Holding Real Property Together**

It is important to check out the tax liabilities when a home is owned by unmarried same sex partners. Reassessment of the property at the death of the first to die may result in an increase in property taxes, making it financially impossible for the surviving partner to keep the home. These property laws differ by state and within one state, in different counties. Making an appointment with an attorney or an accountant may be in order if this is a concern. It may be advisable to think seriously about investing in life insurance that could provide liquidity and assets to pay for increased property tax. If unmarried, creating and executing living-together and property agreements may also be desirable or practical at this time. An attorney working with you will be able to advise you or offer you the proper source of information.

We just reviewed these four estate planning documents. Which ones still need to be completed for your current and/or future caregiving situation?

- **Will**
- **Living Trust**
- **Durable Power of Attorney for Property and Finances**
- **Advance Health Care Directive or Durable Power of Attorney for Health Care**

## Medicare and Medicaid (ALTCS in Arizona)

Medicare is available to everyone who worked and accumulated enough years to be eligible at 65. Medicaid, on the other hand, is a means-tested program, available only to those whose assets meet the eligibility levels. **Neither Medicare nor regular health insurance pays for ongoing custodial care provided in a skilled nursing facility or nursing home beyond specific short-term rehabilitation coverage.** Care must be paid privately from a person's assets, through private long-term care insurance policies, or by Medicaid. There are two major areas of concern caregivers should be aware of:

- Medicaid eligibility regulations
- Regulations controlling the recovery of monies paid out by Medicaid from the estate of the deceased recipient

Medicaid has very complex rules, which vary from state to state. LGBT caregivers should consult with an **elder law attorney** who is sensitive to LGBT issues and knowledgeable about Medicaid (ALTCS in Arizona) regulations to determine how best to protect a home, savings, and any additional assets and property.

To find an elder law attorney, first ask friends in similar circumstances if they have worked with someone. LGBT groups or organizations in your area—especially LGBT senior organizations—may also be able to provide referrals. Also check the Resource section of this fact sheet. You may consider asking an estate planning attorney whom you know or have been referred to if they regularly work with someone on elder law issues, and you can contact the National Academy of Elder Law Attorneys at [www.naela.org](http://www.naela.org).

## Other Legal Tools

Outside of the estate planning documents described above, your loved ones may also consider the following:

- **Living Will:** A Living Will gives instructions for treatment and allows people to specify which life-sustaining actions should be taken in the event they can no longer make decisions or express their desires. It is directed to medical personnel and does not name an agent
- **Funeral Directive:** Like other directives, a Funeral Directive will make sure your loved one's wishes are respected. If those wishes are not recorded in a legal document, the law may default to allow "next of kin" to make decisions for him or her after death. If you are legal LGBT spouses or registered domestic partners, your ability to make decisions will probably be respected, but documenting who should be in charge and what the arrangements should look like can prevent conflict. For more information, see Lambda Legal's Tools for Protecting Your Wishes for Your Funeral.
- **Hospital Visitation Directive:** A Hospital Visitation Directive designates who may or may not visit someone in the hospital. Sometimes covered in the Durable Power of Attorney for Health Care or Advance Health Directive, it is best for LGBT patients to prepare a separate document clearly stating their desires. In 2010, President Obama issued a federal mandate guaranteeing visitation rights to

LGBT domestic partners and families of choice in hospitals and care facilities receiving support from Medicare and Medicaid (virtually all facilities).

## **Resources**

### **Family Caregiver Alliance**

#### **National Center on Caregiving**

(800) 445-8106 | (415) 434-3388

Website: [www.caregiver.org](http://www.caregiver.org)

Email: [info@caregiver.org](mailto:info@caregiver.org)

FCA CareJourney: [www.caregiver.org/carejourney](http://www.caregiver.org/carejourney)

Family Care Navigator: [www.caregiver.org/family-care-navigator](http://www.caregiver.org/family-care-navigator)

Family Caregiver Alliance (FCA) seeks to improve the quality of life for caregivers through education, services, research, and advocacy. Through its National Center on Caregiving, FCA offers information on current social, public policy, and caregiving issues and provides assistance in the development of public and private programs for caregivers. For residents of the greater San Francisco Bay Area, FCA provides direct support services for caregivers of those with Alzheimer's disease, stroke, head injury, Parkinson's, and other debilitating disorders that strike adults.

## **Other Organizations and Links**

### **National Center for Lesbian Rights (NCLR)**

[www.nclrights.org](http://www.nclrights.org)

NCLR gains and protects the legal and human rights of lesbians, gay men, and bisexual and transgender people across the United States through impact litigation, public policy advocacy, public education and direct legal services. NCLR provides attorney referrals for seniors.

### **Bay Area Lawyers for Individual Freedom**

[www.BALIF.org](http://www.BALIF.org)

BALIF is the oldest and largest LGBT Association of lesbians, gay men, bisexuals, transgendered persons and their supporters. It is a helpful resource for information about laws affecting the greater LGBT community. BALIF provides attorney referrals for seniors.

### **Transgender Law Center**

[www.transgenderlawcenter.org](http://www.transgenderlawcenter.org)

The Transgender Law Center (TLC) is a civil rights organization advocating for transgender communities. TLC connects transgender people and their families to technically and culturally competent legal services, and increases acceptance and enforcement of laws and policies that support transgender communities

### **Lambda Legal**

[www.lambdalegal.org](http://www.lambdalegal.org)

Lambda Legal is a national organization committed to achieving full recognition of the civil rights of lesbians, gay men, bisexuals, transgender persons, and persons living with AIDS through litigation, education, and public policy work.

**National Academy of Elder Law Attorneys**

[www.naela.org](http://www.naela.org)

Information on how to choose an elder law attorney and referrals to elder law attorneys by city and state.

*This fact sheet was prepared by Family Caregiver Alliance and rewritten (2015) by Helene V. Wenzel, an attorney at law in private practice specializing in estate planning, wills, trusts, probate, and conservatorships. She is a member of Bay Area Lawyers for Individual Freedom (BALIF), the National Center for Lesbian Rights (NCLR), and the National Academy of Elder Law Attorneys (NAELA). © 2002, 2011, 2015 Family Caregiver Alliance. All rights reserved.*

# Social Security: What Same Sex Couples Need to Know

*By the Social Security Administration*

## **Recognition of same-sex marriages and some non-marital legal relationships**

On June 26, 2015, the U.S. Supreme Court issued a decision in *Obergefell v. Hodges*, holding that same-sex couples have a constitutional right to marry in all states and have their marriage recognized by other states.

We now recognize same-sex couples' marriages in all states, and some nonmarital legal relationships (such as some civil unions and domestic partnerships), for purposes of determining entitlement to Social Security benefits, Medicare entitlement, and eligibility and payment amount for Supplemental Security Income (SSI) payments.

We also recognize same-sex marriages and some non-marital legal relationships established in foreign jurisdictions for purposes of determining entitlement to Social Security benefits, Medicare entitlement, and SSI.

## **Why marital status is important for Social Security benefits**

Marital status is important for Social Security's retirement, survivor, and disability programs because you or your spouse could be entitled to benefits or a higher benefit amount based on the marital relationship to a worker. Children or stepchildren could also be entitled to benefits based on their relationship to a worker. For some surviving spouses, divorced spouses, and adults disabled during childhood, benefits could end if they marry.

## **What you need to know about Social Security benefits**

Your Social Security taxes pay for three kinds of benefits: retirement, disability, and survivors. If you are entitled to retirement or disability benefits, other members of your family might receive benefits, too. If you are married or you entered a non-marital legal relationship, and you think you might be entitled to benefits, we encourage you to apply right away even if you are not sure you are entitled. Applying now will protect you against the loss of any potential benefits by preserving your filing date, which we use to determine when your benefits may potentially start.

You can get a quick and easy benefit estimate based on your Social Security earnings record at [www.socialsecurity.gov/estimator](http://www.socialsecurity.gov/estimator).

You also can get more detailed benefit calculations at [www.socialsecurity.gov/planners](http://www.socialsecurity.gov/planners).

For more information about retirement benefits, read our publication *Retirement Benefits* (Publication No. 05-10035).

For more information about Social Security disability benefits, read our publication *Disability Benefits* (Publication No. 05-10029).

If you already receive Social Security benefits, you must tell us if you get married, enter a non-marital legal relationship, or divorce, because your marital status may affect your entitlement to benefits. If we stop your benefits because of marriage or remarriage, we may start them again if the marriage ends. For more information, read *What You Need to Know When You Get Retirement or Survivors Benefits* (Publication No. 05-10077).

### **Social Security benefits for your family**

When you start receiving Social Security retirement or disability benefits, other family members also may be entitled to benefits. For example, we can pay benefits to your spouse, unmarried minors, or disabled children. If you become the parent of a child (including an adopted child) after you begin receiving benefits, let us know about the child, so we can decide if the child is entitled to benefits. For more information about benefits for your family, you can read:

- Understanding the Benefits (Publication No. 05-10024)
- Benefits for Children (Publication No. 05-10085)
- What Every Woman Should Know (Publication No. 05-10127)
- Survivors Benefits (Publication No. 05-10084)

For easy-to-follow instructions for using Social Security's online benefit application, read *How to Apply Online for Retirement, Spouses or Medicare Benefits* (Publication No. 05-10523).

### **When you're ready to apply for Social Security benefits**

When you are ready to apply for Social Security benefits, you can apply for benefits on our website at: [www.socialsecurity.gov/applyforbenefits](http://www.socialsecurity.gov/applyforbenefits).

### **Supplemental Security Income (SSI) program**

SSI is a federal program that provides monthly payments to people who have limited income and resources. SSI is for people who are 65 or older, and for those of any age, including children, who are blind or disabled. For more information, read *You May Be Able to Get Supplemental Security Income (SSI)* (Publication No. 05-11069).

If you get SSI, the law requires that we look at your case from time to time to make sure that you should still be getting SSI and are getting the right amount. We'll ask you the same kind of questions you answered when you applied for SSI. For example, we'll need information about your income, your resources, whether someone moves into or out of your household, and your bank accounts. You should report a change when it happens.

### **SSI payments and marital status**

We consider marital status when we determine eligibility and payment amount for SSI. Therefore, you must tell us about any marriage, separation, divorce, or death that could affect eligibility or payment amount. Your spouse's income and resources may count when we determine your eligibility and SSI payment amount. We pay a married couple where both individuals are eligible for SSI a couple's benefit amount, which is less than the amount that we pay to two individuals. If you're younger than age 18, we may consider

part of your parents' income and resources in determining your eligibility and SSI payment amount.

### **If you become a parent while receiving SSI payments**

If you become the parent of a child (including an adopted child) after you begin receiving SSI payments, let us know. Changes in the number of people, including children who live with you, can affect your SSI payment. For some people, that could mean a higher SSI payment amount.

### **How and when to report changes that may affect your SSI payments**

Don't wait until we review your case to tell us about any changes. You must report a change within 10 days after the month it happens. You should report a change even if you're late. If you don't report a change, you may not receive the money you are eligible for if the change means you should receive a greater amount. Or, you may get too much money and have to pay it back. For more information, read *What You Need to Know When You Get Supplemental Security Income (SSI)* (Publication No. 05-11011).

### **If you change your name**

Whenever you change your name, be sure to report the change to us. Otherwise, your earnings may not be recorded properly and you may not receive all the benefits you are due. To report a name change, submit a completed Application for a Social Security Card (Form SS-5) with proof of identity and proof that you legally changed your name (e.g., a marriage certificate) to your local Social Security office or card center. You can get the form online by visiting [www.socialsecurity.gov](http://www.socialsecurity.gov), at any Social Security office, or by calling Social Security's toll-free number, 1-800-772-1213. For more information, read *Your Social Security Number and Card* (Publication No. 05-10002).

### **Social Security numbers for children**

We can place both parents' names on your child's Social Security number record. You will need to provide proof that you are the legal parents of the child.

All documents must be either originals or copies certified by the issuing agency. We can't accept photocopies or notarized copies of documents.

The following documents are examples of the type of proof we need:

- Original or amended birth certificate;
- The final adoption decree; or
- Court determination of paternity (also referred to as a court order of parentage).

For more information, read *Social Security Numbers for Children* (Publication No. 05-10023).

## **Medicare**

Medicare is our country's basic health insurance program for people age 65 or older and for many people with disabilities. The Centers for Medicare & Medicaid Services (CMS) manages Medicare. We work with CMS by determining entitlement to and enrolling people in Medicare. You can find information about Medicare entitlement and enrollment for same-sex couples at [www.medicare.gov/sign-up-change-plans/same-sexmarriage.html](http://www.medicare.gov/sign-up-change-plans/same-sexmarriage.html).

You shouldn't confuse Medicare with Medicaid. State Health and Human Services offices or Social Services agencies run the Medicaid program. Medicaid is a health care program for people with low income and limited resources.

Some people qualify for just one program, while others qualify for both Medicare and Medicaid.

Medicare has four parts:

- Medicare Part A (hospital insurance) helps pay for inpatient hospital care and certain follow-up services.
- Medicare Part B (supplemental medical insurance) helps pay for doctors' services, outpatient hospital care, and other medical services.
- Medicare Part C (Medicare Advantage plans) is available in many areas. People with Medicare Parts A and B can choose to receive all their health care services through a private insurance company approved by Medicare to provide this coverage.
- Medicare Part D (Medicare prescription drug coverage) helps cover the cost of prescription drugs.

For more information about Medicare or how you may qualify for "Extra Help" with Medicare prescription drug costs, or if you need help with other Medicare costs, read Medicare (Publication No. 05-10043).

### **Medicare premiums for higher-income beneficiaries**

The law may require an adjustment to your monthly Medicare Part B (medical insurance) and Medicare prescription drug coverage premiums. Higher-income beneficiaries pay higher premiums for Part B and prescription drug coverage.

If you have higher income, you will pay an additional premium amount. We call the additional amount the income-related monthly adjustment amount (IRMAA). To determine if you will pay higher premiums, we use the most recent Federal tax return the Internal Revenue Service (IRS) provides to us.

That means we will generally use your income provided by the IRS for the tax year two years before the effective year of the IRMAA. If you must pay higher premiums, we will send you a letter with your premium amount(s) and the reason for our determination.

If you amended your tax return and it changes the income we count to determine the IRMAA, let us know. We need to see a copy of the amended tax return you filed and your

acknowledgment receipt from the IRS. We will update our records with the information you provide, and correct or remove your IRMAA, as appropriate.

### **What if your income goes down while you are paying higher Medicare premiums?**

If your income has gone down, and the change makes a difference in the income level we consider, contact us to explain that you have new information and may need a new decision about your IRMAA. We will consider the following events that may reduce your income level:

- You marry, or your marriage ends through annulment, divorce, or the death of your spouse;
- You or your spouse stop working or reduce work hours;
- The employer's pension plan for you or your spouse ends or is reorganized;
- You or your spouse receive a settlement from an employer or former employer because of the employer's closure, bankruptcy, or reorganization; and
- You or your spouse lost income producing property, provided you or your spouse did not direct the loss, and was not a result of the ordinary risk of investment. Examples include but are not limited to the loss of real property due to disaster, destruction of livestock or crops by natural disaster or disease, loss of real property due to arson, or loss of investment property because of fraud or theft.

If one of these situations applies, you could be eligible for a new initial determination based on a life-changing event. You will need to provide us documentation that relates to the event and the reduction in your income.

Documentation may include a marriage certificate, a death certificate, a letter from your employer about your retirement, or something similar. If you filed a Federal income tax return for the year in question, you need to show us your signed copy of the return. Otherwise, we need an estimate of what your income will be for the tax year you are requesting we use. To report changes in your income, you can use Form SSA-44, Medicare Part B Income- Related Premium – Life-Changing Event.

For more situations that may make a difference in your income level, read Medicare Premiums: Rules for Higher-Income Beneficiaries (Publication No. 05-10536).

### **Contacting Social Security**

There are several ways to contact Social Security, including online, by phone, and in person. We're here to answer your questions and to serve you. For more than 80 years, Social Security has helped secure today and tomorrow by providing benefits and financial protection for millions of people throughout their life's journey.

### **Visit our website**

The most convenient way to conduct Social Security business from anywhere at any time, is to visit [www.socialsecurity.gov](http://www.socialsecurity.gov). There, you can:

- Create a My Social Security account to review your Social Security Statement, verify your earnings, print a benefit verification letter, change your direct deposit

information, request a replacement Medicare card, get a replacement 1099/1042S, and more;

- Apply for Extra Help with Medicare prescription drug plan costs;
- Apply for retirement, disability, and Medicare benefits;
- Find copies of our publications;
- Get answers to frequently asked questions; and
- So much more!

### **Call us**

If you don't have access to the internet, we offer many automated services by telephone, 24 hours a day, 7 days a week. Call us toll-free at 1-800-772-1213 or at our TTY number, 1-800-325-0778, if you're deaf or hard of hearing.

If you need to speak to a person, we can answer your calls from 7 a.m. to 7 p.m., Monday through Friday. We ask for your patience during busy periods since you may experience a higher than usual rate of busy signals and longer hold times to speak to us. We look forward to serving you.

*Source: Social Security Administration, Publication No. 05-10014, January 2017, What Same-Sex Couples Need to Know Produced and published at U.S. taxpayer expense.*

# Project Visibility

## What is Project Visibility?

A training to help service providers become more informed, sensitive to, and supportive of the needs of Lesbian, Gay, Bisexual, and Transgender older adults and their families.

PCOA, in collaboration with community agencies, offers this cultural competency training for staff at assisted living facilities, nursing homes, and home health agencies, to increase awareness of the strengths and needs of LGBT older adults.

This local project is supported in part by donors of the LGBT&S Alliance Fund, a fund held at the Community Foundation for Southern Arizona.



A FUND OF THE COMMUNITY FOUNDATION  
FOR SOUTHERN ARIZONA

*Developed by Boulder County Area Agency on Aging.*

*Project Visibility has received awards from the National Association of Area Agencies on Aging and the National Association of Counties.*

## What does the training include?

This training includes screening of the Project Visibility DVD, with personal interviews and supportive interactive discussion, and a manual on making positive and practical changes at your agency.

**Goal:** To help our community's service providers ensure that older LGBT adults receive long term care services that are welcoming, respectful, and safe for them.

**To schedule a Project Visibility training at your agency, call:**

**PCOA Help Line  
520-790-7262**

Pima Council on Aging  
8467 E. Broadway Blvd.  
Tucson, AZ 85710-4009  
[www.pcoa.org](http://www.pcoa.org)

*Partnering with S. AZ Senior Pride.*

PCOA Help Line 520.790.7262  
[www.pcoa.org](http://www.pcoa.org)

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# ELDER CARE

## A Resource for Interprofessional Providers

### LGBT Older Adults in Long-Term Care Facilities

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Following decades of experience with discrimination and social stigma, the community of Lesbian, Gay, Bisexual, and Transgender (LGBT)\* older adults and their loved ones experience a multitude of unique concerns when contemplating placement in long-term care facilities. Administrators, staff, and clinicians in long-term care facilities may not be adequately trained to address LGBT fears and concerns. Facilities may provide care that compromises the health status of LGBT older adults, increases their sense of vulnerability, and lowers satisfaction with peer and staff interactions. Thus, it is important to improve the quality of long-term care for LGBT older adults. Recommendations for improvement are discussed in this issue of Elder Care.

#### Assessing Readiness to Care for LGBT Older Adults

Although many long-term care facilities may genuinely want to admit LGBT older adults, substantial transformations need to be in place before those adults, their loved ones, and the clinicians wanting to refer them, can be assured that there will be “no problems.” These transformations should be visible to prospective LGBT residents (e.g., explicit and positive LGBT pictures and language on websites, brochures, and forms), and evident in staff training and development. It is recommended that facilities assess their readiness to care for LGBT residents (Table on next page), hire external consultants and resources as needed, and highlight key aspects of LGBT culture and history, outlined below, through ongoing training for all employees.

#### Understanding LGBT Culture and History

**Coming Out** The first key aspect of LGBT culture and history is the variation and nuances in “Coming Out.” For LGBTs older than the Baby Boomer cohort, safety and survival were closely linked with clandestine social

gatherings prior to the 1970s Gay Liberation Movement. Invisibility and silence were adaptive responses to laws, attacks, and pervasive discrimination enacted against LGBT communities.

Long-term care facilities must offer safe and welcoming environments. Pressures to come out or concerns of being “outed” may increase a sense of vulnerability to maltreatment. LGBT may isolate or defer medical care if environments seem dangerous. Facilities are advised to view coming out as a process vs. an event, with disclosures likely expressed over time through stories and pictures rather than overt use of LGBT language.

**Families of Choice** Prejudice and negative attitudes do not occur only outside homes. Rather, countless LGBT adults suffer temporary or permanent estrangement from their families of origin. The LGBT community has created important friendship networks offering a strong sense of belonging and mutual support over the lifespan; these networks are termed “families of choice.” It is highly recommended that long-term care facilities structure family events and care planning meetings to include LGBT families of choice.

**Partners** Furthermore, partners of LGBT residents may feel unwelcome or invisible at long-term care facilities. For example, LGBT couples may not be allowed to cohabitate at some facilities and care giving groups may not be attentive to LGBT partners. Facilities that eliminate such rules may simultaneously eliminate some of the marginalization experienced by LGBT partners.

**One Size Does Not Fit All** The LGBT community is a diverse group. For example, there are differences in the life experiences and expectations among the younger-old and oldest-old LGBT. There are also important considerations for LGBT with additional minority identities involving race, ethnicity, socio-economic status, gender, and acculturation. Religious/spiritual beliefs particularly merit attention in LGBT long term care. Administrators, staff, and clinicians add further to the mix of cultural

\* “Q” for “queer or questioning” is included with younger LGBTQs but is less commonly used and potentially offensive in communication with older LGBTs. However, the “Q” will become more commonplace with aging of younger Baby Boomers.

#### TIPS FOR LONG-TERM CARE FACILITIES PROVIDING CARE FOR LGBT OLDER ADULTS

- Assess overall readiness to care for LGBT in welcoming and safe environments that recognize LGBT history, culture, challenges, and strengths.
- Understand variations and nuances in the “coming out” processes for LGBT older adults.
- Honor LGBT partners and families of choice.
- Respect the diversity within the LGBT community.

# ELDER CARE

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differences. To facilitate optimal care, facilities should arrange for on-going interprofessional case-based consultation about diversity issues.

**Protections and Legal Rights** The LGBT community encounters unique financial and legal challenges when navigating entry into long-term care. It is recommended that facilities offer specialty referrals for LGBT financial matters and LGBT family law. At admission, aging LGBTs and loved

ones should be informed of resident councils, family councils, ombudsman representatives, and other institutional protections.

National LGBT organizations are available to inform the LGBT community of long term care advocacy efforts, marriage benefits in relation to federally sponsored aging programs, and updates on federal, state, and local laws related to discrimination. Key resources are listed below.

## Creating a Welcoming and Safe Environment for LGBT in Long-Term Care Facilities

- Websites, brochures, pictures, and artwork include positive and explicit images and communication regarding LGBT older adults, their loved ones, and the LGBT community
- Non-discrimination policies are clearly displayed throughout the facility
- All intake and clinical care forms use LGBT sensitive language and include categories such as “relationship status” vs. “marital status” as well as options to disclose sexual orientation identities and transgender choices\*
- Residents’ social activity programs include attention to LGBT culture, such as LGBT History Month; Gay Pride Month; LGBT movies, books, newspapers/magazines, current events
- Family events and care-giving groups are structured and facilitated with attention to unique challenges and stressors for LGBT couples, families of choice, and communities
- Non-LGBT residents and their families are informed about policies and programming for LGBT residents at intake and at regular intervals while at the long-term care facility
- Commitment to LGBT cultural competency is assessed in staff hiring processes
- Administrators, staff, and clinicians receive ongoing training and development regarding LGBT cultural competency; all employees are encouraged to consult about questions or concerns regarding caring for LGBT older adults
- Administrators, staff, and clinicians are aware of local, state, and national resources to continually expand awareness, knowledge, and skills for respectful and effective LGBT care
- Administrators, staff, and clinicians inform LGBT residents, couples, and families of choice about varied protections and legal rights pertaining to LGBT long-term care

\*Further recommendations may be found in the June 2017 Elder Care Fact Sheet and in the *2006 Guidelines for Care of Lesbian, Gay, Bisexual, and Transgender Patients*, published by the Gay and Lesbian Medical Association

## References and Resources

- Grant, J. M. (2010). *Outing age 2010: Public policy issues affecting lesbian, gay, bisexual, and transgender elders*. Washington DC: The National Gay and Lesbian Task Force Policy Institute. [http://www.thetaskforce.org/downloads/reports/reports/outingage\\_final.pdf](http://www.thetaskforce.org/downloads/reports/reports/outingage_final.pdf)
- Guidelines for the Care of Lesbian, Gay, Bisexual, and Transgender Patients (GLMA, 2006). [http://glma.org/data/n\\_0001/resources/live/GLMA%20guidelines%202006%20FINAL.pdf](http://glma.org/data/n_0001/resources/live/GLMA%20guidelines%202006%20FINAL.pdf)
- Lambda Legal-Seniors (*Toolkit for Life and Financial Planning*). <http://www.lambdalegal.org/issues/seniors>
- National Center for Lesbian Rights (2017). <http://www.nclrights.org/our-work/elders>
- National Senior Citizens Law Center, National Gay and Lesbian Task Force, Services and Advocacy for GLBT Elders, Lambda Legal, National Center for Lesbian Rights, and National Center for Transgender Equality. (2011). *LGBT Older Adults in Long-Term Care Facilities: Stories from the Field*. <http://www.lgbtagingcenter.org/resources/resource.cfm?r=54>
- Services and Advocacy for LGBT Elders (SAGE) <http://www.sageusa.org/index.cfm>

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## Interprofessional care improves the outcomes of older adults with complex health problems

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# Resources for LGBTQ Older Adults

*By Pima Council on Aging*



## **Pima Council on Aging (PCOA)**

LGBT-welcoming Caregiver Support Groups; LGBT-inclusive services for older adults; Project Visibility LGBT cultural responsiveness training.

8467 E. Broadway, Tucson, AZ 85710

(520) 790-7262

[www.pcoa.org](http://www.pcoa.org)

## **Southern Arizona Senior Pride (SASP)**

Volunteer group to celebrate, support and unite LGBT seniors.

(520) 312-8923; [soazseniorpride.org](http://soazseniorpride.org)

[soazseniorpride@gmail.com](mailto:soazseniorpride@gmail.com)

## **SAAF Anti-Violence Project**

24-hour crisis intervention for LGBTQ survivors of violence. 24-Hour Bilingual Crisis Line:

(520) 624-0348 or (800) 553-9387

## **Elder Circles for LGBTQI Elders**

Discussion Groups.

323-1708 x122

## **Southern Arizona Gender Alliance (SAGA)**

Support, education, and outreach for individuals of all gender identities.

(520) 477-7096; [info@sagatucson.org](mailto:info@sagatucson.org)

[www.sagatucson.org](http://www.sagatucson.org)

## **Southern Arizona AIDS Foundation (SAAF)**

375 South Euclid Avenue

(520) 628-7223

LGBTQ resources—[www.OUTinAZ.org](http://www.OUTinAZ.org)

[www.saaf.org](http://www.saaf.org)

## **Alzheimer's Association LGBTQ Caregiver Support Group**

For LGBT caregivers of persons with memory problems.

(520) 322-6601

## **Tucson Interfaith HIV/AIDS Network (TIHAN)**

2660 N. 1st Avenue

(520) 299-6647;

[www.tihan.org](http://www.tihan.org)

**Parents, Families and Friends of Lesbians and Gays (PFLAG)**

(520) 360-3795

[www.pflagtucson.org](http://www.pflagtucson.org)

**National Resources**

Services & Advocacy for GLBT Elders (SAGE)..... [www.sageusa.org](http://www.sageusa.org)

National Center for Lesbian Rights.....[www.nclrights.org](http://www.nclrights.org)

Diverse Elders Coalition .....[www.diverseelders.org](http://www.diverseelders.org)

National Resource Center on LGBT Aging ..... [www.lgbtagingcenter.org](http://www.lgbtagingcenter.org)

World Professional Organization for Transgender Health.....[www.wpath.org](http://www.wpath.org)

Williams Institute ..... [www.williamsinstitute.law.ucla.edu](http://www.williamsinstitute.law.ucla.edu)

Lambda Legal.....[www.lambdalegal.org](http://www.lambdalegal.org)

Old Lesbians Organizing for Change .....[www.oloc.org](http://www.oloc.org)

Intersex Society of North America .....[www.isna.org](http://www.isna.org)

National Center for Transgender Equality ..... <http://transequality.org>

National Gay and Lesbian Task Force ..... [www.thetaskforce.org](http://www.thetaskforce.org)

*Source: LGBTQ Resources, Pima Council on Aging; [www.pcoa.org](http://www.pcoa.org).*

# Domestic Abuse Resources

*By: Pima Council on Aging*



## **Administration of Resources and Choices Late-Life Domestic Violence Services (Tucson)**

Office: 520.623.3341; Crisis Line: 520.339.2801

Provides safety planning, assistance with orders of protection and victim's compensation, an Elder Survivor support group, follow-up services, information and referrals, court and other appointments accompaniment, and crisis counseling at the office or other safe location. This program is for individuals age 55 and over. Services may be limited. Call for more information.

<http://arc-az.org>

## **Emerge Center Against Domestic Abuse**

24-Hour Hotline (520) 795-4266 or (888) 428-0101

Help for people of all ages with concerns about abusive relationships. They provide information, crisis intervention, safe shelter, support groups, case management, and help with court proceedings when available. Also provides help finding transitional or permanent housing.

[www.emergecenter.org](http://www.emergecenter.org)

## **SAAF Anti-Violence Project**

24-Hour Bilingual Crisis Line (520) 624-0348 / (800) 553-9387

Provides support, advocacy, information, and referrals to gay, lesbian, bisexual, and transgender victims of domestic violence, partner violence, sexual assault, stalking, hate crimes, and other types of violence.

<http://saaf.org/care-services/anti-violence-programs/>

## **Southern Arizona Legal Aid, Inc.**

(520) 623-9461

2343 E. Broadway Blvd. #200

Provides civil legal aid to low-income individuals.

Walk-ins accepted from 9:00 A.M.–11:00 A.M. and 1:00 P.M.–4:00 P.M.

[www.sazlegalaid.org](http://www.sazlegalaid.org)

*Source: Domestic Abuse Resources, Pima Council on Aging; [www.pcoa.org](http://www.pcoa.org).*