

Welcome to the fourth issue of the Women & Families Network Newsletter.

As a result of the budget crisis the 2003 Minnesota legislative session ended with major cuts in the health and social services sector including childcare, health insurance programs, housing and income assistance. In 2000, the median income of women living with HIV in Minnesota was \$789 a month, and many relied on public programs to make ends meet. Changes in public programs such as health care and social services directly impact women and families living with HIV by reducing access to primary medical care and social services. Low income working families will be severely affected as they find themselves not “poor enough” to continue to qualify for public assistance anymore, but not able to pay for social services with their already low income. Furthermore, those currently seeking employment or being pushed off MFIP into the work force will find themselves competing with large numbers of other laid off public employees.

This issue of the women and families newsletter focuses on state law changes in Minnesota, and their effect on social services and health care options for women and families living with HIV. Some information on specific program changes appears in more than one of the topic areas listed below. Because this information is complicated and we all learn in different ways, we decided to err on the side of repetition.

Find what's going on with housing programs on **page 2**.

Page 5 gives an overview of changes to Minnesota Health care programs, including a word on AIDS Drug Assistance Program (ADAP)

Page 4 lists different options for accessing HIV care and treatment in Minnesota. One of these options that you might not have considered before is clinical trials. Find out if this is an option for you on **page 6**.

Having trouble following all this information about different programs and sorting out eligibility details? **Page 7** introduces you to Ann Sequin, MAP benefits counselor. Ann is here to answer your benefits questions whether you are a provider, consumer, or both.

A detailed 2003 legislative wrap up summary by the Minnesota Coalition for the Homeless is included on **page 8**, followed by a commentary by Liz Kuoppala, Minnesota Coalition for the Homeless policy advocate.

DeAndre, a 25-year-old mother of one shares her story on how changes in the MFIP program are going to affect her and her family on **page 10**.

If you are a non-citizen, or work with non-citizen clients, chances are you have encountered challenges when trying to access public benefits. Who qualifies? Which health care facility to use? **Page 11** gives a general guideline of public benefits for non citizens and some primary care resources.



MINNESOTA
WOMEN & FAMILIES
NETWORK

About the Women and Families Network

The Women and Families Network is a voluntary collaborative committed to work for comprehensive, quality care for Minnesota women, youth and families affected by HIV.

The network achieves its goals by providing a forum to exchange information, receive consumer feedback, and organize politically when necessary. We encourage participation in the network by consumers, providers, and anyone else who is concerned with the needs of women and families affected by HIV. You can get involved in a number of ways:

- Join us for one of our retreats, forums or advocacy trainings
- Become a member of the network and join one of our committees
- Sign up to receive quarterly newsletter filled with news, articles, and resources for both service providers and people affected by HIV
- Sign up to be on the list serve to receive emails with updates on issues affecting women and families living with HIV. <http://lists.wfnetwork.org/listinfo/wfnews>
- If you are a provider, come to our networking events and share resources, discuss available programs, and help improve services for those affected by HIV

Check out our Web site at

<http://www.wfnetwork.org>

Contact Sarah (651) 602-7570 or Dori (612) 373 9175 for additional information.

The mission of the **Women and Families Network** is to address the needs of women and families affected by HIV through collaboration, advocacy, training and resource sharing.

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Also - a thank you to DeAndre - for her willingness and openness to be interviewed for "Minnesota Family Investment Program (MFIP): One Woman's Story"

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The Women and Families Network Newsletter is distributed as a free community service. To subscribe please contact: Sarah Senseman at (651) 602-7570 or ssenseman@westsidechs.org

HOUSING & RELATED PROGRAMS

by Kim Lieberman, MAP Housing Systems Advocate

As you well know, budget cuts made during the 2003 legislative session are beginning to be felt throughout the state. Significant cuts were made to affordable housing and homelessness programs, as well as many other anti-poverty and economic development programs that will impact housing development and services. For example, Minnesota Housing Finance Agency (MHFA) experienced a 33 percent reduction in program funding. Transitional housing and emergency services, which helps fund shelters, experienced a 29 percent reduction in funding. Along with these direct funding cuts to affordable housing, there were other budget cuts that will impact affordable housing production, rehab, and services. Cuts to cities and counties are already trickling down to impact affordable housing activity.

MFIP \$50 Housing Penalty

In September 2003, DHS began to reduce the MFIP cash grants by up to \$50 for families living in subsidized housing. Only families living in public housing units, Section 8 project-based units, or who have a Section 8 Voucher are affected. Any family whose grant was reduced should contact the housing authority or property manager to request a rent adjustment due to a decrease in income.

There are exceptions to this law: a participant who is age 60 or older; a participant who is a caregiver suffering from an illness, injury, or incapacity that has been certified by a qualified professional when the illness, injury or incapacity is expected to last for more than 30 days and prevents the person from obtaining or retaining employment; a participant caregiver whose presence in the home is required due to the illness or incapacity of another member of the assistance unit, or of a relative or foster child in the household, when the illness or incapacity and the need for the participant's presence in the home have been certified by a qualified professional and are expected to continue for more than 30 days; or a parental caregiver on SSI. Any family whose grant was reduced and who thinks they meet one of the exceptions listed above should contact their financial worker and/or legal aid.

Note: This \$50 penalty does NOT apply to housing subsidies through Bridges, Shelter Plus Care, HOPWA, mainstream vouchers, RAFS, Section 236 or tax credits.

Emergency Assistance

The 2003 legislature eliminated the State Emergency Assistance program and consolidated a number of funding streams into one block grant to counties. Emergency Assistance – or EA – provided assistance to families in crisis, particularly those who were at risk of becoming homeless. The old statewide EA program was funded by the state and administered by counties. The new "MFIP Consolidated Block Grant" created by the 2003 Legislature combined funding for emergency assistance, employment and training programs, and county administrative costs into a block grant to counties. Counties can choose to provide emergency assistance to families in crisis, but they are not required to. Under the old State Emergency Assistance program, Minnesota had a statewide standard for families who were experiencing a financial crisis. Now, there will be 87 different policies in 87 different counties because each county will now determine how they will use their funds.

Programs that can Assist Low-income Renters and Homeowners:

Phone Discounts for Low-Income Users

As a Minnesota consumer, you may qualify for one of three programs that provide assistance with paying your telephone bill. Data shows that many Minnesota consumers are not aware of their eligibility for these programs.

Lifeline: This is a federal program that will provide a credit of up to \$8.62 each month on your bill. (Exact credit may vary slightly by carrier.) To be eligible, you must be enrolled in one of the following programs: Medicaid, Food Support (food stamps), Minnesota Family Investment Program (MFIP), Supplemental Security Income (SSI), Federal Public Housing Assistance, Low-Income Home Energy Assistance Program (LIHEAP).

Link-Up: This national program will pay up to 50 percent of your local telephone service connection and installation charges, up to a maximum of \$30. *Eligibility requirements are the same as for Lifeline.*

Individuals who do not qualify under the above criteria but live on a federally recognized reservation may qualify if the applicant receives benefits from one of the following programs: Bureau of Indian Affairs General Assistance; Tribally administered Temporary Assistance for Needy Families; Head Start (only for those meeting its income qualifying standard); or the National School Lunch Program's free lunch program.

Telephone Assistance Plan (TAP): This state program offers an additional \$1.75 monthly discount on your phone bill. *Eligibility requirements are the same as Lifeline.* Applications for all three programs are available at: http://www.puc.state.mn.us/docs/teldisc_app.pdf. For questions about these programs, contact your local telephone company. Additional information is available from the Public Utilities Commission at: <http://www.puc.state.mn.us/consumer/index>.

Energy Assistance Programs (LIHEAP)

Energy Assistance and Weatherization programs are available for low-income renters and homeowners throughout Minnesota. Income is based on the past three months (prior to application). Income limits for a household of 1 = \$4,721; 2 = \$6,174; 3 = \$7,627; 4 = \$9,079; 5 = \$10,532; 6 = \$11,985; 7 = \$12,257. Call your local Community Action agency to request an application form. (In Minneapolis it is Community Action of Minneapolis at 612-335-5837).

If heat is included in the rent, it will not be covered. The heat bill must be in the tenant's name. However, even if heat is included in the rent, if the tenant pays the electric bill, up to \$210 can be paid to the electric company. Consumers should check with the Energy Assistance program in their county about these specific situations. ■

PAST EVENTS

On October 7 the network hosted one of our semi-annual service providers' networking events. Approximately 25 people from a diverse range of agencies met to share resources, brainstorm for hard to find referrals, and network – all in all – it was a great event!

UPCOMING EVENTS

Advocacy Training for Youth and Parents of Youth Affected by HIV

Learn what it takes to be an advocate, a spokesperson for yourself, your community, your world, and how you can get involved!

We are looking for 10 families where at least one member of the household is HIV-positive to participate in a weekend-long training to learn what it takes to be an advocate for yourselves, and your community regarding issues around HIV.

Where: Koinonia Retreat and Conference center – Lake Sylvia
7768 Pilger Avenue NW
South Haven, MN 55382-3808

When: December 5-7, 2003

Time: Saturday and Sunday all day

Contact: Rachel Wolk 612-373-9167 or rachel.wolk@mnaidsproject.org

Food, lodging and transportation will be provided at no cost to all participants, in addition to a small stipend!

HIV & Pregnancy Training for Providers

The women and families network invites you to attend a training for providers (case managers, care advocates, social workers, nurse practitioners).

Where: Minnesota AIDS Project
1400 Park Avenue South
Minneapolis, MN 55404

When: Friday, December 12, 2003

Time: 12:05 PM – 2 PM (lunch provided for those who RSVP)

RSVP to: Dori Makundi, Women and Families System Advocate
612-373-9175 or dori.makundi@mnaidsproject.org
or Peggy Thornton via email: peggy.thornton@childrenshc.org

If you are unable to attend due to distance, please email Peggy. It may be possible to set up a training in your area.

more Upcoming Events on the following page...

UPCOMING EVENTS

...continued

“Sistas Healing Sistas”

HIV support group for women only!

Where: Community Fitness Today, Inc
Sabathani community Center
310 East 38th Street
Minneapolis, MN 55409

When: Every 3rd Monday at 5:30 pm

Contact: Ebony at 612-824-8610 ext 2

LOW impact aerobics classes for men and women only \$12 per month, FREE FOR PEOPLE WHO ARE HIV-POSITIVE

Where: Community Fitness Today, Inc
Sabathani Community Center
2nd Floor Gym
310 East 38th Street
Minneapolis, MN 55409

When: Every Tuesday, Wednesday and Thursday

Time: 6 – 7 PM

Contact: Marie Graham at 612-824-8610

Benefit Changes and New Co-Pays

Options for paying for HIV care and treatment in Minnesota

If you are living in Minnesota today, you can access treatment and care for HIV infection regardless of your insurance and immigration status. Things may not stay the same, but for today, here are some options for accessing HIV treatment. *Note: This list is by no means comprehensive. Contact the Women and Families Network and let us know about resources you have discovered, so others can take advantage as well.*

ADAP (AIDS Drug Assistance Program) In Minnesota this program administered by the department of human services HIV/AIDS division is called the “drug reimbursement program”. Through this program people living with HIV can access medications to treat HIV-related conditions and prescribed generic multivitamins.

County Hospitals and Community Health Centers and Clinics: These health care facilities are designed to assist everyone in the community, and never to turn away

someone because they cannot pay. Some facilities (HCMC, Regions Hospital, West Side Community Health Services) receive special funds (Ryan White) to provide services for people living with HIV. If a person does not have insurance, staff at the facility will work to identify an affordable way for you to receive services including finding an insurance program you qualify for. Some facilities may be able to see you for free or at sliding fee rates depending on your income. Make sure you ask questions about what you are going to have to pay, if any, and if you cannot afford the suggested amount, let your provider know – there may yet be a cheaper solution!

Private Insurance: This may be a group policy through your employer, or an individual policy purchased directly from an insurance company. If you are unable to get insurance through your employer and you do not qualify for Medical Assistance or any other public medical care coverage, you may be eligible to get private insurance and get assistance with paying monthly premiums and co-pays through the Department of Human Services HIV/AIDS division. You should always read through your benefits summary document to find out what your coverage will be. If you are choosing from different options, make sure you check the amount for medication co-pays, and deductibles.

Clinical Trials: These are research studies that try and answer important questions about HIV medications such as effectiveness and the most efficient ways to administer the drugs and achieve maximum effect with the least amount of side effects. By becoming a participant in clinical studies, you gain access to HIV medications for free, sometimes you have access to newest drugs, and at the same time you are helping answer important questions about this disease.

Disability and Medical Assistance: Medical Assistance provides coverage for medical services for low income families, children, pregnant women and people who are elderly (65 or older) or have disabilities. Once a person has been “disabled” for two years, they are eligible for Medicare, a federal program that pays for hospitals, and office visits if you pay a monthly premium. It is important to note that the Medicare program has restricted coverage, for example, it does not cover prescriptions. Make sure you purchase a Medicare supplemental policy to cover HIV medications and other benefits not covered by Medicare.

Patient Assistance Programs: Most companies that manufacture HIV medications have programs that offer medications for free or at discounted prices for people who have no other options to purchase the medications. Eligibility and type of assistance vary with each program, but the majority require your physician to make the call to the company. The Web site <http://www.needymeds.com> has a list of 240 programs, and their phone numbers, as well as other good information about patient assistance programs. ■

A word about changes to Minnesota Health care programs from DHS

At this time there haven't been any changes in the Ryan White-funded Minnesota AIDS Drug Assistance Program (ADAP); the services coverage remains the same. Based on the climate of ADAP on the national level there are likely to be some changes in the near future. Some states established waiting lists, others have changed eligibility guidelines and still others have reduced the numbers of drugs on their formulary. Information regarding any changes in Minnesota is pending. As decisions are made regarding ADAP program changes, they will be shared with the consumers and the community.

Listed below are the changes that are taking place in Minnesota health care programs MA, GAMC and Minnesota Care.

Benefit Changes and New Co-Pays Starting October 1, 2003

These changes apply to everyone in MA, GAMC and MinnesotaCare.

Co-pays: The amount you will be asked to pay for your health care. Co-pays are usually paid to the health care provider at the time of your appointment.

	NEW PROGRAMS				All Other MinnesotaCare Enrollees
	MA	GAMC adults without children, at or below 75% FPG	Hospital Only GAMC - adults without children, >75% to ≤175% FPG	Limited Benefit MinnesotaCare adults without children, >75% to ≤175% FPG	
Benefit Coverage Changes	No changes except dental coverage. See below.	No changes except dental coverage. See below.	Pays for inpatient hospital and physician care while in hospital.	Pays for: • inpatient hosp. (\$10,000 per year) • outpatient hosp., physician, drugs, lab & other tests, and chiropractic (up to \$5,000 per year)	No changes except in dental coverage. See below. Co-pays and exceptions to co-pays stay the same.
Eyeglasses	\$3 co-pay	\$25 co-pay	not covered	not covered	
A visit to the emergency room when it is not an emergency	\$6 co-pay	\$25 co-pay		\$50 co-pay on <u>all</u> ER visits	
Office visits *	\$3 co-pay*	\$3 co-pay*		\$5 co-pay on physician visits only	
Brand name drugs	\$3 co-pay	\$3 co-pay		\$3 co-pay	
Generic drugs	\$1 co-pay	\$1 co-pay		\$3 co-pay	
\$20 maximum per month on drug co-pays	Yes	Yes		Yes	
Restorative dental services	no co-pay	50% co-pay		not covered	
Inpatient hospital stay	no co-pay	no co-pay		\$1,000 co-pay	
Exceptions to co-pays	Yes see below	Yes some mental health drugs	No	No	

***An office visit** is an appointment with a physician, advanced practice nurse, chiropractor, podiatrist, audiologist, optician and optometrist. There is no co-pay for preventive visits, such as for vaccines.

MA exceptions to co-pays: Children under 21, pregnant women and nursing home residents; emergency, family planning, hospice, Medicare services and Indian Health Services; some mental health drugs.

Dental coverage change for MA, GAMC and MinnesotaCare

MA, GAMC and MinnesotaCare will only pay for dental services up to \$500 per calendar year per person. The following will not count in the \$500:

- emergency dental services,
- dentures and extractions done before dentures.

This limit does not apply to children under 21 and pregnant women.

Clinical Trials News

Deb Smith, Minnesota AIDS Clinical Trial Unit Community program associate

Are you or your clients participating in the Drug Assistance Program (ADAP) through the Department of Human Services HIV/AIDS Program? If so, you probably know that nationally the program is severely under-funded. As more people with HIV are living longer, the need for the ADAP program will continue to increase. Because this increase is growing faster than the funding for the program, even in Minnesota, it is necessary to plan for the future and look at other avenues to provide medications to everyone that needs them. Clinical trials are an important piece of the puzzle as they provide medications to participants at no cost while finding answers for the future treatment of HIV.

The MN AIDS Clinical Trials Unit (MN ACTU) is a federally funded research unit dedicated solely to HIV/AIDS research. The research at the MN ACTU, like ADAP, is paid for by your tax dollars and is another service provided to people with HIV. It is important that those living with HIV learn

about this service option that can provide medications, increased health care monitoring and access to new therapies for related illnesses. Because tax dollars are supporting this program, which has the potential to save untold lives, it is imperative that we utilize this service and encourage others to do so as well.

The benefits to enrolling in an ACTU clinical trial reach far and wide. Not only are participants given greater access to health care and medications, the HIV service system in Minnesota can be stretched to assist more people as well, and, we will be able to find new therapies for HIV that can go on to save lives in the future and abroad.

The following are current clinical trial opportunities at the MN ACTU. For more information, contact them at 612-625-1462 or www.lamp.med.umn.edu/actu. And, please, spread the word!

Metabolic Disorders/Lipodystrophy Protocols

MOST OF THESE STUDIES ARE GREAT OPPORTUNITIES FOR WOMEN!

Study 1 - A5163 The Improving Bone Density Study:

Evaluation of the effects of alendronate (Fosamax), calcium and vitamin D supplements on HIV-related decreased bone mineral density (osteopenia/osteoporosis). This medication is used safely in people who do not have HIV and we will be looking to see if it is safe and effective for those on HIV medications. Participants must not have a history of Hepatitis C infection.

Study 2 - A5082 The Lipodystrophy Study:

People who have lipodystrophy (loss of fat in arms/legs with increase in fat in neck/abdomen) and have a high fasting insulin level will be randomized to Metformin (Glucophage) and/or Rosiglitazone (Avandia) to see if it improves the insulin level and fat redistribution syndrome.

Study 3 - A5110 The Fat-wasting Study:

People with lipoatrophy (fat wasting in the arms, legs and/or face) will switch medications to remove the antiretroviral medications from their regimens (nucleoside analogues-NRTI's) that are believed to cause this

condition. All other medications they are taking will remain the same. Close monitoring will be done on viral load counts throughout the study.

Study 4 - A5148 Niacin for High Cholesterol Study:

Niacin will be tested in people taking antiretroviral medications who have high cholesterol and triglyceride levels. This medication is used safely in people who do not have HIV and we will be looking to see if it is safe and effective for those on HIV medications. Participants will follow a fat-lowering diet and complete an activity diary while on the study.

Study 5 - A5079 "Testosterone Gel Study":

Evaluation of the effect of testosterone gel or placebo on abdominal obesity in HIV-positive men who have a mild to moderate reduction in testosterone levels. Must not have used any testosterone product within 12 weeks of the start of the study. All participants on study treatment at the end of the double-blind phase will be eligible to receive open – label testosterone for an additional 24 weeks.

Treatment Experienced

Study 1 - A5165 DAPD Salvage Study:

A Phase I/II study testing the new nucleoside antiretroviral medication DAPD for its safety and effectiveness. The drug mycophenolate will also be studied to see if it can increase the antiviral action of DAPD. This study is for people who have taken many different HIV medications before and are not responding well to their current treatment. Payment will be made for each study visit.

Study 2 - A5146 Therapeutic Drug Monitoring Study:

A new method of dosing HIV medications will be tested in this study. Therapeutic Drug Monitoring works to individualize the dosing of antiretroviral medications and along with resistance testing should result in getting the best medication response possible for the participants. This study is for people who have taken many antiretroviral before, including protease inhibitors, and may not be doing well on their current medications.

Beginning HIV Treatment

Study 1 - A5142 Comparing 5 Initial Regimens Study:

Five different antiretroviral regimens will be tested to determine which one is best as a first therapy for people with HIV. Researchers will be looking for the regimen which best decreases the HIV viral load while causing the fewest side effects. This study is for people who will be taking HIV medications for the first time.

Study 2 - A5138

The Cyclosporin with Initial HIV Treatment Study:

This study is for people who will be taking HIV medications for the first time. Cyclosporine will be added to an antiretroviral regimen to see if it will bring about a larger increase in CD4+ cells (T-cells) than taking HIV medications alone.

Other Protocol Opportunities

Study 1 - A5030 CMV-Valgancyclovir study:

People who have CD4+cell count less than 100, HIV viral load greater than 400 and have been exposed to CMV at sometime in their life (most of us have) will be followed every eight weeks to see if CMV virus is growing in the bloodstream. If it is, they will be randomized to Valgancyclovir or a placebo to see if the medication prevents people from becoming sick with CMV (it can cause blindness, or problems in the stomach and bowels, etc.) Participants will be paid \$20 for each study visit.

Benefits Counseling Once Again Available Through the Minnesota AIDS Project

The Minnesota AIDS Project (MAP) began offering assistance for exploring and accessing various benefits in 1999. The benefits counseling program continued through mid-2002, at which time lack of funding caused the program to be closed. MAP is pleased to announce that funding through the Minnesota Department of Health has allowed us to reopen the program. Ann Seguin, MAP benefits counselor is now available to help with a variety of benefits issues.

Ann Seguin came to MAP in May 2003 with six years of experience in helping people access insurance and other benefits. She has quickly learned many details that affect benefits for people living with HIV and is available as a statewide resource for information and counseling about employment benefits, health insurance & disability benefits, public health care and public income programs.

Do you have questions about how recent legislative changes are going to affect your Medical Assistance or Minnesota Care? Would you like help applying for Social Security benefits or appealing a denial for Social Security benefits? Has your client recently stopped working and is now faced with expensive insurance premiums or unaffordable prescription drug costs? Ann can be a direct source of assistance for people living with HIV or as a referral/information source for service providers.



Please contact Ann at 612-373-2468 or 1-800-248-AIDS or at ann.seguin@mnaidsproject.org with questions, counseling requests/referrals or to schedule an informational meeting.



Minnesota Coalition for the Homeless

Working to ensure that everyone has a safe, decent, affordable place to call home

2003 Legislative Wrap-Up

Thank you to the hundreds of citizen activists who called, wrote, and visited your legislators at the Capitol or in their home districts; to the many shelter guests, staff, and volunteers who testified at committee hearings; to people of conscience all across the state who participated by writing letters to local newspapers, attending community meetings, and speaking to friends and neighbors; and to those elected officials who fought valiantly for the public good. With each of you, we pray for a future in which people see homelessness only in museums, and we mourn the devastating impacts the 2003 legislative session will have on low-income individuals and families across Minnesota.

Family Homeless Prevention and Assistance Program (FHPAP)

FHPAP received a \$300,000 base increase per biennium. (A “base increase” means that this money is planned to be a part of regular spending in the future; whereas the one-time money had been just a temporary increase to use TANF reserves and was not going to be part of future spending.) However, due to the loss of \$250,000 in one-time TANF funds and last year’s scheduled budget cuts of \$120,000 for ‘04-‘05, FHPAP has \$70,000 less in funding. FHPAP is available in slightly over half of Minnesota’s counties. Those counties that do receive funding do not have nearly what is actually needed.

Emergency Services Program (ESP) & Transitional Housing Program (THP)

These programs serve individuals and families who lack a regular and adequate nighttime residence. ESP funds the operating costs of shelters and essential services to homeless families and individuals. THP provides supportive housing and supportive services to homeless families and individuals so that they can secure permanent, stable housing. ESP lost \$1 million in one-time funding. THP received an additional \$2 million as a base increase per biennium. However, due to the loss of \$3.7 million in one-time funds, the overall impact was a \$1.7 million reduction in spending. Combined, the programs’ budgets were reduced by 29 percent. Currently, over 1000 men, women, and children are turned away from Minnesota’s sheltering programs each night. The impending one-third reduction will result in hundreds more being unable to receive services each night.

Minnesota Housing Finance Agency Overall Funding

MHFA will experience a 33 percent reduction in resources; including a \$9.3 million cut to base spending and a loss of \$24 million in one-time funding for the construction and

rehab of low-income housing. Included in the base reduction was a \$480,000 cut to the Housing Trust Fund (5 percent), a \$68,000 cut to the Bridges Program (2 percent), and \$610,000 to Non-Profit Capacity Building Grants (8.5 percent). (visit www.housingminnesota.org for more information)

Minnesota Economic Opportunity Grants (MEOG)

MEOG helps Community Action Programs offer the last local line of defense for families in need (job training, career development, energy assistance, food shelves, nutrition programs, crisis nursery, emergency housing, and other programs). MEOG funding was slashed 53 percent, a cut of \$9.03 million for the biennium. (visit www.mncaa.org for more information)

Children and Adolescent Services

A wide range of programs serving children and youth were combined into a Community Services Act block grant to counties, with a 25 percent cut in overall funding (\$37.3 million for the biennium) and great flexibility for counties on how to spend the money. Additionally, the law changed from “counties shall provide” to “counties shall, to the extent funds are available.” (visit www.mnhomelesscoalition.org for details on these programs)

General Assistance Medical Care & Minnesota Care

GAMC and Minnesota Care were kept as separate programs; but GAMC was cut by \$104 million, eligibility requirements were tightened, co-pays were increased, and Minnesota Care premiums were increased. (visit www.mnhomelesscoalition.org for greater details)

Battered Women’s Programs

Crime Victim Services Grants were cut by \$4.96 million for the biennium (65 percent reduction in base spending); per diem biennium funding was cut \$3.78 million, which represents a 22 percent reduction. (visit www.mcbw.org for more information)

MFIP \$50 Housing Penalty

Counts \$50 of federal housing subsidy as income for MFIP households and decreases the cash grant accordingly. This is expected to impact as many as 11,000 families beginning 09/01/03 costing them \$11.5 million for the biennium.

MFIP \$125 SSI Penalty

Counts \$125 of income from each SSI recipient in an MFIP household against the MFIP cash grant and reduces the cash grant accordingly. This is estimated to affect 7,000

families costing them \$22.5 million for the biennium. (SSI is a federal program to assist persons with disabilities.)

MFIP Emergency Assistance (EA)

EA was eliminated as a separate program and consolidated with other programs in a TANF block grant to counties. This means that families who need emergency housing or utility assistance will compete for funding with a range of things from county administrative costs, to education & training, supported work, child care assistance, and services for parenting and pregnant teens.

MFIP Diversionary Assistance (DA)

DA was converted into a four-month Diversionary Work Program (DWP). New applicants to MFIP must enter the DWP for four months. (Certain exceptions including child-only cases, teen parents, and caregivers over 60.) Participants must complete an employment plan first before receiving any benefits. They will not receive a cash grant, but will have their rent and utilities paid through a vendor. The maximum benefit for each family is equal to the MFIP grant for that family size. If there is money left over after rent and utilities are paid, the family can receive a \$70 personal needs allowance for each member of the household and a \$35 phone allowance. (The total cannot exceed the normal MFIP grant for that family size.) Months on the DWP do not count towards the 60-month limit. Counties have until July 1, 2004 to implement DWP. (visit www.mncn.org/ao for more information)

MFIP Childcare Assistance

Childcare assistance was cut by \$86 million – dropping Minnesota's childcare eligibility standards ranking from 4th among states to 31st. Under the new law, families must have incomes below 175 percent of the federal poverty guideline (for a family of four, 175 percent of poverty = \$32,200 annual income) in order to begin receiving childcare assistance. This is a reduction from current law of 290 percent. Families received up to 100 percent increases in their monthly co-pays for childcare assistance. For example, a family of four making \$23,000 per year did pay \$45/month co-pay for childcare but will now be required to pay \$82/month, representing an 83 percent increase. (visit www.childcareworks.org for more information)

MFIP Sanction Policy

Families will lose MFIP benefits (receive 100 percent sanction) after the sixth occurrence of non-compliance; previously a 30 percent sanction was the maximum penalty.

MFIP Exit Level

Reduced MFIP exit level from 120 percent of federal poverty line to 115 percent. For a family of four, this means they leave MFIP when they are making \$21,160 annually rather than \$22,080. (This is even further below the \$30,451 that would allow a family to rent a 2-bedroom apartment at fair market rent in Minnesota. ■

A commentary

by Liz Kuoppala, Minnesota Coalition for the Homeless policy advocate

The great visionaries in state government took their “Buddy, you’re on your own” philosophy to a whole new level in the 2003 legislative session. They converted the Minnesota Family Investment Program (MFIP), which had won national awards for its success in helping struggling families, to the “More Families in Poverty (MFIP)” program.

This new vision says that the greater number of barriers you face to finding employment, the harder we’ll kick you when you’re down. For example, families on MFIP who live in federally-subsidized housing will need to cough up an extra \$50 per month towards the state’s budget shortfall. (Whereas families not on MFIP fortunate enough to be homeowners, also get federal subsidies – through the mortgage interest tax deduction – but were asked not to pay any price or bear any burden.) Some families struggle with illness or disability in addition to struggling with poverty, these MFIP families who collect SSI must now contribute an additional \$125 per month to the state’s coffers. And because some of these families may still have a little discretionary income each month to buy school supplies or household needs, the legislature tacked on increased co-pays and premiums for health care, prescription drugs, and childcare. Finally, just to make sure More Families in Poverty becomes as nationally renowned for wreaking havoc on families as its predecessor program was for investing in family and community, the legislature also eliminated the emergency safety net programs that helped families in crisis while the crisis was still manageable. All of this on top of greatly reduced services during a time when the economy is faltering. The message was: If you’re poor, you are on your own.

Despite all of the budget cuts and radical changes in the delivery of social services, the greatest loss of all was to the integrity of the process. There was not open debate. Too many elected officials across the political spectrum played power games with people’s lives. State leaders seemed to grow weary of their responsibilities. No longer did they challenge us to be our very best; the new refrain was that we are so very far ahead and should take a little break, slacken our efforts, undo some of our past successes, and back up a bit to let other states catch up. Those who traveled to the Capitol to participate in debate often found closed doors and name-calling. Pushing struggling families into deeper poverty and putting more people into the street was unconscionable, but the assault on the democratic process itself was even worse.

The good news is that, although the legislature did its dreadful dealings behind closed doors, communities across the state were paying attention. People of conscience participated in attending local forums, writing their newspapers, reviewing the budget numbers, writing and calling their legislators, and visiting the Capitol. Rather than being dismayed that our raised voices were not heard, we can look to future legislative sessions secure in the words of Robert Kennedy: “Each time a person stands up for an ideal, or acts to improve the lot of others, or strikes out against injustice, they send forth a tiny ripple of hope. And crossing each other from a million different centers of energy and daring, those ripples build a current that can sweep down the mightiest walls of oppression and resistance.”

If you’re interested in getting involved with legislative advocacy, please contact me at the MN Coalition for the Homeless (612-879-9439 or kuoppala@yahoo.com). I look forward to amazing things we will accomplish together.

Minnesota Family Investment Program (MFIP):

One Woman's Story

Almost every family currently on the MFIP program was affected by changes in state law that went into effect July 2003. I sat down with DeAndre, who was happy to discuss the letter she received from the county telling her about the changes and how they will affect her family. As you read this article, keep in mind that this is a brief summary, and some people may be excluded from the changes. Talk to your county worker or social service provider to clarify your particular situation:

On families who receive supplemental social security (SSI)

Families will see a reduction in MFIP cash grant by \$125 per each household member that receives SSI. DeAndre is 25 years old, married and has a 3-year-old son. She went on MFIP when her son was born back in 2000. Currently she receives a grant for \$437 in cash and \$220 in food stamps. Her cash grant is not going to be affected by this change because no one in her household receives income from SSI.

On families receiving housing assistance

Families receiving assistance either through Section 8 or public housing will have \$50 of HUD funded housing subsidy counted as unearned income, and may see a reduction in their MFIP grant as a result of this. This change does not apply to subsidies through RAFS, Bridges, Shelter Plus Care, HOPWA, mainstream vouchers, or section 236. DeAndre states that she receives a subsidy through Shelter Plus Care and so will continue to receive the same cash grant. Housing has not always been stable for DeAndre. She moved from Chicago to Minnesota to be with friends in 1997, two years after being diagnosed with HIV. Within two days after arriving in Minnesota, the friend she was staying with was evicted, leaving DeAndre to seek shelter at Salvation Army homeless shelters. A month later, she was able to move into a 3-bedroom apartment with five of her friends and her friends' two children. At this time she was working at McDonalds, able to pay her portion of rent but not much else including insurance. By October 1997 DeAndre fell ill, and ended up at Abbott Northwestern Hospital. Multiple lab tests later she was once again diagnosed with HIV infection and was entered into the HIV "system". Following her discharge, she received a visit from an outreach worker from the department of human services who talked to her about different services available for people living with HIV. DeAndre was matched with

a case manager at the Minneapolis Urban League – and has been connected ever since. Through the case manager DeAndre was connected to medical care, and transitional housing that assisted her to obtain a permanent shelter plus care housing subsidy.

On families who are working (have earned income)

Working families will see lowered MFIP exit levels resulting in reduced maximum income families can earn and remain on MFIP (effective October, MFIP exit level lowered from 120 percent to 115 percent FPG). Families will also see a reduction in their cash grants as a result of lowering of the earned income disregard – thereby having less of their income disregarded when calculating their cash grants. DeAndre is worried about this change. Her husband had not been counted on the family grant. If he is to be added on grant, he will have to find employment within six weeks, otherwise the family will be sanctioned. If he does work, he can make a maximum of \$1,462 a month before the family income reaches exit level and they no longer qualify for MFIP. 35 percent of the income he makes will be disregarded when determining cash benefits for the family.

On families who apply for emergency assistance (EA)

The state emergency assistance program has effectively been eliminated. Funds that were used for this program have been combined with funds for MFIP employment services, county administrative costs and other MFIP costs. This change means counties are no longer required to spend money on EA related services. Each county may opt to use consolidated fund money on family emergencies, but they are not required to, leaving counties the discretion to determine how consolidated funds money will be spent, and who is eligible.

On babies born after May 2004

A child born after May 2004 to a family on MFIP will not be eligible for cash assistance, so cash grants will not increase with the increase in family size. The child will be counted when determining food portion of the grant. This change does not affect children whose mothers are victims of sexual abuse or incest (police report is needed); and newborns whose mothers are minors and the baby is the minor's first birth.

DeAndre shares that she has been thinking about having a baby but was not ready to get started right away. She is in school full time studying culinary arts. Since she is not currently pregnant, this means when and if she has another child, she will have to adjust her current budget to fit her newborn's needs, in addition to her family's current needs.

About sanctions

If a non-exempt adult fails to comply with MFIP work requirements, a sanction in the form of a grant reduction may be imposed. Beginning July 2003, all counties are required to impose sanctions. A family will lose benefits upon receiving their seventh sanction, even if these sanctions are not consecutive. A family will have to reapply for benefits to begin one month after the family has been compliant. Each subsequent non-compliance will result in the case being closed. In addition, a participant who is sanctioned for being non-compliant with child support will see a reduction of their MFIP grant by 30 percent (up from 25 percent). Non-compliance with child support for more than six months will result in the case being closed on the seventh month. Once the participant is cooperative with child support requirements, they may reapply for benefits.

About Medicaid/medical assistance

Beginning October 1, 2003, everyone in MA has the following co-pays

- \$3 for Office visits (appointments with physicians, nurse practitioner, chiropractor, optician etc)
- \$3 for brand name drugs (max out of pocket \$20 per month)
- \$1 for generic drugs (max out of pocket \$ 20 per month)
- \$6 for visit to the emergency room when it is not an emergency
- \$3 for eyeglasses

Exceptions to MA co-pays include: children under 21, pregnant women and nursing home residents, emergency, family planning, hospice, Medicare services and Indian Health services, some mental health drugs

Dental care

MA will only cover \$500 per person per calendar year for dental services. Emergency dental services and dentures (and extractions done before dentures) will not count toward \$500 limit. This limit does not count for children under 21 and pregnant women. ■

Public benefits for non-citizens

(Reprinted with permission from the Legal AID Society of Minnesota)

Public benefits for non-citizens is complicated. It involves both immigration and public benefits law. These laws have changed a lot in the last few years. To learn about your situation, talk to a lawyer who knows both immigration and public benefits law. This document provides general information only. This is not legal advice. If you need legal advice for a specific situation, contact an attorney. A list of free or low cost legal services in the Twin Cities is included at the end of this section

Public benefits include money paid by the government to help a person or family with living expenses like food, clothes, housing or medical care. Different programs pay for different things. The programs have rules about who can get the benefits. There are rules about whether people who are not citizens can get them. To know whether you can get a benefit, you have to know your status with INS/BCSI. Check INS papers, or consult with an immigration lawyer to find out about your status.

It is important to note that getting public benefits can make it harder to get a green card for some, but not all immigrants. This depends on the immigration status. Be sure to check for three things as you read this fact sheet:

- what public benefits you can get
- whether getting the benefit will make it harder for you to get a green card
- whether getting the benefit will make it harder for you to be a sponsor to bring family members to the U.S.

Persons fleeing persecution

Persons fleeing persecution mean people who came to the U.S. to get away from danger from the government of their home country. Not everyone can get this status from the INS. Only some countries where there is danger from the government count with the INS. Check your INS papers. People in the categories mentioned below can get some benefits from the US government:

- refugee,
- asylee
- a person who would be deported, but INS put a hold on deportation because of danger in the home country
- Cuban or Haitian entrants, and Amerasians.

People in the mentioned categories are called "qualified immigrants". They may get SSI, MFIP, GA, food benefits, and Medical Assistance. Read on to find out what the programs pay for and to know special rules for each program.

SSI

This program pays \$552 per month for people who are elderly or disabled and cannot work. The amount can be less if the individual lives with others and they have income from a job or government benefits. Some disabled children can get SSI. To apply for SSI go to the Social Security office, or call, call 1-800-772-1213. to find the nearest location. SSI has some special rules for people who are not U.S. citizens, but are "qualified immigrants":

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- If the individual was getting SSI before August 22, 1996, they can keep getting SSI without time limits.
- If you came to the U.S. before August 22, 1996 but you were not getting SSI before that date, you can get SSI without time limits only if you are now disabled. You can no longer get SSI based on your age.
- If you came to the U.S. after August 22, 1996, then you can get SSI only for seven years after the date you came to the US with one of the INS statuses listed above or from the date you got one of the statuses listed above from the INS. When seven years is up, SSI will not pay anymore, unless you become a citizen.

MFIP

This program helps families with children. The amount per month depends on the size of your family. Most legal immigrants can get MFIP for 60 months (five years). You do not have to be a “person fleeing persecution”. Most parents who get MFIP have to look for work. They have to meet with MFIP job counselors to find out what kind of work they can do to get off MFIP. Sometimes you can get training instead of looking for work.

Taking English classes can be work training in this program, but the state limits how much ESL you can take while on MFIP. MFIP families also get MA (medical assistance) to pay for doctors and hospitals for their children. Many parents can get MA also. Ask your worker. You can also get food stamps to help you buy food.

General Assistance (GA)

This program is mostly for single people who have no income. It does not pay as much as SSI. If you get GA, you also get food stamps. You can also get GAMC (General Assistance Medical Care) to pay for doctors and hospitals. This is a state funded health care program for those who aren't eligible for MA. If you are disabled you may be eligible for MA so ask your worker. GA has special rules for people who are not citizens:

If you are under 70 years old and have been in the US for four years, to get GA you must “take steps toward citizenship”. This means you must:

- be in or on a wait list for a class on citizenship, literacy, or ESL (English as a Second Language)
- apply for a waiver from the English language or civics part of the citizenship test
- apply for citizenship and be waiting

to take the test or for the citizenship ceremony.

- have been denied citizenship because you failed the test two times or couldn't understand the rights and duties of being a citizen.

Food

Persons fleeing persecution can get food stamps or, if they are over 50, state food benefits worth the same amount as food stamps.

If you are not a “person fleeing persecution”

You may be a “qualified immigrant” and able to get the public assistance listed above if you are:

- a legal permanent resident (have a green card)
- paroled by INS for at least one year
- a woman who is being hurt or threatened by your husband, boyfriend or family member.

SSI is more restrictive than other benefit programs. If you are a “qualified immigrant” not fleeing persecution, you may be eligible for SSI. It depends on when you came to the U.S. and what your INS status is. To get SSI, you must be blind or disabled and have come to the U.S. before August 22, 1996.

If you have questions about your eligibility, call your legal aid office.

If you had a sponsor when you came to the US

If you are not a person fleeing persecution, then one of the most common ways to immigrate is with a sponsor. A sponsor is a citizen or person with a green card (legal permanent resident) who agrees to be responsible for you in the U.S. Since December 1997 the INS has made sponsors agree that if you become poor, they will support you. Public benefit programs have income limits. You have to be poor to get them. If you came to the U.S. after December 18, 1997 on the petition of a relative, the government will probably count your sponsor's income as if it were yours. Counting your sponsor's income may put you over the income limit for benefits. But counting your sponsor's income may not apply to you if it would make you go hungry or homeless, or if you or your child are being hurt or treated with extreme cruelty by your sponsor. If you came through the visa lottery or some other way after December 18, 1997, the government can't count your income for

any program except MFIP, and then only for a short time. Check with your legal aid office if you have questions about whether your sponsor's income should count as income to you.

If you are a U.S. veteran or active duty member of the U.S. armed forces

You can get SSI without any time limit if you are older or disabled. You can also get MFIP, MA (Medical Assistance) and Food Benefits. You can get GA, but you may need to take “steps toward citizenship” (see above). Your spouse and your unmarried, dependent children are eligible for the same programs.

Unfortunately, Hmong and Lao army veterans may not be considered U.S. veterans. This is still unclear; talk to a lawyer if it makes a difference in your case.

Non-immigrants and people without INS papers (undocumented)

Non-immigrants are people who are here legally but temporarily – for example, as visitors, students, or temporary workers. People without documents are people who never had or no longer have INS permission to be in the U.S. People in these categories can't get any public benefits, with two exceptions:

- they may get free medical help for emergencies if they are elderly, disabled, under 18, or pregnant. When you apply, you should tell the county you can't get regular MFIP because of your INS status. You should NOT answer any questions about your immigration status.
- you may also get medical help through the Center for Victims of Torture.

Household with an undocumented member

A household is a group of people who live together the same house or apartment. They do not all have to be family members. A person is “undocumented” if they never had permission from the INS to be in the U.S. or their permission has run out. Many households have some members who are citizens or here with documents, and some people who are undocumented. Here are some examples:

- an undocumented parent may have citizen children. Those children can get MFIP, food stamps, and medical benefits, but the parent has to apply for them. If you apply for benefits for your children, do not answer any questions about your citizenship. Just say “I am only applying for my children. I am not eligible because of my immigration status.”

Do not discuss your immigration status, and if a person persists in asking you about your status, refer them to your legal representative or case manager/social worker.

- A person with a green card (legal permanent resident) may apply for benefits while living with a friend, relative, or spouse who is undocumented.

If you are in a “mixed” household, talk to a lawyer before you apply for benefits.

How getting benefits can affect INS status

- Getting a green card. If you or someone in your household might apply for a green card (legal permanent residence) sometime in the next three years, talk to a lawyer before you apply for benefits. The INS can deny a green card to a person if s/he is likely to be a “public charge”. A public charge is someone who uses public benefits such as SSI, MFIP or GA (General Assistance). If your household has used public benefits in the last three years, INS may decide you are likely to be a public charge. BUT this public charge rule does not apply to refugees or asylees. It also does not apply if the benefits you get are any of these: MA (Medical Assistance); food stamps; WIC (food for Women, Infants; and Children) medical care for pregnant women; housing assistance, childcare; energy assistance
- Being a sponsor to bring family to the U.S. If you are thinking of being a sponsor for someone else in the next few years, you may not want to apply for public benefits. The INS could decide that you can't take financial responsibility for a new immigrant if you were on public benefits yourself.

NOTABLE changes in health care coverage for non-citizens

Cancellation of E-GAMC and changed eligibility requirements for GAMC will result in loss of public health care coverage for people who are undocumented citizens, non-immigrants, and sponsored immigrants who are not categorically eligible for emergency Medical Assistance (not elderly or disabled, not under 18 and not pregnant), effectively leaving them with no public health care coverage.

Tips for immigrants living with HIV who have no insurance

- 1) Contact Minnesota AIDS Project benefits counselor at 612-373-2468 to find out your options.
- 2) Contact Minnesota Department of Human Services (DHS) HIV/AIDS division at 651-582-1980 or 1 800-657-3761. DHS has a program that will assist with payment of insurance premiums, payment of HIV antiretroviral medication, dental insurance, and nutrition supplements
- 3) Receive medical care through a public hospital such as Hennepin County Medical Center (HCMC) and Regions Hospital. As a public hospital and recipient of Ryan White funds, these hospitals are able to provide primary care services to everyone (Including people with no insurance). Individuals who are unable to pay for their own medical care can receive free primary care.
HCMC 612-347-2700 Regions Hospital 651-254-2441
- 4) Receive medical care through a community health center such as West Side Community Health Services. As a community health center and recipient of Ryan White funds, the clinic is able to provide primary care services. Clinic staff will work with you to identify an insurance program that you qualify for.
West Side Community Health Services 612-728-7700
- 5) Participate in clinical trials. Clinical trials provide medications to participants at no cost while finding answers for the future treatment of HIV.
Minnesota Clinical Trials Unit 612-625-1462

Five Free or Low Cost Legal Resources:

- **Minnesota AIDS Project, Legal Services**
Call 612-373-9176 for intake
- **Central Minnesota Legal Services**
Call 612-334-5970 for eligibility questions
- **Immigrant Law Center of Minnesota**
Call 1-800-223-1368 for intake information
- **Legal AID Society, Downtown Minneapolis**
Call 612-334-5970
- **Minnesota Disability Law Center – Legal Aid Society (MMLA)** Call 1-800-292-4150

If you do not qualify for assistance with one of the organizations listed previously, consult the Minnesota State Bar Association's attorney referral services;

Minnesota Attorney Referral Services:

- MSBA Attorney Referral Service – 1-800-292-4152
- Dakota County Bar Association Referral Service – 952-431-3200
- Hennepin County Bar Association Referral Service – 612-752-6666
- Ramsey County Bar Association Attorney Referral Service – 651-224-1775
- Chrysalis Legal Assistance for Women – 612-871-0118
- Minnesota Women Lawyers Referral Service – 612-338-3205