

HEALTH & FARM

What's Inside:

Health and Farm Vitality	2-4
Healthcare Insurance Information	5-8
Paying for Insurance and Healthcare	9-10
Managing Financial Stress	11-12
Stress and Crisis Management	13
Planning Your Farm's Future	14-15
Directory of Resources	16

Vitality

It's Constantly Something

While some stress can be prevented, most must be managed

By **BONNIE BRAUN, PhD, and
ELAINE A. ANDERSON, PhD,**

Department of Family Science, University of
Maryland, School of Public Health

Sometimes it's the weather, uncertain yields, erratic markets and prices, rising interest rates and debt loads, availability of laborers, farm equipment breakage, or government policy and regulation.

Maybe it's the tensions in family relations over ordinary family life problems; juggling off-farm employment, childcare, or the transfer of farm assets between generations; or blurred lines between family and farm.

Other times, it's the constancy of responsibility, the endless challenges to find time and money to keep the farm going, stable or thriving.

And often, it's the bone weariness and loneliness of getting the work done.

Ceaselessly, something contributes to stress and strain felt by most farmers and their families. When stress and strain pile-up over time, they lead to documented instances of poor health; risk of injury; inhibited decision-making or adoption of new agricultural practices; use of substances to numb feelings or pain; or even suicide.

It is when strains become distressing for long periods of time that red lights should flash as warnings to stop and bring down the stress overload.

Does any of this ring true for you; your farm family; your farming neighbors?

You are not alone. Studies in multiple countries and around the United States have documented the presence of factors that are labeled very stressful. Some of the most stressful things are out of an individual's control. In a study published in the *North Carolina Medical Journal*, weather was the number one stressor followed by market prices, taxes, health care costs and other factors. According to that study, those experiencing the most stress were also working more than 40 hours a week on the farm.

Added to on-farm work stress is the stress of off-farm employment. In a 2017 study of farmers 18-64 years old, 72 percent had an off-farm job, primarily for additional income and health insurance.

What are your distressing factors? Do you

know of other farmers or farm families experiencing any of these challenges?

A May 2018 survey asked agricultural professionals if they had seen any increase in particular stressors among farmers they worked with. All of these indicators of stress were observed — they are listed in ranked order of the number of yes responses.

1. Financial Worries
2. Anxiety
3. Farm Transfer Concerns
4. Burnout
5. Depression
6. Marital Difficulties
7. Alcohol Addiction
8. Drug Addiction
9. Gambling Addiction

Like a farm vehicle that got stuck in mud and needs a push from people or a pull from a machine, some farmers and farm families will need an external force to help them get out of a crisis or stressful situation. They can't do it alone.

Have you experienced any of the indicators of stress on this list? Have you observed any among other farmers or farm families?

Managing Stress

Stress is part of life. Some of it can be prevented; most of it must be managed. Yet, few farmers and their families know how to prevent, reduce or mitigate the impact of stress on themselves and their farm operation. They lack ways to make sense of the risks to their health, their family relationships and their farm. There are few or no opportunities to talk about stress within the community.

Some individuals and families can persevere, especially those who are primarily self-reliant individuals and families and who possess the "hardiness" factor—the belief that we can get through tough times. Some have resources that let them self-manage stress and recover from a stressful event or even a crisis.

Many cannot. At some point they may feel despair or just stuck. Like a farm vehicle that got stuck in mud and needs a push from people or a pull from a machine, some farmers and farm families will need an external force to help them get out of a crisis or stressful situation. They can't do it alone.

Fortunately, there are people and resources that can help. Some are available nationally or internationally; others, within the borders of Maryland and Delaware, are included in the Resources section of this paper.

Would you be willing to reach out for yourself, your family, and your farming neighbors?

This supplement developed from an idea at the Linking Farm Vitality and Health Forums, held in September 2018 in Delaware and Maryland, as a way to reach farm audiences with important information that will strengthen their health and wellbeing.

The following organizations have sponsored this supplement:



**NORTHEAST
EXTENSION
RISK
MANAGEMENT
EDUCATION**



UNIVERSITY OF DELAWARE
**COOPERATIVE
EXTENSION**



**Sustainable
Coastal
Communities**

UNIVERSITY OF
**MARYLAND
EXTENSION**



Delaware Farm Bureau

**The University of Delaware Cooperative
Extension and University of Maryland
Extension are equal opportunity providers.**

Health Forums Show Need for More Awareness

By **CAROL KINSLEY**

Public Relations Coordinator,
Delaware Farm Bureau

Bringing together representatives of the agricultural, healthcare, health insurance and financial industries to discuss the relationship between the health of farm families and the vitality of their farms, the University of Delaware Cooperative Extension and the University of Maryland Extension hosted Health and Farm Vitality Forums in their respective states, in September 2018. Discussions included access to health care in rural areas and cost of health insurance, as well as risk management, farm succession plans, and resources for addiction and mental health concerns.

Dr. Shoshanah Inwood, assistant professor at The Ohio State University and speaker at both forums, has been working on these issues for two decades. Her 2007 study, “Barriers to Farm Persistence and Growth,” found the leading health issue cited by farmers was the cost of health insurance.

Her initial study led to a larger USDA-funded project, HIREdAg (standing for Health Insurance Rural Economic Development and Agriculture), and the creation of a website, www.HIREdAg.net, which addresses how health insurance affects one’s quality of life.

Inwood was first to survey farmers across the nation in person, trying to understand how health insurance affects economic development and quality of life. “It struck me that I had never engaged in research so emotionally charged. I had farmers crying, thanking me, saying, ‘No one ever talks about this.’ They were so glad someone was paying attention to this issue,” Inwood said.

Inwood will be going back into the field this winter to interview the same farmers. Recognizing that not all farmers are the same, she is trying to capture as many experiences as possible from a variety of farm situations. One of her goals is to insert health care into farm business plans.

Dr. Bonnie Braun, professor emerita with the Department of Family Science at the University of Maryland School of Public Health, has been working with Inwood. At the forums, Braun discussed the toll of stress on farmers, families, farms, and communities. Some of the barriers to health care, she said, are stigma (for mental health issues), self-medication, lack of care in rural areas, the cost of

time away from work, and the cost of health insurance.

Braun’s work has always focused on rural populations and always been closely aligned with agriculture. Recent studies have convinced her we need to look more closely at the health of farmers — particularly in economic crises like the dairy industry is experiencing, stress piles up. Add stress to the constant responsibility for animals, crops, and family, plus all the things that one has no control over such as market forces, tariffs and weather, and farmers can easily find themselves feeling hopeless. They and their families are at risk of poor health and risk the ability to operate a thriving farm.

Stress can lead to physiological problems from headaches and digestive problems to heart attacks and strokes, Braun continued, affecting not only the individual, but the family and the farm operation. Inwood’s study showed that many people had no source of income for hired help and no one to hire or step in, meaning further risk to the farm in such situations, Braun said.

The health of the farm family and the health of the farm are mutually dependent. Maintenance of farmer and farm family health needs to be as important as maintaining equipment.

The goal of the recent forums was to brainstorm ideas to support farm audiences and link them with resources that can help. In particular, attendees were challenged, in small group settings, to identify short-term, doable strategies to address these needs. This supplement to *The Delmarva Farmer* is one of those results, designed to provide information to farm audiences.

“We are all fixers, that’s why we are here,” Maria Pippidis, forum chair with Delaware Cooperative Extension, told attendees. A key objective was to create cross understanding — for farmers to better understand the health and insurance sectors, and for health care providers and insurance industry representatives to better understand the special circumstances of the ag community.

The undertaking was supported by a grant from the Northeast Regional Center for Rural Development.

“This issue affects the whole farm sector,” said Inwood. “It is critical that we come together to identify solutions to access to health care and insurance to grow a vibrant and prosperous farm economy and farm population.”

A special thank you to those organizations who helped to plan and implement the Forums.

In Delaware:

University of Delaware Cooperative Extension
Northeast Extension Center for Risk Management Education
Ascela

Delaware Center for Health Innovation
Delaware Department of Agriculture
Delaware Farm Bureau

Delaware Rural Health Initiative
MidAtlantic Farm Credit
USDA Farm Services Agency
USDA Rural Development of Delaware and Maryland

In Maryland:

Maryland Rural Health Association,
Rural Maryland Council,
UMD School of Public Health,
USDA Rural Development—DE and MD Office

An extra special thank you to Carol Kinsley who helped to make this supplement happen.
We hope you enjoy the information provided within.

Moving Forum Discussion to Action

The University of Delaware Cooperative Extension and the University of Maryland Extension both hosted one-day forums on Health and Farm Vitality, during September 2018, in their respective states to bring together professionals from financial, agriculture, health care, health insurance, risk management, and mental health sectors to build understanding about healthcare issues faced by farm audiences and to encourage the development of short-term collaborative efforts to address those issues.

In Delaware, the action items that teams and individuals agreed to carry out are currently in different stages of completion at this time, and are:

- Develop a resource list and a “road show” that provides health care access, farm insurance and screenings for farm audiences at places/programs they frequent. To provide onsite health screenings at agricultural events.

- Provide training in the Mental Health First Aid Kit to agriculture support organizations.

- Share information about agriculture to individuals working in the mental health financial field.

- Develop this special supplement to *The Delmarva Farmer* with information about farm vitality and health (the publication you are currently reading.)

- Reach out to high school FFA Coordinators to create an activity to engage youth in better understanding the importance of health, risk management planning, and farm succession/transition planning.

- Develop an online Farm Health and Risk Management resource hosted by the Delaware Division of Libraries: <http://guides.lib.de.us/defarm>

- Identify strategies to collect data from farm operators and workers to help in the development of supporting policies by establishing baseline Delaware specific information is needed.

In Maryland, the action items that teams and individuals agreed to carry out are currently in different stages of completion at this time, and include:

- A grant, funded by The University

of Maryland College of Agriculture and Natural Resources, to assess stress among Maryland’s farmers. The \$10,000 project is part of the Transdisciplinary Approaches to Improving Human, Animal and Environmental Health seed grant program. A multi-disciplinary team of Extension educators, specialists and administrators will be led by Ali Hurtado, PhD, Assistant Professor and Extension Specialist, Dept. of Family Science, School of Public Health, and will conduct research issues and stressors, and levels of stress amongst the agricultural population, to determine baseline data for the state of Maryland. The project runs from January to December 2019.

Bonnie Braun, Professor Emeritus, and Shannon Dill UME Agriculture Educator, were invited to be on WYPR’s “On the Record” for a program entitled “The Stresses of Farming.” The edition aired Nov. 21. The podcast and resources are focused on stress among farmers and are available

at: <http://www.bit.ly/2OUkqYF>.

New collaborations between agriculture and family and consumer science Extension educators has led to integration of family, health and health insurance programming for farm audiences.

Mid-winter agriculture meetings will provide information about the link between farm vitality and health.

The Mental Health First Aid kit training will be held in four locations around Maryland during the week of March 5, 2019.

Increased awareness about social isolation, stress management and the lives of farm audiences will be shared in a publication geared for Family and Consumer Science professionals.

For more information on the Delaware forum, contact Maria Pippidis, UDel Cooperative Extension at 302-831-1239. For more information on the Maryland forum, contact Virginia Brown, UMD Extension, at 410-386-2760.

Maryland Forming Plan to Improve Rural Health

By **CAROL KINSLEY**

Public Relations Coordinator,
Delaware Farm Bureau

Rural area residents and farm families experience a lack of access to resources concerning health and financial well-being. In Maryland, state and local governments have recognized that those areas struggle to procure affordable health insurance, gain access to care, or address behavioral problems.

The Rural Maryland Council has been working with state agencies and stakeholder groups to develop a Maryland Rural Health Plan, said Maryland Secretary of Agriculture Joe Bartenfelder.

“The biggest area is access to health insurance and increased health care literacy, so that everyone understands how the healthcare system works and what their situation may be,” Bartenfelder said.

Other needs identified included sustainable funding mechanisms for health care services, case coordination between consumers and health care providers, chronic disease prevention and management, and outreach and education.

“It’s all part of the whole complex

assembly of issues farmers face in these economic times,” Bartenfelder said of rising medical costs. “One of the more important points is how many farm families have someone in active employment off the farm, probably so they can get health care benefits.”

An additional issue facing rural Maryland is the opioid crisis. “(The Governor) recognizes the opioid crisis is not isolated to urban areas,” said Bartenfelder.

Clay Stamp, executive director of Maryland’s Opioid Operational Command Center, confirmed statistics that indicate addiction is as much a problem in the farm community as in the city. “What we’re seeing is that addiction is widespread in the country. Farmers are not spared,” said Stamp. “Addiction knows no boundaries, whether ethnicity, economic status, rural or urban. It affects everybody.”

New legislation has made it possible to monitor prescriptions, Stamp said, an important task due to the large numbers of people who become addicted through legal prescriptions. This monitoring has resulted in a decrease in deaths.

“The core challenge now is trying to reduce demand. Why do people want to take mind-numbing drugs?

Until we address that challenge, we won’t make headway.”

Legislation has also re-instituted drug awareness and prevention programs in third through twelfth grade. Maryland is implementing the Botvin program in several school districts to give students the skills they need to make good decisions going forward.

One thing that limits our ability as a nation to address addiction is the stigma associated with it, Stamp said. Some see it as a disease affecting people who need help and recovery programs, while others believe those with addiction are in that situation because they made a choice and don’t deserve the same level of empathy.

“Everyone knows someone who needs help. Be supportive of that person and his or her family, not critical. Get behind the development of prevention programs, especially for youth, because they are our future. Get behind efforts to expand available treatment and delivery services.”

Stamp said Gov. Hogan recognized the opioid and heroin crisis was so severe that he declared a State of Emergency, the first governor in the nation to do so. “He recognized the human toll from this crisis was worse than any disaster,” Stamp added.

Hogan also established the Opioid Operational Command Center, which Stamp leads, to facilitate organization between different groups of people in state and local governments in addressing this issue.

The OOC launched Before It’s Too Late, the state’s effort to bring awareness to the heroin and opioid epidemic and to mobilize resources for effective prevention, treatment, and recovery. Marylanders grappling with a substance use disorder can find help at beforeitstoolatemd.org and 1-800-422-0009, the state crisis hotline.

Hogan also authorized the Attorney General to file suit against select opioid manufacturers and distributors on the grounds that they have misled the public and helped to create the addiction crisis gripping Maryland and the nation.

He ordered a feasibility study on converting a portion of the former Baltimore City Men’s Detention Center into a therapeutic detention facility to provide treatment for incarcerated individuals with substance use disorders and other behavioral health ailments.

For more information on the Maryland Rural Health Plan, go to mdruralhealthplan.org.

Investing in Delaware’s Health

By **CAROL KINSLEY**

Public Relations Coordinator,
Delaware Farm Bureau

Health care is a concern of those at the highest level of state government in Delaware.

“Both Governor John Carney and Lt. Governor Bethany Hall-Long have made it a priority to focus on creating a healthier Delaware, including the rural communities where many of our farm families live,” said Delaware Secretary of Agriculture Michael T. Scuse.

“No one is immune to the effects that addiction has on our families, friends, and our communities. Across the state, legislators, community health advocates, and agency staff are collaborating to address the addiction crisis,” said Scuse.

The FY 2019 budget signed by Gov. Carney in June 2018 contains multiple efforts to address healthcare in Delaware including \$1.4 million to expand substance abuse treatment; \$3 million to implement recommendations of the Behavioral Health Consortium; and \$285,000 to expand resources for substance-exposed infants; amongst other funded initiatives.

Delaware has also been the recipient of USDA funding through Rural Development to help battle addiction, said Scuse, and a \$3.5 million grant award from the U.S. Dept. of Health and Human Services to La Red Health Center in Georgetown, Del., was announced on Nov. 16. Part of the grant award will help La Red treat substance abuse.

Dr. Kara Odom Walker, DHSS Secretary, said Delaware has launched a new online navigation system, helpsh-



At the end of August 2018, Gov. Carney signed Senate Bill 230, the Mental Health Parity Act, which recognizes that mental health and drug or alcohol dependency benefits should be treated the same as medical benefits.

ere.de.com, for consumers and medical providers. Under the “treatment” tab, you will find many resources for those affected by addiction, including information on a new continuum of care in Delaware called START — Substance Use Treatment and Recovery Transformation. START is an interconnected system of care that keeps people struggling with addiction on the path to a healthy life. This includes meeting their accompanying needs for housing, employment, education and other wraparound services.

“We are also developing a healthcare spending benchmark for the state,” Walker said, “which will allow us to track costs and growth alongside the economic growth of the state.”

Walker noted Delaware’s health care costs are the third highest in the nation, requiring 30 percent of the state

budget, “yet Delaware is 30th in health care scores in the nation,” she said.

Walker acknowledged these conditions affect small businesses — and farmers — even harder than most.

Delaware’s Lieutenant-Governor, a nurse who grew up on a Sussex County farm, understands the connection between physical and emotional wellness, the environment and the economy. Bethany Hall-Long served for six years on Delaware’s House Ag Committee and nine years on the state Senate Ag Committee and Bond Committee, as well as chairing the Health Committee.

Inspired by then Lt. Gov. Carney’s mission to address physical activity and fitness levels, Hall-Long has launched a “Lt. Governor’s Challenge 2.0,” an ongoing opportunity for Delawareans to embrace healthier living, inspire their peers, and be recognized

for their achievements. The public may nominate honorees for advancing the goals of a healthier Delaware. For information, visit <https://ltgovernorschallenge.org>.

Hall-Long has also been working with the Behavioral Health Consortium, an advisory body that is developing an integrated plan for action to address prevention, treatment, resilience and recovery of mental health, including substance use and co-occurring disorders.

One major achievement has been a first-in-the-nation Overdose System of Care, which allows first responders work with the hospital Emergency Room to encourage follow-up treatment for patients who have overdosed.

At the end of August, Gov. Carney signed Senate Bill 230, the Mental Health Parity Act, which recognizes that mental health and drug or alcohol dependency benefits should be treated the same as medical benefits.

The legislation is a critical step to eliminating coverage discrimination in Delaware and mandating certain reporting requirements that will allow the state to determine if health insurance carriers and Medicaid managed care organizations are applying treatment limitations which may prevent someone from accessing care for their addiction or mental illness.

“For far too long, people struggling with addiction and mental illness have not been treated fairly when it comes to getting the quality health care they need and deserve,” said Hall-Long. “That ends now. This legislation is an important step to knocking down the barriers to treatment and eliminating stigma.”

Building Community Capacity

Sussex County Delaware Health Coalition works to build thriving neighborhoods

By **PEGGY GEISLER**

Executive Director,
Sussex County Health Coalition

Sussex County Health Coalition's main role is to build our community's capacity and align its social capital to address Sussex's complex social and health related issues.

Community capacity building involves the identification, strengthening and alignment of the community's resources around targeted social needs

the community has identified. The resources often come from the many diverse stakeholders in the community including nonprofits, civic organizations, businesses, churches, government, families and individuals.

SCHC connects farmers and their families to online resources with vital information from state agencies and non-profit organizations. SCHC hosts monthly interactive committee meetings in these five areas of interest: Health, Behavioral Health/Addiction, Early Learning/Develop-

mental Milestones, Youth Serving and Crisis Alleviation / Workforce Development. All five committees have an advocacy platform and are open to the public. It is through this active collaboration that we are able to identify needs, activate systems change and help to allocate resources to ensure maximum collective impact in the communities we serve.

Community capacity development happens when we strategically work to reinforce the infrastructure of the community through the increased

knowledge and skill development of individuals within stakeholder organizations. And when we align those informed and skilled individuals towards common purposes, they can tackle the community's identified issues. SCHC is the physical manifestation of this in a coalition form.

Together we are stronger and healthier!

For information about upcoming events go to: <https://www.healthysussex.org/>

UD and UMD Extension Helping to Build Healthy Communities

By **MARIA PIPPIDIS,**

University of Delaware
Cooperative Extension

Well Connected Communities is a new national effort to cultivate wellness across the country through Cooperative Extension Systems. University of Delaware Cooperative Extension (UDCE) and University of Maryland Extension (UME), in partnership with National 4-H Council, is equipping volunteer and community leaders to help their neighbors be healthier at every stage of life. With support of the Robert Wood Johnson Foundation (RWJF), the nation's largest philanthropy dedicated solely to health, these communities are cultivating wellness and fostering a Culture of Health in America.

In Delaware, UDCE is aligning health and community capacity building strategies across our system, and collaborating with others who are doing the same, to alleviate the impacts of social determinants on at-risk communities.

In the first year, UDCE's focus was ensuring that staff and the system were provided the opportunity to learn about coalitions throughout the state, and the work that was being done as part of them. Extension personnel were integrated into a state-based initiative known as Healthy Neighborhoods, supported through the Center for Medicare and Medicaid Innovation. Coalitions supported projects aimed at improving health in three communities: Wilmington, Dover/Smyrna and Seaford. Working with these community based coalitions, projects are underway to increase nutrition and wellness programming, develop teen leaders to teach younger children healthful decision making that prevents substance abuse, and create safer playgrounds and outdoor areas.



Empowered youth are the catalyst for establishing Well-Connected Communities in Mid-Atlantic states and beyond.

In Maryland, the work is being led by The University of Maryland Extension, Eastern Shore and College Park in various communities across the state. Empowered youth are the catalyst in each of these initiatives, and while the projects vary, the model includes shared components, such as: 1) Youth Leadership. Youth engages throughout the process, joining community members and local organizations to address community health concerns. 2) Leveraging data and evidence. Land-grant universities contribute the evidence part of public health interventions and best practices. 3) Engag-

ing youth and adult community volunteers. They both increase capacity to organize and sustain the work and provides opportunities for community members to play an active role in implementing the selected projects. 4) Ongoing support. Sharing resources and best practices across the implementing agencies.

The Well Connected Communities projects are just beginning. Cooperative Extension brings best practice, educational programming and coalition support to keep moving toward more healthy communities throughout our states.

Cecil County Youth Create Well-Connected Community Project

By **ALI HURTADO**

University of Maryland Extension

There is a growing interest in addressing complex community health issues through meaningful community engagement (CE). Although quality CE contributes to relevant, timely, and impactful work, they often fail to engage youth throughout different stages, including identifying community concerns and assets, and establishing goals and the steps necessary to address them. In the Well-Connected Communities initiative, youth empowerment is a key component for individual and societal advancement.

In April 2018, a core team including an Extension staff, faculty, a site coordinator, and community members came together under this initiative to promote community health Elkton, Md.

Community members in Cecil County, which ranks 17 (out of 24) in health outcomes by the health rankings within Maryland, engaged in different tasks to develop a Well-Connected Community Action Plan. The team, which includes community youth, identified current and perspective community members to join the team, and brainstormed several health-related issues in the community and

identified three key issues they were interested in pursuing further. Those issues included the opioid problem among youth and adults; lack of transportation that limited their access to healthy foods; health services; and excessive trash.

The youth group reviewed local and county data on these three issues and presented it to the team and community members. By a community vote on Oct. 25, 2018, the group decided to work on the opioid abuse in adults and youth in their community. They compiled a list of names and organizations, based upon their expertise and the resources they could offer to

address this issue.

Additionally, adult and youth community members identified training and capacity development opportunities; four members will be attending the 2018 Harvest Youth and Adult Training Session. Another youth member was invited to attend the North Bay Youth Summit this November for training, to help teach sixth graders about the risks of substance abuse.

The coalition is currently working on reaching out to other community members for their next meeting in January 2019. Their next meeting is scheduled for Jan. 10, 2019 at Rudy Park Community Center.

Understanding the Alphabet Soup of Health Insurance Plans

By **MARIA PIPPIDIS**,
University of Delaware
Cooperative Extension

Health insurance companies may offer a variety of plans — it is an alphabet soup of letters and it is confusing. Understanding the terms and the plans that they represent doesn't have to be intimidating, here is a simple guide to basic health insurance plans.

Exclusive Provider Organization (EPO) - a managed care plan where services are covered only if you use doctors, specialists, or hospitals in the plan's network (except in an emergency). There are only "in-network" options available. You are responsible for costs if you use out-of-network services. Usually, you do not need a referral to see a specialist.

Health Maintenance Organization (HMO) - a type of health insurance plan that usually limits coverage to care from doctors who work for, or contract with, the HMO. It generally won't cover out-of-network care except in an emergency. An HMO may require you to live or work in its service area to be eligible for coverage. HMOs often provide integrated care and focus on prevention and wellness. You will need a referral from your primary care doctor in order to see specialists or get other health care services.

Point of Service (POS) - a type of plan where you pay less if you use doctors, hospitals, and other health care providers that belong to the plan's network. POS plans require you to get a referral from your primary care doctor in order to see either an in-network or out-of-network specialist.

Preferred Provider Organization (PPO) - a type of health plan where you pay less if you use providers in the plan's network. You do not need a referral to see a specialist. You can use doctors, hospitals, and providers outside of the network without a referral for an additional cost usually in the form of higher copayments or coinsurance rates.

High Deductible Health Plan (HDHP) - a plan with a higher deductible than a traditional insurance plan. By choosing a HDHP plan, the monthly premium is usually lower, but you pay more health care costs yourself (the deductible) before the insurance company starts to pay its share. An HDHP can be combined with a health savings account (HSA), allowing you to save money tax free in a special account to pay for allowed medical expenses.

Each year the IRS defines a high deductible health plan as any plan with a certain level of deductible (in 2019 it will be \$1,350 for an individual or \$2,700 for a family). An HDHP's total yearly out-of-pocket expenses (including deductibles, copayments, and coinsurance) can't be more than a certain amount (in 2018 it is \$6,750 for an individual or \$13,500 for a family). This limit doesn't apply to out-of-network services.



IMPORTANT HEALTH INSURANCE WORDS TO KNOW

Health insurance is like another language. To be a smart consumer you need to understand the language. The "Important Words to Know" is a short version of a longer document that includes words from this publication. The complete Important Words to Know document can be found at: <https://extension.umd.edu/insure/consumer-resources>.

GENERAL

Health Insurance Marketplace/Exchange - Organizations set up to facilitate the purchase of health insurance in each state in accordance with Patient Protection and Affordable Care Act. To access health insurance plans through the Marketplace/Exchange go to www.healthcare.gov and put in your zip code.

Navigators (also known as Assistors) - A person who helps you look for health coverage through the Health Insurance Marketplace. Their services are free.

Summary of Benefits and Coverage - Insurance companies and job-based health plans must provide you with a short, plain-language Summary of Benefits and Coverage (SBC) and a uniform glossary of terms used in health coverage and medical care. This information helps you make "apples-to-apples" comparisons when you're looking at plans.

In Network - Refers to providers or health care facilities that are part of a health plan's network of providers which have negotiated discount rates of service.

COST TERMS

Coinsurance - Your part of the costs of a covered service usually determined by a percent of the cost of the allowed amount for the service. You pay this amount once you have met your deductible.

Copayment - A set amount you pay for a covered service. You pay this amount when you get the service, and can change based on the type of service. You may have to meet your deductible first.

Deductible - The amount you must pay for services before your insurance or plan starts to pay. Only services

your plan covers can be used to meet the deductible.

Out-of-Pocket Costs - Your costs for services that are not paid by insurance. This includes deductibles, coinsurance and copayments. It also includes costs for services that are not covered by insurance.

Out-of-Pocket Maximum - The most you pay during a policy period (usually one year) before your health insurance plan pays 100 percent for covered services. This includes deductibles, coinsurance, copayments, or other charges. It also includes any other cost that is a qualified or allowed expense. This doesn't have to include premiums, balance billing amounts for non-network providers and other out-of-network costs. It also doesn't include what you pay for non-essential services.

Premium - The amount you pay for your health insurance or plan. You and/or your employer may pay it monthly, quarterly or yearly.

Qualified Medical Expense - A cost for healthcare services, equipment, or medications. There are many types of medical expenses that qualify. You can find these at: <http://www.irs.gov/pub/irs-prior/p502--2013.pdf>

Tax Credit or Tax Subsidy for Health Care Premiums - The premium tax credit is a refundable tax credit designed to help eligible individuals and families with low or moderate income afford health insurance purchased through the Health Insurance Marketplace. The size of your tax credit is based on a sliding scale. Those who have a lower income get a larger credit to help cover the cost of their insurance.

When you enroll in Marketplace insurance, you can choose to have the Marketplace compute an estimated credit that is paid to your insurance company to lower what you pay for your monthly premiums (advance payments of the premium tax credit, or APTC). Or, you can choose to get all of the benefit of the credit when you file your tax return for the year.

The website www.healthinsurance.org has a subsidy calculator to help you estimate by how much the premiums would be reduced if you purchased insurance through the Marketplace/Exchange.

TYPES OF MEDICAL SAVINGS ACCOUNTS

Health Reimbursement Accounts (HRAs) - Employer-funded group health plans from which employees are reimbursed tax-free for qualified medical expenses up to a fixed dollar amount per year. Unused amounts may be rolled over to be used in subsequent years. The employer funds and owns the account. Health Reimbursement Accounts are sometimes called Health Reimbursement Arrangements. An employer can limit their HRA by establishing a limit on the contributions they will make for employees. HRA are initiated by an employer and serviced by a third-party administrator or plan service provider. Funds contributed to an HRA by an employer are property of an employer and unused contributions cannot be taken by an employee when s/he leaves an employer.

Health Savings Account (HSA) - A type of savings account that lets you set aside money on a pre-tax basis to pay for qualified medical expenses. By using untaxed dollars in a Health Savings Account (HSA) to pay for deductibles, copayments, coinsurance, and some other expenses, you can lower your overall health care costs. An HSA can be used only if you have a High Deductible Health Plan (HDHP). When you view plans in the Marketplace, you can see if they're "HSA-eligible."

HSA funds roll over year to year if you don't spend them. An HSA may earn interest, which is not taxable. Some health insurance companies offer HSAs for their high deductible plans. Check with your company. You can also open an HSA through some banks and other financial institutions.

Flexible Spending Accounts - An arrangement through your employer that lets you pay for many out-of-pocket medical expenses with tax-free dollars. Allowed expenses include insurance copayments and deductibles, qualified prescription drugs, insulin, and medical devices. You decide how much to put in an FSA, up to a limit set by your employer. You aren't taxed on this money. If money is left at the end of the year, the employer can offer one of two options (not both): 1) You get 2.5 more months to spend the left over money or 2) You can carry over up to \$500 to spend the next plan year. Flexible Spending Accounts are sometimes called Flexible Spending Arrangements.

Farm Operations and Health Care Insurance Options

By **MARIA PIPPIDIS**,
University of Delaware
Cooperative Extension

You, your farm family, and the people who work with you, are all important to the success of your farm, and their health can be an asset or a risk to the farm operations. A critical area for risk management is the health and well-being of the people involved. Health insurance enables access to preventive health care, pain management and catastrophic coverage for those important human farm resources.

Understanding your options is the first step in choosing a plan that best meets your health care and insurance needs. There are many options for acquiring health insurance coverage for farm families including:

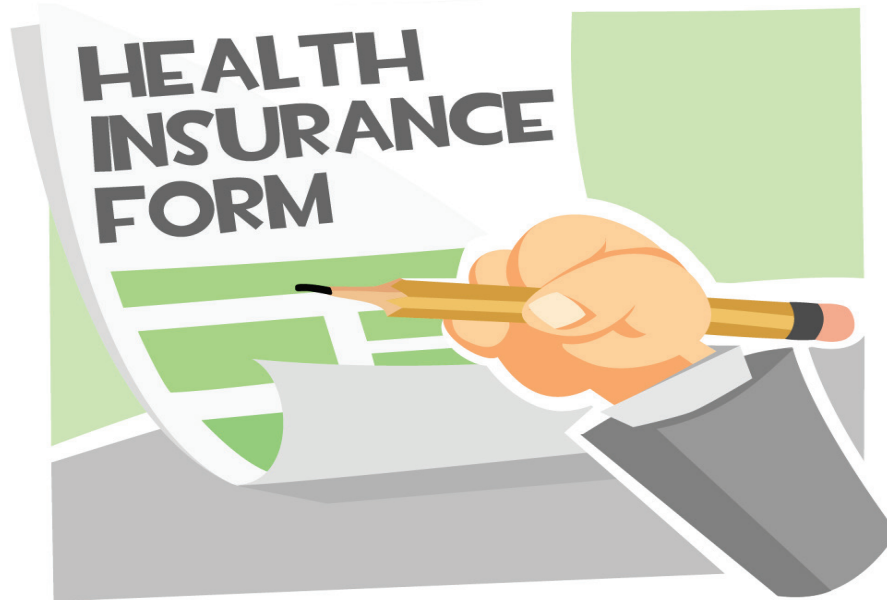
Off-Farm Employer Based Health Insurance - Off-farm employers may provide insurance for employees and options for other members of the farm family, including on-farm spouses and children who are under the age of 26. The tradeoff is working off-farm reduces time, know-how and energy available for the farm operation. Compare the cost and coverage for the family members with other sources. With an off-farm health care plan, you are not eligible for insurance from the Health Insurance Marketplace unless the cost meets certain thresholds and if the employer plan covers family members.

State-based Health Insurance Marketplace – Medical and dental insurance for those under age 65 can be found through each state's Marketplace. Qualified health insurance providers offer a variety of plans that meet federal and state guidelines at a variety of price points. You may qualify for tax credits or premium subsidies that can help reduce your premium costs. To be eligible, you must purchase through the Marketplace and be at or under the eligible income. Find out more at www.healthcare.gov.

Health Insurance Provider (Company) – Many health insurance providers will sell directly to you, offering plan options that cover just you and/or your family members. Check with the Insurance Commission to see which providers are licensed to sell in your state.

Agent/Broker – Independent insurance agents/brokers can help you identify a plan that works best for your situation. An agent usually represents one company, while a broker may represent several. Understand the process by which the agent or broker gets paid and compare the difference between purchasing through their business and other health insurance options. Some agent/brokers have been certified to offer Marketplace plans in addition to their normal plans. Find certified agents by going to www.healthcare.gov.

Armed Forces Health Insurance – As an active or retired member of the armed forces, you may be eligible to use those offered health insurance plans, such as Tri-Care.



Association Membership – Some business associations like the Farm Bureau work with health insurance providers to provide plan options that reflect the needs of their members. As a member, you become part of the buying power and depending on the association size, lower cost options may be available.

Medicaid - Based on income and size, your family may be eligible for Medicaid health insurance coverage. Each state has a variety of programs and state-specific eligibility requirements. Applying through the www.healthcare.gov website, working with a healthcare Navigator, or going to the Dept. of Social Services location that manages the Medicaid program will help you determine eligibility. The Medicaid Long Term Care program is for those who need continuous nursing home or assisted living care, which has different eligibility requirements.

Children's Health Insurance Program (CHIP) - This program is for low-income families with children generally under the age of 18. It helps to cover medical and dental care costs of the children and, in some states, the program will also cover pregnant women. The income and family size eligibility may be different than the Medicaid program eligibility. For more information go to: <https://www.healthcare.gov/medicaid-chip/childrens-health-insurance-program/>.

Medicare, Medicare Advantage and Medicare Supplemental (Medigap) Insurance – Available to those 65 and older, Medicare provides health insurance coverage for hospitalization, doctors and medical services, equipment, and prescription drugs. When you pay Social Security and Medicare taxes, you have contributed to Medicare throughout your life. If you were born before 1929 and you worked 10 years, you can receive the benefit of a reduced premium. You must sign up for Medicare during the seven month period around your 65th birth month (three months prior to your birth month to three months after). Even if your Social Security eligibility age is higher than 65, you need to register for Medicare during this seven month window. If you have insurance from a

different source, Medicare can be your secondary source.

Medicare Part A covers hospitalization. Part B covers doctors, medical services, equipment, preventive screenings, and other services such as nursing home care. Part D covers prescription drugs. Depending on your work history, there is no premium for Part A, but there is a monthly premium for Part B and an extra premium for Part D. There is a lifetime penalty for not enrolling in Part D when you first turn 65 unless you are in an employer based qualified plan, so consider enrolling at that time. The Part B covers about 80 percent of the costs and there is a deductible for Part A, B, and D (depending on the plan you choose).

Medicare doesn't cover all medical needs. Many individuals also purchase Medicare Supplemental or Medigap insurance. This insurance wraps around the Medicare plans to help offset the costs of care not covered by Medicare. Go to www.medicare.gov to understand the plans and identify Medicare Supplement insurance plan options in your location. Some employers offer health care plans to their retirees that may serve as the Medicare Supplemental insurance; check with your Human Resources Department.

Medicare Advantage Plans (Medicare Part C) are Medicare's version of a managed health care plan – it usually provides medical, dental and vision

coverage. It is not available in all areas. Put your zip code into Medicare.gov to see what is available in your location.

Christian Healthcare Plans or Health Care Sharing Ministries - Christian Sharing Ministries are comprised of many members who come together and agree to share the cost of all members' medical bills. The Sharing Ministries do not offer insurance — they are independent organizations that facilitate the process of collecting the monthly share (similar to a premium) and distribute reimbursement to members. There is a personal responsibility amount per incident (similar to deductibles), but the plans expect members to select their own providers and negotiate rates. Medical bill payments are paid by the member, who submits to the Ministry, and is then reimbursed. Eligibility requires members to be Christians who don't use tobacco or illegal drugs, use alcohol and prescription drugs in moderation, and pursues a healthy lifestyle. Be sure to read coverage information carefully to be sure this will meet your healthcare needs.

Short term insurance plans (Term Health Insurance) - Limited duration medical plans that offer coverage for 180 days or less and after which an enrollee must apply for new coverage. With these plans, there are lifetime claims maximums, pre-existing conditions are excluded, and you have to be approved for coverage. These plans are good for short term situations when you have lost coverage and need insurance coverage until the next enrollment period.

The Consolidated Omnibus Budget Reconciliation Act (COBRA) is law that requires employers and their group health plans to provide temporary continuation of group health coverage that otherwise might be terminated when an employee leaves that employer. It provides 180 days of coverage and the employee is usually required to pay the full premium rate (there is no employer contribution.) To access this benefit, talk with your employer's Human Resources department at your place of employment. You usually have 30 days after termination to inform the health care plan of your intent to keep your insurance.

More Resources:

- Insuring Your Health – Available at: <https://extension.umd.edu/insure>. Developed by Univ. of Md. Extension with support from Univ. of Del. Cooperative Extension. Provides information and tools to help choose and use insurance wisely.
- www.healthcare.gov – Provides information and serves as a tool to find local health insurance coverage through government programs, and can link you to local Navigators or local certified agents.
- www.medicare.gov - Provides information about the Medicare program and to help determine Medicare supplemental policies available in your location.
- www.irs.gov/forms-pubs/about-publication-969 - IRS Publication 969 provides information about Health Savings Accounts and Other Tax-Favored Health Plans.
- www.irs.gov/forms-pubs/about-publication-502 - IRS Publication 502 provides information about medical and dental expenses.
- Delaware LibGuide – Linking Farm Vitality and Health Resources You Can Use <http://guides.lib.de.us/defarm>.

The Case for ACA's Essential Health Benefits

By **Dr. VIRGINIA BROWN**,
University of Maryland Extension

The Affordable Care Act (ACA) was passed in 2010 with the goal of providing standardized benefits to all Americans. One of the most popular provisions has been the introduction of 10 Essential Health Benefits, which are found in all ACA compliant plans. Much discussion continues around the coverage of pre-existing conditions and mental health care, with others getting less attention. I would like to share the following story, which happened to a family friend in 2014-15, that shows how powerful the essential health benefits can be.

Due to budget cuts, Lisa, a nurse, was laid off from her job at the local hospital. Luckily, she was on her husband's health insurance plan. After about three months, Lisa got a job offer to work at an urgent care clinic. Before starting her new job the company required her to get a physical to ensure she was healthy. During the exam, the doctor found a spot on her lungs and ordered a biopsy. After a biopsy, they found that she had Stage 1 lung cancer. The cancer had not yet spread and they were able to remove the spot and part of her lung to make sure they got it all. She is now recovering, is cancer free and is starting her new job next month.

The health insurance plan paid for almost all the costs, including the x-rays to diagnose, the surgery to remove the spot and then the couple days in recovery she needed before coming home. If she and her family had not had health insurance that included 10 essential health benefits required by the Affordable Care Act, this health problem would have cost the family thousands of dollars. And if left unidentified, she may not have recovered so quickly.

The Affordable Care Act ensures health plans offered in the individual and small group markets, both inside and outside of the Health Insurance Marketplace, offer a comprehensive package of items and services, known

Health plans are required to include 10 essential benefits: Courtesy Healthcarecounts.org

	Preventive, wellness, and disease management services		Pediatric services, including dental and vision
	Emergency care		Prescription drugs
	Ambulatory services		Laboratory services
	Hospitalization		Mental health and substance abuse services, including behavioral health treatment
	Maternity and newborn services		Rehabilitation and habilitation services

as essential health benefits. Essential health benefits must include items and services within at least the following 10 categories:

- Ambulatory patient services;
- Emergency services;
- Hospitalization;
- Maternity and newborn care;
- Mental health and substance use disorder services, including behavioral health;
- Prescription drugs;
- Rehabilitative and habilitative services and devices;
- Laboratory services;
- Preventive and wellness services and chronic disease management; and
- Pediatric services, including oral and vision care.

So how does this story relate to the 10 essential health benefits?

Well, the first doctor's visit to get the work physical is included in the preventive and wellness visits part of the essential health benefits.

This is the visit that led the doctor to think something might be wrong with Lisa. From there, the doctor sent her to get lab tests (x-rays) that led to them finding cancer. From there, the doctor sent her to a surgeon to remove the tumor.

After the surgery, she needed to stay in the hospital for three days to make sure everything was healing. Both during this and when released, she was given prescription drugs to prevent infection and ease pain. After leaving the hospital, she was given

some medical equipment to help her recover and finally, there was follow-up outpatient care required.

Lisa used six of the 10 essential health benefits to take care of one health condition. So what does this mean for you?

Make sure when you purchase a health insurance plan, you verify that it is ACA compliant as that is the only way to guarantee you receive all these benefits. You can do this by reviewing the summary of coverage and benefits booklet, talking to your health insurance company, or reaching out to the human resources director overseeing the plan. The essential health benefits can help protect your health and save your life.

Comparing and Choosing Health Insurance Plans

By **MARIA PIPPIDIS**,
University of Delaware
Cooperative Extension

Health insurance is a significant expense for farmers — both for their families and workers. It both costs and benefits a farm family's financial well-being. To stretch your finances, you'll need to comparison shop, comparing not only the cost of the premium and other out-of-pocket costs, but also the services covered by the plan.

Many factors contribute to your decision as to which health insurance plans to choose and how to pay for them, including:

- The state in which you live
- Available health insurance policies and plans
- Your income
- Number of family members or employees, and
- Business entity organization (sole

proprietor, LLC, or S Corp.)

You may need to consider multiple streams of insurance coverage to ensure the lowest price and the best coverage. It may feel like you are putting pieces of a health insurance puzzle together, but doing so will ensure that you, your family, and employees are covered for the long term success of the farm operation and everyone's health.

No matter where you get your health care coverage, comparing plans will help you choose a plan that meets your health care needs and better understand the costs. You should consider the types of care needed — medical, dental, vision, prescription drug, and/or long-term care; and for whom you need coverage — family, dependents, employees and self. As you review the costs, consider the fixed costs of the premium, deductible, and out-of-pocket maximum as well as the more flexible copayment and coinsurance costs.

Understanding what the plans offer and using a tool to compare will help you make the best choice. Here are two tools to help you:

1.) Summary of Benefits and Coverage - Comparing plans can be a little tricky but each health insurance plan is required to offer a Summary of Benefits and Coverage document. This document provides basic information in a standardized format to easily compare plans.

Information like the deductible, out-of-pocket maximum, copayment and coinsurance amounts are included as well as descriptions of the types of health insurance services that will be covered. Lastly, there are two standardized scenarios to compare your out-of-pocket costs (excluding premium). Be sure the Summary of Benefits and Coverage represents the plans you are comparing.

2.) The My Smart Choice Work-

book - This Insurance Workbook™ was created by the UDel Cooperative Extension and the UMD Extension, as a tool to help determine your health care needs.

The workbook can help estimate costs for plans based on how you use health care services. It provides background information and worksheets to assess needs and calculate costs for up to three different plans at a time. The workbook can be found at <https://extension.umd.edu/insure/consumer-resources>.

There are many health insurance options. You need to compare them to determine which offers the right coverage for you, your family and or your employees. There are many financial considerations, not only about how to cover the cost, but which financial resource — farm or home — should be financially responsible to pay for this important risk management tool.

Options for Employers to Help Cover their Employees' Health Insurance

By **MARIA PIPPIDIS**,
University of Delaware
Cooperative Extension

The Small Business Health Options Program (SHOP) – Is for small employers who want to provide health and/or dental insurance to their employees. These options are available through the Health Insurance Marketplace in each state. To purchase SHOP insurance, your farm business must have 1 to 50 employees.

You may be eligible for tax credits that will help offset the cost of providing insurance. SHOP insurance gives choice and flexibility because you can offer your employees one plan, or let them choose from multiple; offer only

health coverage, only dental coverage, or both; choose how much you pay toward your employees' premiums and whether to offer coverage to their dependents; and decide how long new employees must wait before enrolling. Find out more at healthcare.gov.

Agent/Broker – Independent insurance agents/brokers can help you identify a plan that works best for your situation and the number of employees you would like to cover.

Health Reimbursement Accounts (HRA) – These accounts are used as an employee benefit by encouraging employees to purchase health insurance individually.

An HRA helps offset the costs. It is an IRS approved, tax advantaged,

health benefit plan that reimburses employees for out-of-pocket medical expenses and individual health insurance premiums.

The HRA is 100 percent funded by the employer. The terms of these arrangements can provide funds to pay for medical expenses until the funds are exhausted. The contribution amount per employee is set by the employer and can be used for premiums, deductibles, copayments, coinsurance and other IRS qualified medical expenses.

Contributions are tax deductible by the employers. There are IRS rules about who can be covered by an HRA. For more information look to IRS Publication 969; <https://www.irs.gov/>

forms-pubs/about-publication-969. Talk to your tax advisory to determine best strategies to set this type of plan up for you and your employees.

Additional Income – While not a direct health insurance option, one strategy to help employees purchase health insurance is for employers to pay a higher salary to help employees pay for independent health insurance coverage.

The major downside to this option is an employer can't require employees to purchase insurance with this additional income and it increases an employee's taxable income which may reduce their tax subsidies or tax credits if they purchase a marketplace health insurance plan.



How to Choose a Doctor

By **Dr. VIRGINIA BROWN**
University of Maryland Extension

With the start of each new plan year, you can make changes to your care plan. Perhaps one of the most important items to consider is your primary care doctor. The primary care doctor, also called the family doctor or general practitioner, is often your health's first line of defense. Below are many reasons why it is important to have a primary care provider:

Your health insurance company may require it. Many health insurance plans may require you have a primary care doctor on record AND that you see them before seeking other care. This means that if you don't have one on record or you see others without seeing them first, your insurance company may deny your coverage.

An in-network primary care provider can save you money. The insurance company will likely require your doctor be part of the plan's network. The good news is by doing this, you will pay less to see them over other doctors not in your network.

A primary care provider can help provide preventive care. There are some preventive care services available at no extra cost through your

health insurance, including your flu shot, yearly wellness exam, mental health screenings and many other services.

A primary care doctor can catch potential health problems before they develop and get worse. By seeking regular care and having an annual wellness exam, your doctor can recognize symptoms of health conditions and get you the care you need. This may be through them or through a referral to a specialist that is an expert for the condition.

To choose a primary care doctor, there are a few simple steps you can take.

1.) Find out if your current doctor participates in your plan's network. You can do this by either asking the doctor's office or calling your insurance company.

If you find out you need a new doctor, ask your friends and family for recommendations. Call your insurance company to make sure any who are recommended are in-network.

2.) Contact the doctor's office to find out if the doctor is accepting new patients.

3.) Make an appointment to meet the doctor and begin getting the most out of your insurance plan.

Telehealth Services

Did you know that telehealth services are available in many rural areas to help you seek and receive mental health care? These services, often provided by health care clinics and physicians' offices, allows them to serve your needs even when they might be a doctor shortage, allowing patients to connect online or over the phone. To find out if these are in your area, contact your local health department or doctor's office. They can help connect you to the right agency.

Be a Smart Health Insurance User

By **Dr. VIRGINIA BROWN**
University of Maryland Extension

There are simple steps anyone can take to be smarter users of their health insurance. By following these seven simple steps, you can make sure you can better secure your health and financial futures.

- Review your Evidence of Coverage. The evidence of coverage is the contract between you and your insurance company. It lays out what they will and won't cover, how to find doctors who participate in your insurance networks and ways to solve problems. This is sent to you at the start of each contract year.

- Carry your health insurance card at all times. Your card is your proof of insurance. It is important to carry it at all times because it gives your doctors access to policy information; lists your copayments for medical services; and provides a phone number to ask and answer questions.

- Use preventive services to stay healthy. By having health insurance and paying your premium, you get access to preventive services. The services help to prevent illness, cost no additional money, and help you to stay healthy. Some common preventive services include your annual wellness exam, vaccines like the flu shot, yearly mammograms, and prostate cancer screening.

- Choose in-network doctors and facilities. By having health insurance, you get access to a network of doctors and facilities to care for your needs. A network is "the facilities, providers, and suppliers your health insurer or plan has contracted with to provide health care services." Those in your network have agreed to provide care at

a lower rate than other doctors, which means that by staying in network, you will save money.

- Plan for health care costs. As the start of a new health insurance plan year has arrived, the next smart action to begin is to plan for health care costs. While many costs are paid by health insurance, there are out-of-pocket costs that aren't reimbursed, including deductibles, coinsurance and copayments for covered services, as well as any costs not covered by health insurance. By estimating costs, you can plan to have enough money to cover out-of-pocket costs as you need them, to get healthy and stay healthy.

- Track health care expenses. Related to planning for costs, you always want to track your expenses. This is to make sure your medical bills are right, prevent medical ID theft, have proof of services you have received and plan for next year. You can do this by saving your medical receipts, your explanation of benefits, credit card bills, banking statements and health savings account statements.

- Organize your records to solve problems. While we all hope problems won't happen, there are times when the doctor or health insurance company makes a mistake. This could be a billing error to a denial of a health care service.

By following the above steps, you have the tools needed to solve a problem. This includes reviewing your evidence of coverage, which will provide details on the steps and dispute a problem. Your tracking of expenses and care will help provide proof or evidence for your claim. Finally, you can always reach out to patient advocates, or the insurance company, for help in fixing the problem.

Medicaid and Children's Health Insurance Programs for Farm Families

By **MARIA PIPPIDIS**,
University of Delaware
Cooperative Extension

Medicaid and the Children's Health Insurance Program (CHIP) provide free or low-cost health coverage to millions of Americans, including low-income people, families and children under 18 years old, pregnant women, the elderly, and people with disabilities.

There are several Medicaid programs which may be an effective, low-cost way to cover yourself and family members with health insurance. Especially if farm and household income is low, this may be the best way to ensure you have insurance and can access health care.

Both Maryland and Delaware have expanded Medicaid to include those families whose adjusted gross income is below a certain percent of the poverty level. Your eligibility is determined by income and family size. The CHIP program has different and often higher income thresholds. So even if you don't qualify for Medicaid, your children could be covered through the CHIP program. In addition, you may qualify for your state's program, if you have children, are pregnant, or have a disability.

You can apply for Medicaid and CHIP any time of year because these programs do not have open enrollment periods. Both programs must follow federal guidelines, but coverage and costs may be different from state to state.

In general there are four major Medicaid programs:

Modified Adjusted Gross Income (MAGI) Medicaid - Medicaid programs with financial and technical eligibility criteria based on a household's tax-filing status. There are programs for those under age 65 and others for those over 65.

Long Term Care (LTC) Medicaid - Medicaid programs subject to a twofold application process where an individual must meet both medical, financial, and technical eligibility requirements in order to qualify (including an asset value assessment).

Supplemental Security Income (SSI/SSI-Related) Medicaid - Programs for individuals currently receiving or who, in some cases previously received, SSI benefits through the Social Security Administration.

Medicaid for Workers with Disabilities (MWD) - Provides coverage to certain employed individuals with disabilities. Eligible individuals may be subject to a monthly premium requirement, depending on income.

Medicaid is federally required to provide certain "mandatory" benefits and allows states the choice of covering other "optional" benefits. Mandatory benefits include services like inpatient and outpatient hospital services, physician services, laboratory and x-ray services, and home health services, among others. Optional benefits include services

There are several Medicaid programs which may be an effective, low-cost way to cover yourself and family members with health insurance.

like prescription drugs, case management, physical therapy, behavioral health therapy and occupational therapy. Some Medicaid and CHIP programs pay for your care directly. Others use private insurance companies to provide Medicaid coverage.

The Children's Health Insurance Program (CHIP) is a different program but works in a similar fashion in that it provides health insurance coverage for youth under age 19 and pregnant woman. Eligibility requirements vary by state.

How Do I Qualify?

Eligibility is based on income and family size. For CHIP programs age of the children is also considered. Depending on the program, disability will also be assessed.

The income used to calculate eligibility is called the Modified Adjusted Gross Income (MAGI). MAGI is adjusted gross income (AGI) plus untaxed foreign income, non-taxable Social Security benefits, and tax-exempt interest.

For many people, MAGI is identical or very close to adjusted gross income. MAGI doesn't include Supplemental Security Income (SSI), and does not appear on your tax return.

Adjusted gross income (AGI) is your total income for the tax year, minus certain adjustments you're allowed to take. Adjustments include deductions for conventional IRA contributions, alimony paid, student loan interest, and more. Adjusted gross income appears on IRS Form 1040, line 37.

Apply for Medicaid and CHIP through the Health Insurance Marketplace in your state and fill out an application. If it looks like anyone in your household qualifies for Medicaid or CHIP, your information is sent to your state agency. They'll contact you about enrollment.

In Delaware you can go to: www.choosehealthde.org or <https://assist.dhss.delaware.gov/>.

In Maryland go to: <https://www.marylandhealthconnection.gov/>.

You can also apply through your state's Medicaid agency. Both states have navigators or assistors who you can talk to on the phone or make an appointment. You can find contact information for them at the websites listed above.

Though it may seem awkward to think about accessing publicly funded health insurance, having insurance to protect you, your family and the livelihood of your farm is more important in the short term and long term. Applying for, getting and using Medicaid or CHIP health care services is a great way to access care at a very reasonable cost.

Medicaid Income Eligibility 2018 Example

Eligibility income guidelines vary by state. In both Delaware and Maryland the following table may be used as a guide for adults. Higher rates are available for children in each state. Eligible family members are typically those you would count as dependents on your tax return.

2018	
Family Size	Annual (MAGI) Income Age 6-18 and Adults < 65
1	16,146
2	21,892
3	28,676
4	33,383
5	39,129
6	44,874
7	50,620
8	56,365

The figures in this table should be considered a guide. Apply for benefits to see if your income and family size meet eligibility requirements.

These figures are updated each year.

Health Care Marketplace Plans May Provide Financial Help

By **MARIA PIPPIDIS**,
University of Delaware
Cooperative Extension

The Affordable Care Act includes provisions to lower premiums and out-of-pocket costs for people with low to moderate household incomes. Two types of financial help are available:

Premium tax credits help people pay the monthly cost of having a health insurance plan purchased through the Health Insurance Marketplace.

Health insurance marketplace coverage in 2019 are based on family size and household income from 100 percent to 400 percent of the Federal Poverty Level. That means if your income falls between these two amounts, you can qualify for financial help. In states that have expanded Medicaid, like Maryland and Delaware, the premium tax credit eligibility ranges from 133 percent to 400 percent of the Federal Poverty Level.

You can find out if you qualify for help by going to <https://www.healthcare.gov/lower-costs/>.

Cost-sharing reductions decrease the out-of-pocket charges, such as deductibles, copayments, and coinsurance, an enrolled individual or family must pay for medical services covered by the health insurance plan. People

with household incomes up to 250 percent of the Federal Poverty Level and enrolled in a Health Insurance Marketplace Silver Plan qualify for cost-sharing reductions.

For more information about cost-sharing, visit: <https://www.healthcare.gov/lower-costs/save-on-out-of-pocket-costs/>.

Financial help, through a premium tax credit and cost-sharing reduction, can make health insurance more affordable for individuals and families who purchase plans through the Health Insurance Marketplace. This financial help is part of a "shared responsibility" with both individuals and government

paying costs. More information is available at: www.healthcare.gov, in Maryland at www.marylandhealthconnection.gov and in Delaware at www.choosehealthde.org.

From these sites you can also find in-person help and certified agents who can help you enroll in the Marketplace Plans.

You can also use a financial calculator at <http://kff.org/interactive/subsidy-calculator/> to estimate the amount of financial help an individual or family may be eligible to receive if health insurance coverage is purchased through the Health Insurance Marketplace.

Save money with FSAs and HSAs

By **JESSE KETTERMAN**
University of Maryland Extension

Healthcare and daycare for dependents, children or adults, is expensive. In the United States, health care spending growth has outpaced inflation, the population, and income, and according to U.S. Health and Human Services, does not appear to be slowing down. In a recent Care.com survey, one out of every three families spends 20 percent of their income on childcare.

Whatever you spend, there's a way to save some money. You can take advantage of a Flexible Spending Account (FSA) and/or a Health Savings Account (HSA).

What is an FSA account?

A tax-advantaged tool offered by your employer, that can help you save for health and dependent care expenses by automatically transferring money from your paycheck into the account, prior to taxes being taken out. You save money on taxes and have money set aside for eligible healthcare and dependent care expenses. Each plan year you need to re-enroll. Be aware that funds generally must be used by the end of the plan year, and therefore any money left over in the FSA is forfeited.

What is an HSA account?

A medical savings account available to you if you have an HSA-qualified, high-deductible health insurance plan (HDHP). The best way to figure if your plan qualifies is to ask your benefits office or insurance provider. If the plan is HDHP, you are able to open a HSA. This account allows you to save pre-tax dollars for qualified medical expenses. This provides the same tax reduction benefits as Health FSAs. Contributions can be made by you and/or your employer, but you are the account owner. Funds do carry over from year to year and can be transferred to your spouse's HSA. Any funds that would transfer to another beneficiary would be taxable.

What are the benefits of having a FSA or HSA account?

Pre-Tax Dollars: Pre-tax dollars means that the money is set aside before taxes (Federal, FICA, and State) are taken out of your paycheck. Setting money aside in this way, before taxes, has two benefits: (1) Lowers your end-of-year tax bill. When the money is set aside, prior to taxes, it is though that money never existed. (2) Because the money is going into the account before taxes are taken from it, you get a little extra because the taxes were not deducted.

Medical or Healthcare Flexible Spending Accounts: You can set aside between \$120 and \$2,650 a year to reimburse yourself for eligible out-of-pocket health care expenses. Eligible out-of-pocket expenses may include: deductibles, copayments or coinsurance not reimbursed by any medical, dental, vision or prescription insurance plans for you and your family. A complete list of eligible out-of-pocket expenses can be found at <https://www.irs.gov/publications/p502>.

Dependent Daycare Flexible Spending Accounts: You can set aside between \$120 and \$5,000 (if spouses are filing together) each year to reimburse yourself for eligible dependent care expenses. Dependent(s) are commonly children under age 13, but elder care, if the elder is living with you, may also be included. Childcare can cover actual daycare as well as some before-and-after school care, summer camps, and pre-school tuition. Elder care can include a housekeeper and in-home care services. A complete list of eligible dependent care expenses can be found at <https://www.irs.gov/publications/p503>.

Health Savings Accounts: You can set aside \$3,500 and \$7000 (for family coverage) in 2019 to reimburse for eligible HSA expenses. If you are 55 or older you can contribute an extra \$1,000. A complete list of eligible expenses can be found at <https://www.irs.gov/publications/p502>.

For more information about Flexible Spending Accounts and Health Savings Account visit the University of Maryland Extension Insuring Your Health website at <https://extension.umd.edu/insure/consumer-resources>.

Low Cost Options – FQHC's are Local

Federally Qualified Health Center (FQHCs) are outpatient clinics that offer health care services to all citizens regardless of their ability to pay. They must meet rigorous standards of services. FQHCs are in most cities and many rural areas. They will help you, even if you have no health insurance. You pay what you can afford, based on your income as they have a sliding scale fee payment process.

If you would like to locate a Federally Qualified Health Center (FQHC), the Health Resources and Service Administration (HRSA) has a health center locator tool where you can search for a health center by address, state, or county.

It can be found at: <https://findahealthcenter.hrsa.gov/>. Just put in your zip code and it will provide you with a list of local centers.

Paying for Healthcare: Solutions for the 'What-ifs'

By **DOROTHY NUCKOLS**
University of Maryland Extension

If you do not have health or dental insurance, you are responsible for paying the full cost of treatment, and this is financially risky. Even with insurance, you must pay your deductible, copayments, and coinsurance. When there is not enough money to pay, one choice is to borrow. It is important to fully understand borrowing risks, particularly concerning medical credit cards.

Talk to your doctor about cost options for procedures or treatments. The time to bring up costs is when your doctor mentions a new prescription, test, treatment, referral, or hospitalization.

You may also ask if there is a different price if you paid cash. You'll want to ask this as you make an appointment before insurance information is collected by the front office.

Ask your doctor:

How much will this cost me?

Will it be covered by health insurance, and how much will I have to pay out of pocket?

Are there equally good alternatives if I can't afford to pay for it?

Are there any programs to help defray these costs?

Risks of Borrowing for Medical Care:

Higher costs: Unless credit terms involve a no-interest promotional period, you might have to pay interest. Interest is calculated on the original amount borrowed, not the amount owed at the end of the promotional period.

High interest rates: The interest rates on medical credit cards can be much higher than other types of debt, and even higher than many other regular credit cards.

Lost opportunity to save: Money spent on interest charges cannot be set aside to save for future emergencies.

Complexity: Amounts borrowed at different times might have different costs. This can be confusing and increases the likelihood of extra interest and fee charges.

Over-indebtedness: Too much debt can make it hard to pay for necessities.

Illnesses, injuries, or disabilities can be a sudden and unexpected part of life. Diagnosis, treatment, and relief should be the first priorities, but the costs of medical care cannot be overlooked. With preparation and information, health can be protected and money traps can be avoided.

Medical Credit Cards: Safety Net or Debt Trap?

By **DOROTHY NUCKOLS**
University of Maryland Extension

Paying for health care can be challenging, even if you have insurance. Many doctors and dentists now offer a special medical credit card to pay for services.

Medical credit can provide a safety net when care is needed. However, medical credit card interest and fees can be very expensive, adding extra costs to medical care when money is already tight.

Additionally, terms of medical credit can be confusing. It is helpful to be informed about medical credit before a health emergency arises. Understanding credit conditions can reduce the stress of borrowing and can keep a safety net from becoming a debt trap.

What is medical credit?

A medical credit card can only be used for medical expenses. The cards can only be used with participating professionals. The two most commonly used medical credit cards CareCredit® from GE Capital and Health Advantage® from Wells Fargo.

Where are medical credit cards offered?

Medical credit cards are frequently offered in doctor and dentist offices, and pharmacies as a payment option. Patients can apply in the provider's office but a bank or finance company makes the credit decision.

Sometimes you can apply directly with the finance company over the phone. The financial institution can do an immediate credit check and approval. If the credit is approved and used, all payments go to the finance company.

Medical credit can provide a safety net when care is needed. However, medical credit card interest and fees can be very expensive, adding extra costs to medical care when money is already tight.

What about costs?

Interest rates, payment amount, fees and penalties are different for different card companies. They are explained on the credit card agreement. Some cards offer many payment choices to their customers, based on the amount borrowed and the number of months payments are made.

Sometimes interest charges start immediately. Another common choice is a deferred interest plan. At the time of this publication, interest rates for the most commonly issued medical credit cards range from 12.99 percent annual percentage rate (APR) to 26.99 percent APR. It is very important to read and understand the credit card agreement before signing up for any credit account.

Deferred interest - Some medical credit cards, including CareCredit®, have a deferred interest rate option. Deferred interest means no interest charges IF the original amount borrowed is paid in full within the agreed number of months. If payments are late or the full amount is not paid by the end of the promotional period, interest on the full amount borrowed is added back to the amount owed.

Estimating Annual Health Care Costs

By **MARIA PIPPIDIS**, University of Delaware Cooperative Extension

Health care costs have become a larger part of our monthly budget. In addition to your premiums, which are fixed costs each month, there are other out-of-pocket costs that you need to be able to pay so you can use your health insurance effectively. To be prepared, it is important for you to set aside money each month (or each paycheck) to be sure you have enough to cover these flexible or variable costs as they arise throughout the year.

Out-of-pocket costs may include the copayments or coinsurance amounts and your health insurance plan's deductible. Another important amount to save for is the out-of-pocket maximum.

By having money saved, you will know that if health care needs occur, you'll have enough set aside, even if the worst happens. This will prevent you from having to borrow money or use credit cards to pay for needed health care services.

The best way to estimate is to look back at last year's records. You are looking for the number of times you saw each of your doctors or used other services when you encountered out of pocket costs like copayments or coinsurance amounts. You can use your calendar or your Explanation of Benefit statements or call your doctor's office to help you do this.

Once you have this information, refer to your insurance documents like your health insurance card for copayment or coinsurance amounts. You can always call the member services number on the back of the insurance card for help. Now use this information to fill out the parts of this form that apply to your situation.

My Estimated Annual Health Care Costs

Fixed Health Care Costs (use the amount you pay each month)

Health Insurance Premium	\$ _____
Vision Insurance Premium	\$ _____
Dental Insurance Premium	\$ _____
Prescription Insurance Premium	\$ _____
Medicare Premium	\$ _____
Medicare Supplemental Insurance Policy (Medigap) Premium	\$ _____
Now, add all the items under Total Fixed Health Care Costs to get	
Total Monthly Fixed Health Care Costs	\$ _____
Now, multiply Total Monthly Health Care Costs x 12 to get	
Total Annual Fixed Health Care Costs	\$ _____

Flexible Health Care Costs

Office visit copayments (___ number of visits X ___ copayment amount)	\$ _____
Specialist visit copayments (___ number of visits X ___ copayment amount)	\$ _____
Specialist visit copayments (___ number of visits X ___ copayment amount)	\$ _____
Medical supplies and equipment	\$ _____
Hospitalization expenses	\$ _____
Prescription drug copayments	\$ _____
(___ number of prescriptions X ___ copayment amount)	\$ _____
(___ number of prescriptions X ___ copayment amount)	\$ _____
Medical related travel (mileage, lodging food - See IRS Pub 502.)	\$ _____
Other qualified medical expenses	\$ _____
Urgent Care / Emergency Room Copayment	\$ _____
Dental preventive visit copayments	\$ _____
(___ number of visits X ___ copayment amount)	\$ _____
Dental services and products (braces, oral surgery, etc.)	\$ _____
Vision exam copayments (___ number of visits X ___ copayment amount)	\$ _____
Vision services and products (glasses, contacts, etc.)	\$ _____
Non-qualified (not covered) health care expenses (i.e. Vitamins)	\$ _____
Now add up all the flexible costs to get the Total Flexible Health Care Costs	\$ _____
What is your deductible?	\$ _____
What is your out-of-pocket maximum?	\$ _____



Not all insurance plans calculate your share of health care costs the same way. Some require you to pay the full deductible before the plan starts to pay while others prorate health care costs over the year and apply this toward the deductible. Some allow co-payments to count as part of the deductible while others do not. The only way to know for sure how your plan works is to contact the insurance company or read your Summary of Coverage and Benefits document for your plan. This document can be provided by your health insurance provider and is often posted online. This makes planning and saving for your total out-of-pocket health care costs tricky. But it can be done!

How much do I need to have monthly to cover my known fixed and flexible health care costs? Knowing this amount will help you determine a spending plan that builds in known health care costs and helps you to save for the deductible and other out-of-pocket costs.

For many health care plans you need to pay the deductible before the plan starts to pay a share of your health care expenses. You need to have money set aside for this amount. Most plans offer an individual and family deductible amount so if you have a family plan, you'll want to use the family figure. Use this figure in the calculation below.

By adding together the Deductible and the Total Flexible Health Care Costs, you will be able to calculate the Annual Total Known Costs for the year. Use the figures from above. This total provides a minimum amount you need to save to cover the Known Costs that are over and above the monthly premiums.

Add together the:

$$\text{Annual Deductible} + \text{Total Flexible Health Care Costs} = \text{Total Annual Known Costs}$$

By dividing the Total Annual Known Costs by 12, you will determine how much needs to be set aside each month for upcoming costs. To determine estimated monthly costs:

$$\text{Total Annual Known Costs} \div 12 = \$ \text{Monthly Amount to Set Aside Above the Monthly Premium}$$

Estimating Health Care Costs publication is available here in a print and fillable format form: <https://extension.umd.edu/insure>

Are you Feeling Financially Well?

By **JESSE KETTERMAN**

University of Maryland Extension

When you visit your doctor, they check to see if you are healthy and call it a wellness visit. People think of wellness in terms of physical and mental standards, but how do financial matters fall into wellness? Individuals that are not financially well can experience symptoms such as depression, anxiety, and stress.

Financial wellness refers to your satisfaction with your current and future financial situation. Does this mean that it is the same for every farmer? Just like your physical wellness, the answer is no. Every farmer's financial situation is different and can be affected by many factors, but while there may be differences, your financial wellness should fall within a range.

Financial management, saving/investing, insurance, estate planning,

and purchasing are all components of your financial wellness. Rutgers University Extension has developed a scale known as the financial fitness quiz to measure and monitor these areas. Keep in mind that there are no right or wrong answers. Just like you when you visit your doctor, you will get an idea of your financial health and will make adjustments to improve your situation. Developing a financial wellness plan, and measuring it from time to time, will allow you to take steps to improve your financial wellbeing.

Financial Fitness Quiz

Choose the score that best describes the frequency of your current financial management practices: 5 = always 4 = usually 3 = sometimes 2 = seldom 1 = never

When you are done, add up your scores for each of the 20 questions below. The summary at the end of the

quiz tells how you are doing.

Financial Management:

___ 1. I have a bank checking account (or credit union share draft account) with which to pay bills. (write "5" for "yes" and "1" for "no" for this question).

___ 2. I have enough money each month to pay my rent/mortgage and other household expenses.

___ 3. I have enough money to pay for an emergency, such as a large car repair.

___ 4. I have written financial goals with a date and dollar cost (e.g., \$10,000 for a car in four years).

___ 5. I have a written plan (budget) for spending and/or saving my money.

___ 6. I keep organized financial records and can find important documents easily.

___ 7. I know my federal marginal tax bracket (e.g., 15%, 25%).

___ 8. I calculate my net worth (assets minus debts) annually.

Saving/Investing:

___ 9. I save regularly for long-term financial goals, such as education for my children, a house, or retirement.

___ 10. I have at least three months' expenses set aside in a readily accessible account (e.g., money market mutual fund).

___ 11. I increase my savings when I receive a salary increase.

___ 12. I have a personal investment account for retirement (other than an employee pension) (write "5" for "yes" and "1" for "no" for this question).

___ 13. I have money spread across more than one type of investment (e.g., stocks, bonds, mutual funds, CDs).

___ 14. The after-tax yield of my savings and investments is greater than the rate of inflation. **Insurance & Estate Planning:**

___ 15. I have insurance to cover "big" unexpected expenses, such as a hospital bill or disability.

___ 16. I have a current will (write "5" for "yes" and "1" for "no" for this question). **Credit:**

___ 17. Less than 20 percent of my

monthly take-home pay goes to my credit cards, student loans, and car payments.

___ 18. I pay credit card bills in full to avoid interest charges.

Shopping:

___ 19. I comparison shop for major purchases by checking at least three sources.

___ 20. I avoid impulse purchases and do not use shopping as a form of recreation.

Scoring for the Financial Fitness Quiz is as follows:

0-20 points -You need lots of help, but don't despair. It is never too late to take action to improve your finances.

21-40 points -You are headed for financial difficulty. Now is the time to take action to reverse the trend.

41-60 points -You are doing a fair job of managing your finances and have taken some steps in the right direction.

61-80 points -You are doing a good job and are above average in managing your finances.

81-100 points -You are in excellent financial shape. Keep up the good work!

Note: Items that you scored with a 1, 2, or 3 are actions that you should consider taking in the future to improve your finances.

Now that you know your score, you can strive to improve it. Sometimes we need assistance, and just like you would go to specialist for a medical issue, you can do the same for your financial wellness. Reach out when help is needed, whether from an accountant, financial planner, or your local Extension agent.

The University of Maryland Extension has compiled some resources for farmers around stress management that includes financial and legal resources. It can be found at <https://extension.umd.edu/FarmStressManagement>.

This Financial Fitness Quiz was developed by Dr. Barbara O'Neill of Rutgers Cooperative Extension and is used here with permission.



Knowing, Improving Credit Scores

By **MARIA PIPPIDIS,**

University of Delaware Cooperative Extension

The credit score is a three-digit number that evaluates your creditworthiness. It helps lenders decide how much risk they will be taking before giving you credit, giving the most accurate picture of credit risk possible using credit report data.

Your credit score is created using information that each of the three credit bureaus has about you in your credit report. It is not part of the credit report itself -- it is a separate report and it shows a summary of your credit history in numerical format.

The score is used to set the "price" of your loan -- how much interest rate will be charged. The score does not indicate whether you will be a good or bad customer, but it does provide a guide for the lender. The higher your score, the lower the risk. Therefore, the interest rate on your loan should be lower. When you have a low credit score, the interest rate will be higher.

Here are some strategies to keep your score strong:

Pay bills on time.

Reduce overall debt. Keep balances low; stay below the credit limits.

Show you are using your credit card by using it for items that are part of your monthly budget like gas for the car, then pay it off each month.

Apply for and open new lines only when you need them.

Check your credit report for accuracy and clear errors as soon as possible.

Here is an example if you were to purchase a used car for \$8,000 for 48 months.

With an excellent credit score:

Interest Rate 6%
Monthly Payment \$188
Interest Paid \$1,018
Total Paid \$9,018

With an fair credit score
Interest Rate 15%
Monthly Payment \$223
Interest Paid \$2,687
Total Paid \$10,687

The difference in price is over \$1600.

Strategies for Paying Down Debt

By **MARIA PIPPIDIS,**

University of Delaware Cooperative Extension

To create financial wellness, taking control of your debt is essential. It is hard to save for goals, retirement and other important family and farm goals if you are struggling to pay credit card bills. The goal of having one or two consumer credit cards with a zero balance is possible. It may take time to get there but you can use strategies like "powerpay" to make it happen effectively.

Powerpay is the process of making a payment plan by reviewing your spending to identify how much extra you can pay toward debt each month. Then organize your debt by who you owe, the interest rate, and the balance. The plan would then be to take the extra amount from your spending plan

and add it to the minimum payment for the most expensive (highest interest rate) debt and pay the minimums on all the rest. You obviously want to avoid increasing debt as time goes on. After you pay the first debt off, use what you were paying on that first debt plus the minimum payment on the second debt and apply it to the second debt. Once you pay the second debt off, you would continue with each remaining debt in the same fashion.

You can create a Powerpay plan at www.powerpay.org. This University of Utah Extension website allows you to list your debts, the interest rates, the balances and create a plan to pay off the debts. It will show you how much you can save by using this method of debt payment. Then print out a payment calendar to keep you on track and motivated to succeed.

Helping Someone Experiencing a Crisis: What Can you Do?

How you respond to someone who is feeling stressed is important. There are actions you can take to reach out to a friend or neighbor in crisis.

Avoid making comments such as, “I know exactly how you feel,” (chances are you do not, even if you’ve experienced a similar situation.) Avoid making judgments about the person or their situation, and unless you’re asked for it, don’t offer advice.

Listening. Don’t underestimate the value of “just listening.” Listening is the most important communication skill. A person under financial stress must be allowed to express his or her feelings. Listening means allowing the person to talk, yell or cry.

Sometimes people just want someone to listen in a supportive way rather than to offer solutions. Frequently, a person may understand the cause of his or her financial stress, and can explore possible solutions simply by talking. He or she may simply need a “sounding board” in sorting out alternatives.

Connection to the community. Help keep your friend or family member connected to the community. A family facing financial crisis may not participate in community events, withdraw from interaction with friends, or even stop attending religious services. If the family can no longer afford to pay fees and buy materials, the children may quit participating in organizations or activities. Invite the family to go to community events with you. Try to find activities that are free or inexpensive, or offer to help incur the costs.

The power of small deeds. Helping a friend or family member in need doesn’t require large undertakings. Stop by for a chat or call on the phone. Make them a plate of cookies. Knowing that others care can go a long way to help a family.

Encouraging a friend or family member to seek professional help.

Before talking to your friend, find out what resources are available in your area. In small communities,



resources may be at the county or regional level, so you may have to make a few phone calls to locate them. Check with the county health department or mental health clinic, local clergy, or physicians. Find a Federally Qualified Health Care Center that will provide sliding scale fee services.

Try to talk with your friend or family member when neither of you is rushed nor distracted. Use phrases such as, “I’ve been worried about...” or “I’m bringing this up because I really care about you....” Describe what you’ve seen, list the behaviors you’ve noted. Your list could include withdrawal from community activities, angry outbursts, lack of sleep or loss of appetite.

Don’t forget to protect your friend or

family member’s privacy. Find a private space where you won’t be heard or interrupted while you’re talking. Respect your friend or family member’s right to and need for privacy about his or her situation. You might ask him or her to take a drive or a walk. Start the discussion in a neutral location, preferably away from one’s home or business.

Ask what your friend or family member thinks and feels. Being confronted about an emotionally painful problem is stressful. Initially your friend or family member may feel confused, frightened, embarrassed, angry or defensive – or all these things. Responding to your concerns may be difficult for the individual and he or she may need time to think about what you said. Listen carefully to what the individual says in response, and check to see whether he or she seems to understand what you’ve said. Support any attempt your friend or family member makes to respond to the concerns you’ve voiced. You may need to check in on the person again after a few days.

Several barriers may keep a person from seeking professional help. For example, some people believe that only those who are “mentally ill” seek professional help. They may not realize that counselors routinely work with individuals struggling with personal problems similar to their own (financial problems, stress, and depression). They may lack information about costs, sliding fee scales, insurance, and the availability of transportation assistance.

You can help by looking into some of these practical matters on your friend’s behalf. Often healthcare providers (doctors or nurses) can help with depression and the person would not have to see a mental health

provider. Some people in crisis feel that confronting the problem will be too stressful. Help him or her to understand that seeking help is a sign of commitment to making a change, not a sign of weakness.

Locate helpful resources. Some people in the midst of a financial crisis don’t know how to better manage the resources they have or where to turn for assistance. You could look for written materials and reliable websites to share. You may request materials from your county or Extension office and share them with your friend or family member. Or, you may print them out from the website and share them with your friend.

Continue to be supportive. Your friend or family member will need to make the final decision as to whether or not to seek professional help. Regardless of the outcome, continue to be supportive. Your support could include a weekly date for coffee or regular phone calls. Remember, displays of support can go a long way.

Economic stresses can cause individual and family crises. Understanding how to respond when you see someone experiencing a crisis can help you assist him or her during a time of need. Knowing what resources are available and being aware of the signs of depression can help you be alert to a friend’s need for professional help.

Farm Stress Management Resources can be found at University of Maryland Extension’s Farm Stress Management website at: <https://extension.umd.edu/FarmStressManagement>

Adapted by Maria Pippidis, University of Delaware Cooperative Extension, from an article by Sandra J. Bailey and Marsha A. Goetting, Montana State University Extension.

Help yourself — find help

By MARIA PIPPIDIS, University of Delaware Cooperative Extension

How can ranchers and farmers find out what to look for, expect, or ask for in seeking the services of helping agencies or individuals?

- Ask friends. “Let’s say somebody has a situation in which he.... Who do you know who is good at helping folks solve a problem like that?” Use personal recommendations and if two or three people identify the same professional, that’s great!

- Call the helping professional, introduce yourself, and don’t be afraid to admit skepticism about whether counseling will do any good. Describe the situation and ask, “How much experience have you had with helping ranchers with this kind of situation? What do you advise in such a situation? What do you charge? How do I know you’ll keep what I say confidential?” Ask any other questions that you have.

- React to your gut feeling as you interview each professional. Is this a counselor who can be trusted? If not, call and interview someone else. It’s better to drive 60 miles to talk with a trusted person than to drive five miles and hate the entire experience.

If working with a counselor is uncomfortable, then seek someone else (e.g., friend, pastor, or other trusted individual) who will listen and give some practical help, insight, or support. Or, call an anonymous crisis hotline. See the resource directory on page 16 for ways to find local help.

Retirement Planning for Farm Families: Where will the Money Come From?

Many farmers plan to continue working far past the traditional retirement age of 65. Farming is viewed as a lifestyle as well as an occupation. Identifying sources of income and saving for retirement become imperative as a risk management and aging tool for farm family members, as well as sustainability of the farm.

One way to think about retirement planning is to develop strategies to create a retirement paycheck. Yes, it is exactly as it sounds in that you are using savings tools in combination with social security and earned income to help continue to bring money in on a monthly or quarterly basis. A retirement “paycheck” makes it easy to pay monthly bills, which provides financial security and peace of mind.

Another benefit of a retirement paycheck is that it can be structured to provide a “safe” withdrawal rate to reduce the risk of outliving your assets.

So how does someone create a retirement paycheck? There are a number of strategies to arrange regular income payments at regular time intervals. Farmers who own their farm and equipment also have additional methods that are unique to agriculture, such as renting out parcels of their land to other farmers and receiving structured income payments from the sale of land or through farmland preservation programs.

Listed below are five methods of creating a retirement paycheck with



money held in savings and investments. This assumes, of course, that money has either been set aside over a farmer’s working years or that a lump sum payment of some sort was received, or will be received, and is available to invest.

Automatic Withdrawal Plans - Available through mutual funds, this feature allows investors to designate a dollar amount and a date (e.g., \$500 on the 15th of the month). Payments are made by the investment company until the account balance is depleted.

Income Replacement (Managed Payout) Mutual Funds - A new type

of actively managed mutual fund, with a choice of maturity dates (e.g., 2048) that investors select to match their projected life expectancy. The funds pay a monthly income that is adjusted annually for inflation, and monthly payments continue until assets are exhausted.

Bond or Certificate of Deposit (CD) “Ladder” - A “ladder” is a portfolio of bonds or CDs with different maturities (e.g., 6, 12, 18, and 24 months). As each bond or CD matures, the proceeds are reinvested at the longest time interval to maintain the ladder.

Regular Withdrawals From Cash Assets - Many financial advisors recommend setting aside enough cash to provide 3 to 5 year’s worth of income not provided by Social Security or other sources (e.g., some farmers have spouses with off-farm jobs and pensions) to “ride out” recessions and bear markets. The remainder of a retiree’s assets would be placed in stocks, bonds, or mutual funds. For example, if a farm couple plans a \$40,000 annual income in retirement and expects \$25,000 from Social Security and rent, their income “gap” is \$15,000 and 3 to 5 year’s worth of cash assets is \$45,000 to \$75,000. Income can be withdrawn monthly or quarterly, as needed. The cash balance should be replenished regularly, starting with income from bonds and dividends and capital gains from stock when market conditions

are favorable.

Purchase of Annuities - An annuity is a contract with an insurance company where an investor deposits a sum of money, and the insurance company makes regular payments for the investor’s life (or a joint life expectancy with a spouse) or for a fixed time period. Annuity payments are generally based on factors such as age and gender. Investors should shop around for annuities with low expenses that are sold by insurance companies with high ratings for financial stability from insurance rating firms such as A.M. Best, Standard & Poor’s, Moody’s, Weiss Research, and Duff & Phelps.

Income earned in later life can be an important part of one’s retirement “paycheck.” Transitioning the farm but staying on as an employee provides an opportunity to keep depositing money into retirement savings and to earn a higher Social Security benefit.

Starting early to save for retirement is key to your successful aging, retirement, health and farm preservation. To learn more look to Rutgers Cooperative Extension online resource called Later Life Farming at: <http://laterlifefarming.rutgers.edu/>

Adapted by Maria Pippidis, University of Delaware Cooperative Extension Educator from “What is a Retirement ‘Paycheck’?” by Barbara O’Neill, Rutgers Cooperative Extension.

Succession Planning Can Help Save the Farm

By **LAURIE WOLINSKI**, University of Delaware Cooperative Extension and **SHANNON DILL**, University of Maryland Extension

When thinking about farm succession, what comes to mind? Is it about heritage, farm land value, being fair to all family members, or the years of hard work in making a successful business? Perhaps it’s also about keeping the land in production agriculture and contributing to the agriculture industry.

Farm succession planning is a business and risk management practice that is critical to the health of families and farm businesses. As in any business, the goal is to be profitable, year in and year out. The family’s (and farm workers’ health) is directly related to the health of the farm. Ideally, the members of the farm family will be in good to excellent health, and business as usual goes uninterrupted. No one wants to “plan” for illness, accidents, or untimely death. But in reality, planning for these events are a way to protect your farm and your business for years to come. A solid farm succession plan can provide protection for unplanned, as well as planned, events.

Unplanned events, such as an injury, illness or accident involving a senior member of the farm/family will impact the health of the farm depending on the family’s prior communication and level of understanding

of how the farm could and should move forward. A succession plan can take much of the guesswork out of this when emotions may be running high. Planned events, such as the senior members transitioning into retirement will have a good chance of a smooth process with a succession plan in place — hopefully resulting in a financially, healthy retirement and a sustainable, healthy farm.

The process of succession planning is lengthy, challenging and difficult to discuss. Each family and farm have unique circumstances, so there is not a “one size fits all” course of action. Communication is an important first step. Lack of communication will result in many unknowns. Whereas open communication can make all the difference. Who needs to communicate? All the generations involved in the family need to communicate.

What topics should be considered? Each generation should define their objectives, goals and expectations for themselves, their family and the farm business.

Often times, not all parties in the next generation want to be involved in the farm business, so defining who the successor will be important but not the only action. There is much more involved — and that may be why succession planning is often neglected.

Family meetings are a great way to begin the farm succession process. Given this is a lengthy process, be

realistic in planning family meetings. Perhaps a first step is creating a regular series of family meetings where one or two topics per meeting are on the agenda. If these are well planned and organized they will provide a way to put ideas and concerns on the table — allowing for transparency and no secrets. Setting ground rules at the onset is very important, for example, avoid side-bar meetings where not all parties are represented. Another example might be to only allow topics on the meeting agenda to be discussed.

There are many more steps involved in succession planning, and this risk

management practice takes time, often years, to complete. Further, once a succession plan has been written, it should be reviewed periodically. Family dynamics change over time, and with each change, the succession plan should be reviewed and discussed among all members — and updated if necessary.

For more information and resources to help get started, please visit: <http://extension.udel.edu/ag/agribusiness/> and click on Farm Succession and Estate Planning in Delaware and <https://extension.umd.edu/agtransitions> in Maryland.

Succession checklist

Creating a successful succession and transition plan takes time and it’s easy to lose track of where you are in your process. This Farm Succession Planning Steps and Checklist can help you work your way through the process and help you keep track.

Preliminary Steps:

- Open the Lines of Communication,
- Define Objectives and Goals, Identify Successor
- Assess Compatibility of Objectives and Goals

Step 1 Collect and Analyze Information

Step 2 Generate Options

Step 3 Make Preliminary Decisions

Step 4 Design, Develop, Write and Review

Step 5 Implement and Monitor

Following these steps can help you organize your thinking, bring the right people into your conversations, and help you move forward to accomplishing this important step in preserving your farm and family.

The complete checklist can be found at <https://go.umd.edu/Us7>

Ways to Talk about Farm Succession Planning

By **MARIA PIPPIDIS**,
University of Delaware
Cooperative Extension

Money management, family differences, job competency, disappointments, aging, new ideas, hopes for the future, risk management, off-farm heirs — none of these topics are easy to talk about and these conversations often keep farm families from creating a successful succession/transition plan, as well as retirement and aging plans.

Unfortunately, avoiding these topics can lead to financial and family disaster. Procrastination can undermine well-intentioned notions of how you would like to see the farm succeed.

Using simple techniques to hold family meetings can help open communication, create plans that everyone can live with, and provide the basis for a strong future for the farm and the family.

Open the Lines of Communication - The first and most important step, actually a pre-step before even considering succession, is to open the lines of communication between the generations. Once the generations are talking, everyone will start to think about his or her involvement in the future of the farm business.

Define Personal, Family and Business Objectives and Goals - The founders and next generation must define their separate objectives, goals and expectations for themselves, their

family and the business. By being honest and open about the hopes and dreams of each member and discussing strategies to help make that happen, a plan can begin to take shape.

Identify the Successor(s) - When defining their objectives and goals, a major consideration for the next generation is whether they wish to be involved in the business. If the answer is yes, they become a potential successor. The process then moves forward within the framework of transitioning to the next generation. If the answer is no, discussions and decisions eventually focus on preserving family wealth and the transition out of farming.

Assessment of Compatibility of Objectives and Goals - Family members need to honestly assess the compatibility of each other's business and personal objectives, goals and expectations. A strategy to address serious discrepancies and incompatibilities needs to be developed to reach a consensus (among the founders and the successors) on major "objectives and goals." For example, the successor(s) may want to take over the farm tomorrow but the founders (parents) want to be involved indefinitely into the future. Somehow, this discrepancy must be addressed.

At this point, the founders need to assess how much money they need for retirement. The successor(s) need to consider what they can afford to pay. The viability and profitability of the

farm business is an important consideration. It will be beneficial to review the finances of the farm operation as well as the finances of the families, to see how everyone can work together to meet the goals.

Consider obtaining the services of a trained outside facilitator to assist in these discussions — particularly when dealing with family members' objectives, goals and expectations. A number of factors affect objectives and goals, including past family history, family values, personality conflicts, family relationship dynamics, favoritism, life stages issues and associated

challenges. A facilitator can help family members come to understandings and even consensus.

Remember, family members' situations change over time, as do family communication dynamics and issues which affect the financial viability of family owned and operated farms. In other words, family business succession planning is not a one-time event. Therefore, discussions about succession planning should take place on an ongoing basis. This is particularly relevant in families that hope to sustain their family farms for future generations.



Tips for Effective Family Communication

Basic principles for effective communication within the family must be:

- **Frequent** - Set aside a specific day/time on a regular basis to discuss issues related to passing on the farm. Document decisions and unresolved issues.

- **Ongoing** - Start as early as possible and keep talking/planning until all issues have been resolved and a written plan has been completed. It may take several meetings to accomplish this. The point is to stay with it until you have a plan.

- **Participatory** - Allow all family members (even as young as 10 years of age) to express their wishes, expectations and opinions. Listen carefully to what others are saying.

- **Explicit** - Don't assume others know what you mean or want. Everyone needs to state their feelings, expectations and opinions clearly, and make sure everyone else understands them.

- **Concrete** - Decisions should be put down on paper so everyone can read them and decide whether or

not they agree. Wills, estate plans, financial documents, organizational charts, and job descriptions are all good tools for making decisions/arrangements concrete. These should be made available to everyone involved.

"Roadblocks" to note and encourage participants to avoid:

- Skipping or canceling a meeting
- Turning the meeting into a gripe session
- Making another person feel put down (laughed at, ridiculed)
- Allowing one member, child or parent, to dominate
- Failing to follow through on plans or decisions
- Preaching, scolding, or lecturing

Adapted from Penn State Cooperative Extension Farm Succession Planning - Conversations to Strengthen Farm & Family found at: <https://aese.psu.edu/extension/intergenerational/program-areas/farm-families-continuity-planning/farm-succession-planning>



DEDICATED TO GROWING HEALTHY, VIABLE FARMS

We know that you are doing everything you can to sustain your farm and the wellbeing of your family. As a farmer, you are the backbone of America, driving our country's economic industry and leaving a lasting legacy for the next generation. We're here to help – no matter the time, day or circumstance – give us a call. Farm Credit is with you.



FARM CREDIT

888.339.3334 | mafc.com |   

Resource Directory for Health and Succession Planning

HEALTH CARE

• Federally Qualified Health Center Finder; <https://findahealthcenter.hrsa.gov/>; Offers services for those insured, underinsured and uninsured. Fees are charged on a sliding scale basis.

• Beebe Medical Center; www.beebehealthcare.org; Provides healthcare and outreach services including health fairs and flu clinics. Contact 302-645-3300

• La Red Health Center; www.laredhealthcenter.org; Patient Centered Medical Home offering patient centered health & social services located in Georgetown, Seaford and Milford, Delaware. Contact 302-855-1233

• Delaware Cancer Consortiums Healthy Delaware; www.healthydelaware.org; Information about prevention, testing, and treatment of chronic disease.

• Delaware Community Healthcare Access Program (CHAP); <https://www.dhss.delaware.gov/dhss/dmma/files/dehealthguide.pdf> Determines eligibility for low-cost or no-cost medical care through statewide community health centers, the Voluntary Initiative Program (VIP) and hospitals throughout Delaware. Contact 1-800-996-9969 and select option # 3.

• Westside Health Mobile Unit and Centers; <https://www.westsidehealth.org>; "Provides primary healthcare, mental health, insurance navigation, and more in Del. A mobile unit provides primary health care on location at farm operations, in the patients' languages of origin. Contact 302-678-4622 Ext. 1525.

• Delaware Cooperative Extension - Family and Consumer Science Programs; <http://extension.udel.edu/fcs/>; Provides unbiased educational programs in the areas of nutrition, health, wellness, financial management and diabetes education.

• University of Maryland Extension - Family and Consumer Science Programs; <http://extension.umd.edu/insure>; Provides educational information on health insurance, financial tips, and information on the Smart Choice, Smart Use Program.

• Seniors Farmers' Market Nutrition Program (SFMNP); <https://agriculture.delaware.gov/communications-marketing/seniors-farmers-market-nutrition-program/> Provides fresh, nutritious, locally grown fruits, vegetables, cut herbs, and honey from farmers' markets to low-income seniors.

ADDICTION SERVICES

• Delaware Crisis Intervention Services; https://dhss.delaware.gov/dhss/dsamh/crisis_intervention.html or <http://www.helpisherede.com/> Education Staff are available 24 hours a day in Crisis Intervention Service Centers, Community Mental Health Centers, Recovery Response Centers, and ERs to assist with severe personal, family or marital problems. Contact N. Delaware Hotline, 800-652-2929; S. Delaware Hotline 800-345-6785.

HEALTH INSURANCE

• Delaware's Health Insurance Marketplace; www.choosehealthde.com; Delaware's free official program to learn more about low-cost, high quality health coverage.

• Maryland's Health Insurance Marketplace; <https://www.marylandhealthconnection.gov/>; Maryland's free official program to learn more about

low-cost, high quality health coverage.

• University of Maryland Health Insurance; <https://extension.umd.edu/insure>; Provides information about choosing and using your health insurance wisely.

STRESS MANAGEMENT

• University of Maryland Farm Stress Management; <https://extension.umd.edu/FarmStressManagement>; Resources related to financial, legal and stress management topics as related to managing farm stressors.

• Weathering the Storm: How to Handle Stress on the Farm; https://www.canr.msu.edu/news/new_online_course_for_managing_farm_stress_from_msu_extension; A self-paced online course designed by Michigan State University Extension is designed to help farm families gain a better understanding of the signs and symptoms of chronic stress and cultivate a more productive mindset.

• Pennsylvania: Center for Dairy Excellence; <http://centerfordairyexcellence.org/stress-management-resources/>

SUCCESSION AND TRANSITION PLANNING

• Delaware AgLands Foundation Board <https://agriculture.delaware.gov/agland-preservation-planning/> Oversees the Aglands Preservation Program, Young Farmers Program, Forestland Preservation Program. Contact 302-698-4500.

• Farm Succession Planning in Delaware <https://extension.udel.edu/factsheets/estate-and-succession-planning-for-delaware-farm-families/> This fact sheet describes tools farm families can use to develop succession and estate plans.

MENTAL HEALTH

• Delaware Mental Health Association <http://mhainde.org/wp/>; Provides education, referral, training and community support groups to assist individuals and communities in addressing mental health issues. Contact: 302-654-6833 OR 800-287-6423

• National Suicide Prevention Lifeline; <https://suicidepreventionlifeline.org/>; 24-hour, toll-free crisis hotline. Tele-interpreters are available for over 150 languages. Text HOME to 741741 for free crisis support 24 hours a day. Contact 1-800-273-8255 or dial 9-1-1. En Espanol: 888-628-9454.

• Substance Abuse & Mental Health Administration (SAMHSA's) National Helpline; www.samhsa.gov/find-help/national-helpline; 24-hour free and confidential treatment referral and information about mental and/or substance use disorders, prevention, and recovery in English and Spanish. Contact: 1-800-662-HELP (4357).

• Farm Crisis Center <https://farmcrisis.nfu.org>

• Veterans Crisis Line; <https://www.veteranscrisisline.net/get-help/hotline>; Find Local Mental Health Treatment Services. Contact 1-800-273-8255 and press 1 or Text 838255.

FINANCIAL MANAGEMENT

• University of Delaware Cooperative Extension; <http://extension.udel.edu/fcs/personal-financial-management-initiatives/>; Provides educational programming in financial management, health insurance and consumer related topics. Contact 302-831-1239.

• University of Maryland Extension <https://extension.umd.edu/topics/money>; Provides educational programming in financial management, health insurance and consumer related topics. Contact your local county extension office.

• The Delaware Money School; <http://www.dfli.org/>; Click on the Money School Provides educational programming using unbiased educators from the field in all three counties.

• Stand By Me Delaware; <https://standbyme.org/>; Stand By Me offers free one-on-one support to Delawareans who want to understand more about their money, make good financial decisions, and achieve financial goals. Contact: 302-255-9621.

• Rutgers Cooperative Extension - Later in Life Farming; <http://laterlifefarming.rutgers.edu/> Provides information about retirement planning for farm families.

• Guidewell Financial Solutions (Consumer Credit Counseling Service of Maryland and Delaware); <http://www.guidewellfs.org/>; Provides financial and housing counseling services promoting economic self-sufficiency to individuals and families. Attend workshops, or have one-on-one meetings. Contact 1-800-642-2227.

• Smart About Money; <https://www.smartaboutmoney.org/> This website is provided by the National Endowment for Financial Education and offers unbiased financial management topics and classes.

FARM RISK MANAGEMENT

• Northeast Extension Risk Management Education Center; <http://www.nerme.org/>; Educating America's farmers and ranchers to manage the unique risks of producing food. Resources to learn about risk management and tools to develop a risk management plan. Contact 302-831-6540.

• Ag Risk & Farm Management Library <http://www.agrisk.umn.edu/>; Collects, categorizes, and organizes thousands of Agriculture Risk and Farm Management documents, videos and presentations.

• LibGuide for Delaware Farm Vitality and Health; <http://guides.lib.de.us/defarm>; Up-to-date resources about health, mental health, finance, transition and succession planning. Including the video of the Strengthening Health and Farm Vitality – Tools you can Use webinar.

• Maryland Agriculture Law Education Initiative; <https://extension.umd.edu/aglaw>; A collaboration among three University of Maryland entities committed to identifying the legal needs of Maryland farm families and devising strategies to meet them.

• Health Insurance, Rural Economic Development and Agriculture (HIREdAg); <https://www.hirednag.net/>; The HIREdAg team is committed to understanding how health insurance decisions impact farm and ranch families. The team provides resources for farmers and those supporting farm audiences to better understand farm vitality and health.

• Delaware Crop Insurance Education Contact: decrophelp@gmail.com

• Maryland Agriculture Conflict Resolution Services; <https://mda.maryland.gov/Pages/acrs.aspx> The official USDA-certified agricultural mediation program for Maryland, offering confidential assistance to help resolve agriculture related issues.

UD and UMD Extension are dedicated to providing timely, research based educational programs that help farmers effectively address topics addressed in this supplement. To find out what is available in your state go to:

Maryland:

<http://extension.umd.edu/>

Delaware:

<http://extension.udel.edu/ag/agribusiness/>

University of Delaware Cooperative Extension and University of Maryland Extension in accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Paid Advertisement