



**American
Stroke
Association.**
*A division of the
American Heart Association.*

FINANCES AFTER STROKE



FINANCES AFTER STROKE GUIDE

We hope this guide provides information and resources that can assist you or a loved one immediately after a stroke.

The financial impact of stroke can be overwhelming and unpredictable. Stroke, a leading cause of serious long-term disability, can reduce mobility in more than half of survivors 65 years and older. Although individual costs vary widely, the lifetime cost of ischemic stroke has been estimated at \$140,048. This includes inpatient care, rehabilitation and follow-up care necessary for lasting post-stroke effects.

Because the financial impact of stroke can be significant, this guide is meant to help you have a better understanding of what to consider as possible costs, as well as resources to help you navigate these expenses.

This guide will focus on the following four core areas:

1. Social Security Administration Benefits
2. Patient Advocate Foundation: Navigating the Health Care Maze
3. Managing the Cost of Prescription Medications
4. Getting the Most Therapy Coverage



Getting Started: About the Social Security Administration Benefits

The Social Security Administration (SSA) pays disability benefits to people through two programs:

- Social Security Disability Insurance (SSDI) Program
- Supplemental Security Income (SSI) Program

To qualify as “disabled” under these programs, you must be unable to work because of a medical condition that is expected to last at least 12 months or result in death. Partial disability or short-term disability do not qualify. However, most stroke survivors will meet this strict definition of disability and thus may be eligible for benefits.

You may be eligible to receive benefits under both the SSDI and SSI programs.

Social Security Administration Resources

- **Website**

Information, applications and other publications are available online at [ssa.gov](https://www.ssa.gov).

- **Phone**

Toll-Free at 1-800-772-1213, 8 a.m.-7 p.m. Monday through Friday. Generally, wait times are shorter between 8 a.m. and 10 a.m. or between 4 p.m. and 7 p.m. local time. They are also less busy later in the week (Wednesday to Friday) and later in the month. SSA also provides information by automated phone service 24 hours a day.

- **Local Office**

Find your local SSA office by ZIP code using the [office locator](#).

- **Email**

- **Mailing address**

Social Security Administration
Office of Public Inquiries and Communications Support
1100 West High Rise
6401 Security Blvd.
Baltimore, MD 21235





SOCIAL SECURITY ADMINISTRATION BENEFITS

Social Security Disability Insurance

Social Security Disability Insurance (SSDI) or “Disability” provides benefits to you and certain members of your family if you have a disability and are “insured” by workers’ contributions to the Social Security trust fund based on your earnings. In general, to be eligible for SSDI benefits, you must meet two different earnings tests:

- A “recent work” test based on your age at the time you became disabled
- A “duration of work” test to show that you worked long enough under Social Security

Apply for SSDI benefits as soon as possible after your stroke because it may take as long as three to five months for SSA to process your application and to get a decision. You must be disabled for at least five full months before your payments can begin.

SSA will review your application to make sure that you meet some basic requirements. If you meet these requirements, SSA will forward your case to your state Disability Determination Services office, comprised of doctors and disability specialists. The state agency will review the facts of your case and make the final disability decision.

They may ask your health care professionals for information about your condition, including your ability to do work-related activities, such as walking, sitting, lifting, carrying and remembering instructions. They may also require you to take a physical examination. SSA will pay for the exam and for some of the related travel costs.

If it is determined that you are eligible for SSDI, you will receive a notice explaining how much your monthly SSDI payments will be and when your payments will start. Payments usually start in your sixth month of disability. SSDI payments are based on your average lifetime earnings; each January, your benefits will increase automatically if the cost of living has gone up.

Certain members of your family, such as your spouse or minor children, may also qualify for benefits based on your work.

Generally, your SSDI benefits will continue as long as your medical condition has not improved and you can’t work, although benefits will not necessarily continue indefinitely. SSA will review your case periodically to make sure you are still disabled. How often your medical condition is reviewed depends on how severe it is and the likelihood it will improve. Your notice of eligibility for benefits will tell you when you can expect your first review.



Finance Tip:

Apply for SSDI benefits as soon as possible after your stroke because it may take as long as three to five months for SSA to process your application.

After you start receiving SSDI benefits, you may want to try working again. Special rules called “work incentives” can help you keep your cash benefits and Medicare while you test your ability to work. You are eligible for a trial work period in which you may be able to test your ability to work for nine months and still receive full SSDI benefit payments. The nine months do not have to be consecutive.

Your monthly SSDI benefit payments may be reduced if you receive other government benefits such as Workers’ Compensation or disability benefits from certain federal, state or local government programs.

After you receive SSDI for 24 months (two years), you are eligible for Medicare.

You may apply for SSDI benefits either by completing an [online application](#) or by setting up an appointment by calling toll-free 1-800-772-1213 or 1-800-325-0778 (TTY).

SSA’s [Disability Starter Kit](#) will help you get ready for your disability interview or online application. The starter kit provides information on:

- Disability programs
- Decision-making process
- Specific documents
- What will be requested from you



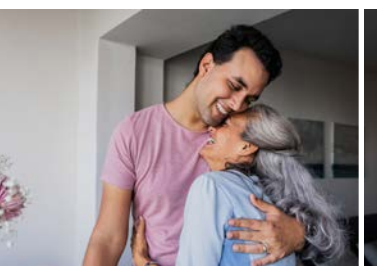
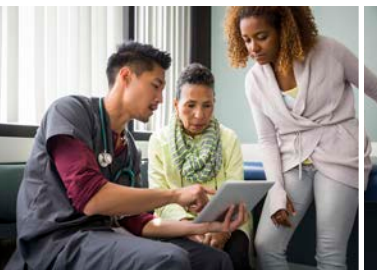
SSA may be able to process your application faster if you provide the following information with your application:

- ✓ Your Social Security number
- ✓ Your birth certificate or date and place of birth (and Permanent Resident Card number if you are not a U.S. citizen)
- ✓ Marriage and divorce information
- ✓ U.S. military service (if applicable)
- ✓ Employment information
- ✓ Names, addresses and phone numbers of the doctors, caseworkers, hospitals and clinics that took care of you, and dates of your visits
- ✓ Names and dosage of all your medicines
- ✓ Medical records from your doctors, therapists, hospitals, clinics and caseworkers that you already have in your possession
- ✓ Laboratory and test results
- ✓ Summary of where you worked and the kind of work you did
- ✓ A copy of your most recent W-2 Form (Wage and Tax Statement) or, if you are self-employed, your federal tax return for the past year
- ✓ Your job history, education and additional special jobs training

Even if you cannot get all of this information together right away, apply for benefits anyway. You can compile the information during the application process.

Review a complete [**Checklist for Online Adult Disability Application**](#).

If you disagree with any decision that is made, you have the right to appeal within 60 days. You may choose to have an attorney or anyone else represent you in the appeal process.



Supplemental Security Income

The Supplemental Security Income (SSI) Program makes monthly payments to people with little or no income or resources who are 65 or older, blind or disabled. Unlike SSDI, which is based on your earnings, the basic SSI amount is the same nationwide. Whether you can get SSI depends on your income (wages, Social Security benefits, pensions, food, shelter, etc.) and resources (real estate, bank accounts, cash, stocks, bonds, etc.). This depends partly on where you live. Many states also will add money to this basic benefit. Payments begin immediately upon approval for SSI benefits. If you are eligible for SSI, you are also eligible for Medicaid, which helps you pay doctor and hospital bills. Your state or local welfare office or Medicaid agency will decide if you qualify. Medicaid benefits vary from state to state.

If you work, special rules can help you. You may be able to keep getting SSI payments while you work. As you earn more money, your SSI payments may be reduced or stopped, but you may be able to keep your Medicaid coverage. You also may be able to set aside money for a work goal or to go to school. In this case, the money you set aside will not reduce the amount of your SSI. You may also get free special services to help you return to work, including counseling, job training and help in finding work.

To apply for SSI, you can complete a large part of your application online at ssa.gov. To schedule an appointment with a local SSA office, call toll-free at 1-800-772-1213. Some of the information you will need to provide when applying for SSI includes:

- ✓ Your Social Security card or a record of your Social Security number
- ✓ Your birth certificate or other proof of your age
- ✓ Information about the home where you live, such as your mortgage or lease and the landlord's name
- ✓ Payroll slips, bank books, insurance policies and other information about your income and the things you own
- ✓ The names, addresses and telephone numbers of your doctors, hospitals and clinics
- ✓ Proof of U.S. citizenship or eligible noncitizen status
- ✓ Your checkbook or other papers that show your bank, credit union or savings and loan account number

SSI Benefits for Noncitizens

Under the laws, a noncitizen (or "alien" for immigration purposes) may be eligible for Supplemental Security Income (SSI) if he or she meet two requirements:

- Be in a qualified alien category
- Meet condition that allows qualified aliens to receive SSI

Visit the [Social Security Income Benefits for Noncitizens](#) page to learn more.



Finance Tip:

If you are eligible for SSI, you are also eligible for Medicaid, which helps you pay doctor and hospital bills. Your state or local welfare office or Medicaid agency will decide if you qualify. Medicaid benefits vary from state to state.

Ticket to Work Program

Ticket to Work connects you with free employment services to help you decide if working is right for you and assist you while you're working. Your participation with Ticket to Work service providers may include the following services:

- Career counseling
- Vocational rehabilitation
- Job placement
- Training

Everyone ages 18 through 64 who receives SSDI and/or SSI benefits because of his or her disability is eligible to participate in the Ticket to Work program. Your first step is verification of your eligibility by calling the Ticket to Work Help Line at 1-866-968-7842/1-866-833-2967 (TTY). When you participate in the Ticket to Work Program, you are working to reduce or eliminate your dependence on SSDI and/or SSI cash benefits.

Ticket to Work website

Ticket to Work Helpline: 1-866-968-7842/1-866-833-2967 (TTY)

Ticket to Work Frequently Asked Questions





PATIENT ADVOCATE FOUNDATION

Navigating the health care system can be overwhelming, especially for families of stroke survivors who often have ongoing needs. The Patient Advocate Foundation (PAF) provides services for people with chronic, life-threatening and debilitating illnesses, such as:

- Case management
 - Access to care
 - Paying for treatment
 - Paying for living expenses
 - Applying for disability
 - Getting a second opinion
- Financial aid through small grants
- Co-pay Relief Program

The PAF Education Resource Library is full of downloadable information on many topics important to stroke survivors and their families. They have an online chat where you can ask questions and get answers the same day. There are also videos on YouTube. And it's all FREE.

[Patient Advocate Foundation](#)

1-800-532-5274, 8:30 a.m.-5 p.m. EST Monday to Friday

help@patientadvocate.org





MANAGING THE COST OF PRESCRIPTION MEDICATIONS

Most stroke survivors leave the hospital with several prescriptions. The cost of these medications can be significant and affect your budget. Here are some resources that may help. Keep in mind, some may require:

- Doctor's consent
- Proof of your financial status
- Proof that you are uninsured or have no drug benefit coverage

Find out if you're eligible for a Pharmacy Assistance Program

[Medicine Assistance Tool](#) is a web platform that helps patients, caregivers and health care professionals learn what assistance is available through the various biopharmaceutical industry programs. These programs provide free or low-cost drugs to uninsured people who can't afford their medications. Most brand name medications are included in the programs.

The [Partnership for Prescription Assistance](#) is a clearinghouse for more than 475 public and private assistance programs, including nearly 200 offered by biopharmaceutical companies. The programs help qualifying patients without prescription drug coverage get the medications they need. The website is a portal through which you can enroll in programs that allow you to get your medications free or nearly free. For more information, call 571-350-8643.

The [RX Assist](#) provides a directory of patient assistance programs. You can also get a drug discount card that provides 10% to 40% savings for many generic and brand-name medications. It also lists programs that help with medication co-pays and those that provide free and low-cost health care and information for Medicare Part D beneficiaries.

Numerous free assistance programs provide a savings card with discounts on brand-name and generic drugs. These programs are best for those who don't have prescription coverage, have high deductibles or are uninsured. Their websites or apps allow you to price compare your medications among the participating pharmacies so you can choose the best coupon for you. Discount amounts and their acceptance varies; however, they are widely accepted nationwide. Be sure to check specifics for each one:

- [GoodRx](#)
- [NeedyMeds](#)
- [SingleCare](#)
- [WellRx](#)



Other Ways to Cut Costs

Before switching to generic drugs or less expensive brand-name prescription medications, discuss your concerns about costs with your doctor. Your doctor may be able to give you free samples of medications until you can enroll in an assistance program.

Compare costs at your local pharmacies. Many pharmacies list their prices for commonly prescribed drugs online, or you can call local pharmacies to request prices for your medications. Remember, your pharmacist is a great resource of information and can answer questions and make suggestions for a better fit.





This program helps eligible Medicare recipients pay for some or most of their prescription drugs. The level of assistance depends on your situation; for instance, if you're enrolled in Medicare or Medicaid or receive SSI, the program offers a discount card.

Medicare Part D

Medicare prescription medications coverage, commonly called Part D, covers brand-name and generic prescription drugs at participating pharmacies in your area. Everyone enrolled in Medicare is eligible, regardless of income, health status or current prescription expenses.

In 2025, the new \$2,000 out-of-pocket cap on prescription medications covers everyone with a Medicare Part D plan. Covered medications must be in a Medicare recipients Plan D formulary, or a plan's list of covered medications. Your deductibles, copays and/or coinsurance all count towards Part D's out-of-pocket limit. Medications received through a Patient Assistance Program don't count toward your out-of-pocket costs. You also can't use a discount card and Part D coverage at the same time. Also, starting in 2025, the Medicare Part D coverage gap is eliminated.

For more information on Part D coverage, visit [Medicare.gov](https://www.medicare.gov).

Safety Net Providers

Pharmacies in some government-funded hospitals and community health clinics provide medication at low cost and charge you based on your income. Some of these pharmacies waive co-pays for Part D medications if you ask for assistance.

State Pharmaceutical Assistance Programs (PAPs)

Some states have PAPs to help pay for prescriptions. Many of these programs coordinate with Medicare Part D regarding co-pays and out-of-pocket costs. To see a list of programs in your state, go to [Medicare.gov](https://www.medicare.gov) and type "State Pharmaceutical Assistance Programs" in the search window.





GETTING THE MOST THERAPY COVERAGE

Stroke survivors can almost always benefit from more therapy (physical, speech, occupational), but most insurers limit the amount of therapy coverage. Getting more therapy is not as simple as asking nicely. You must understand your insurance benefits and discuss them knowledgeably with your insurer, their Utilization Review Nurse (URN) and your rehab professional.

Maximizing Your Rehab and Recovery

Since rehabilitation coverage is limited, make sure you maximize your therapy while you have good insurance coverage. Here are some considerations to maximize your therapy:

- Work hard to continue to achieve the best outcomes. If you're making progress in therapy, you may be able to continue if you get authorization from your insurance provider. Authorization is only granted when consistent progress has been achieved and documented by your rehab professional. Discuss your progress with your therapy team and follow your treatment plan. Compliance can affect your progress. Always ask for copies of therapy exercises or the therapy report that goes to the insurer.
- Ask your therapist for a home plan. A home therapy plan often helps maximize your results and therapy.
- If you can afford it, consider out-of-pocket rehabilitation to continue your therapy. Some insurance companies have a set dollar amount for rehabilitation therapy. If you're in therapy and you want to continue past your policy's cutoff, talk to your therapist and others on your health care team on expected out-of-pocket costs.
- Be proactive if you're not meeting your goals. If you believe your rehab plan is inadequate, talk to your health care professional about transferring to a new provider or facility. Don't waste your rehab benefits if your rehabilitation is not meeting your goals. Continuing in rehab without making progress can cause you to lose services.



Finance Tip:

Ask your therapist for a home plan. A home therapy plan often helps maximize your results and therapy.

A Change in Your Condition

If you're not in therapy but have noticed a downward decline, such as mobility or speech, talk to your health care professional about starting therapy. They can validate changes in your condition and prescribe additional rehab — *if it's medically necessary*. Before your health insurance approves additional services, they will need your health care team's attestation that a service is **medically necessary** and should be considered for coverage. A Letter of Medical Necessity will have to be completed and undergo a review process. Medical necessity must meet one of these standards:

- The service is expected to prevent the onset of an illness, condition or disability.
- The service is expected to reduce the physical, mental or developmental effects of an illness, condition or disability.
- The service will help the person achieve or maintain maximum functional capacity in performing daily activities.

Once rehab is authorized, you may participate until maximum medical improvement has been achieved. Services stop when progress stops. Again, make sure your health care team is documenting your progress and ask for a copy.

Whenever you or your caregiver see a change in your functional ability, get re-evaluated by your rehab specialist or therapist. Functional abilities include self-care skills such as feeding, dressing and grooming as well as transfers, walking and wheelchair skills. If your caregiver is having more difficulty helping you, that may meet the standard for more therapy.



Utilization Management

Utilization Management (UM), formally called Utilization Review, remains an imperative factor of cost management in health care service delivery and payment arenas, such as health insurance plans. The goals of a UM are to:

- Reduce costs.
- Increase efficiency.
- Provide adequate care.
- Gain insurance approval.

Types of UM processes

Prior Authorization: Completed before any clinical intervention is delivered, puts a control in place ensuring that the requested clinical services or procedures are appropriate and will be delivered as intended.

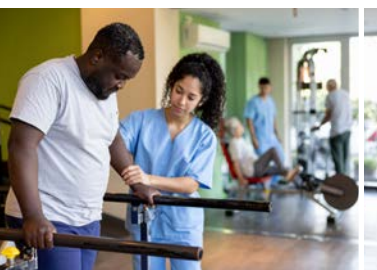
Concurrent Review: Takes place after the patient has been admitted to a facility and is receiving care, ensuring delivery of efficient and effective care. It also reduces the misuse of inpatient services and focuses on high quality and safety of patient care.

Retrospective Review: Occurs after the care was delivered and the bill for the care has been submitted by confirming that the care was appropriate and was provided in an efficient and effective manner.

Patients and their families are likely to have minimal knowledge of the UM processes involved in their care or the care of a loved one. All the while, the decisions made may have a significant impact on the types and locations of care and services provided.

UM process can also be used by an insurance company to control overuse of services, reduce costs and manage care. Nurses and clinical pharmacists often conduct the UM activities. During the process, review of bills and records, as well as discussions of your case with your health care team, may take place. If you're aware of the UM process taking place with your care, create an ally in the person involved in your review.

Insurers follow protocols to determine overuse of care and may refuse to reimburse for services that don't meet those standards. That's why documentation is so important. Your UM administrators will know and understand those protocols. He or she may determine other areas of your policy that can cover services once the rehab portion is used up. Insurers make exceptions under specific circumstances. UM administrators know the rules. They can guide you in getting the right documentation.





ADDITIONAL HELP

We hope this guide helps you maximize your recovery and navigate the complex health care environment.

The American Stroke Association can support you and your loved ones in the post-stroke journey. Find information and support through these services:

Website

Get information on stroke and recovery at stroke.org/lifeafterstrokeguide.

Stroke Family Warmline

Talk with our trained specialists who can provide helpful information, connect you to local services or just be a listening ear: 1-800-4-STROKE (1-888-478-7653).

Support Network

Be a part of an online community of survivors and caregivers who know what you're going through and can help you find your footing on the path to better health: stroke.org/SupportNetwork.

Stroke Support Groups

Connect with others with similar experiences, learn helpful information and help ease the depression and isolation that's common after stroke. Use our support group finder for a list of groups near you: stroke.org/SupportGroup.

Stroke Connection E-News

Sign up for our free monthly newsletter supporting stroke survivors, their families and caregivers: [StrokeConnection.org](https://stroke.org).



Other Helpful Organizations for Financial Questions

Employment Services for People with Disability

Receive accurate information about the SSA's employment support programs and where you can get the services you need to make a successful entry into the workforce. You will find the best information on the Ticket to Work website. (ssa.gov/work)

AARP Tax-Aide

AARP Tax-Aide is administered through the AARP Foundation in cooperation with the IRS. The AARP Foundation is AARP's affiliated charity. Foundation programs provide security, protection and empowerment for low-income older people in need.

