



Section 1:

Acquiring a Disability

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Learning Objectives:

1. Understand the process of normal aging.
2. Learn the definition of disability.
3. List the five typical stages of grief.
4. Name key strategies for healthy adaptation to disability.
5. Identify the role of spirituality during recovery.
6. Understand the basic rehabilitation process.
7. Learn more about health insurance and workers' compensation.

*J*ohn's Story

John, a wheat farmer, was driving up the slope of a wheat field in a rye wicker when the machine turned over rearward, crushing John and breaking his back. He was paralyzed from the waist down. After surgery to stabilize his spine, John was moved to a rehabilitation hospital. His days of therapy were focused on regaining sitting balance, using a wheelchair, and practicing techniques for dressing and self-care. But at night, alone with his thoughts, John kept wondering if he would ever be able to farm again. John felt more than uncertain about his future. He felt life as he knew it had been snatched away in an instant. At that moment, laying in the darkness of the room, John felt out of control, overwhelmed, and doubtful.



John went on to successfully manage his operation of raising cattle and farming by using available resources to adapt and take control. And like John, many other farmers have had disabling injuries that result in physical as well as psychological trauma. An individual might gradually lose his or her eyesight from diseases like diabetes or glaucoma which makes it hard to read or drive. Or maybe a beloved spouse dies, and a deep depression and sense of hopelessness seems to occupy all thoughts and actions for months. Some disabilities can seem like a “normal” part of aging, like arthritis or hearing problems. Serious questions often follow disabling event.

How can I cope with my disability or health change? How does my spouse and family deal with such life-altering changes?

Inevitably, questions about the farm or ranch will be raised: How will the work get done? How will the animals get fed or milked? How will we get through harvest? Who will pay the bills? Who will make the farm payment?

As you keep reading, you may find answers to your questions as well as learn about how to adapt and make the most out of life.



The Myth of “Normal Aging”

Let’s start with tackling the myth of the “normal aging” process. Many people, including health professionals, used to think that loss of memory, hearing, vision, teeth, bone density, balance, and strength were normal processes which could not be changed for the aging population. Individuals had to “live with” whatever the problem was. Newer studies actually find that many of the “normal” problems of aging can be prevented, slowed down, or treated medically.

A prevention approach could be using hearing protection when operating equipment, like silage grinders and chainsaws, to prevent hearing loss. It could also be installing a grab bar in the bathtub to enhance safety and prevent falls from occurring.

Sometimes disabilities can be slowed down. One way to slow down effects of aging is by maintaining or increasing strength and balance through exercising (farming and ranching can be hard physical work, but it isn’t exercising). Exercise helps us to stay mobile, flexible, and quick. This could be helpful when working livestock, and it reduces the risk of getting run over or knocked down.

Some of the “normal” aging processes can be treated medically through medicines and treatments. For example, the right medicine for arthritis can keep an individual active in most activities by treating inflammation and pain in the joints of the body. In other words, don’t attribute problems as “just getting older.” Rather, learn what you can do to maintain or even improve your health as you age.

How Do I Know If I have a Disability?

The simple truth is: most of us will acquire a disability at some point in our lifetime. According to the United States Census 2010, one out of five Americans has a disability. *Disability* has many definitions. Some definitions can be negative and even inaccurate. For example the word *handicap* came from a stereotyped image of “cripples” begging for money on street corners with a cap in their hand. The reality is that most individuals with disabilities are contributors to society. Most individuals would agree that people are good at adapting to life changes and sometimes (to our amazement) even thrive despite disabilities.

Think about the actor Christopher Reeve who, after his severe spinal cord injury, went on to create a successful nonprofit foundation to study paralysis. He also continued to direct films, act, and inspire others through public speaking. By every measure, he was a success.



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Disability is an umbrella term, covering impairments, activity limitations, and participation restrictions. An impairment is a problem in body function or structure; an activity limitation is a difficulty encountered by an individual in executing a task or action; while a participation restriction is a problem experienced by an individual in involvement in life situations.

This includes things like working, living independently, or getting into public places.

A disability can be caused by several things: Physical changes of the body, the environment, and even society. What do we mean by that? Think about it for a minute. A soldier may lose both legs during war and can no longer walk, run, bike, or swim as he or she did before. This is a common example of a disability that most of us think of. But what if the same soldier receives a pair of prosthetic legs and other adaptations that allow for biking, running, and swimming? The soldier still has a physical impairment (no legs), but much of the effect of the disability (ability to do the things he/she wants) has been removed.

What if we are talking about an individual with a spinal cord injury using a wheelchair? The chair makes it possible to be mobile and get to places he/she wants to go. The chair also reduces the limitations of having a spinal cord injury and provides a sense of freedom for the user. However, sometimes there are limitations for individuals in a wheelchair.

For example, the same individual may discover that they cannot access a stadium seat and sit with friends because there are stairs with no ramp available. In this situation, we might say

the physical environment is part of the problem causing the disability. That is why legislation like the Americans with Disabilities Act (ADA) is used diligently to remove public environmental barriers that contribute to an individual's disability condition.

In the United States, most of us believe individuals should not be held back just because of a disability. Succeeding with a disability is simple human adaptation, along with a dose of spiritual strength and grit thrown in.

Dealing with disabilities takes perseverance, good decision-making abilities, and support. You may also need to think about how you deal with stress, how you usually cope, and where you are in terms of acceptance. Even though most of us are good at adapting, many times when the realization occurs that we are facing a big change in how we live our lives, the first thing we do is resist change. We often like, and are comfortable with, where we are in life. When confronted with life-altering change, we grieve the potential loss of who we are and patterns of how we live. This process happens so predictably that it has been called the "Stages of Grief." It is worth knowing what this process looks like so that it can be understood.

Stages of Grief

In 1969, Elisabeth Kübler-Ross wrote the book, *On Death and Dying*, which included a description of five stages of grief that individuals go through before dying. These stages can also apply to many other human experiences of profound loss, like acquiring a disability. Not everyone goes through the stages. But so many



individuals, including farmers and ranchers, have shared their story of recovery and going through the stages of grief that we feel we need to discuss them as part of recovering from acquiring a disability. The stages of grief are: Denial, Anger, Bargaining, Depression, and Acceptance.

Keep in mind the stages of grief are not “rules.” Most of us do not go from one stage to the next. We might skip through anger right into depression, or we might find that once we have accepted our disability, a few months later we go back to depression. Maybe we find we are “stuck” in a stage and cannot successfully move ahead with living life. Acquiring a disability has a big emotional part to it.

Stage 1: Denial

Feeling disbelief is not unusual after experiencing a traumatic event like a disabling accident or illness such as a stroke. You may be thinking “how did this happen to me?” It especially takes time to get over losing functions of the body that were taken for granted, like being able to grasp a tool or walk out to the barn. During recovery, you will want to think positively and heal to every extent of your capacity. However, sometimes we go into denial, which is different than the initial shock of a traumatic event. Sometimes a person will begin to minimize how serious the situation is in order to avoid the fact that a loss of function has occurred or to spare the feelings of others.

For example, a farmer or rancher may not tell their spouse how serious a health concern is because they do not want them to worry. Or they may not invest their energy and attention on rehabilitation therapy. They may believe that

they’ll get better quicker if they return home where they’re the one in charge thinking they just need “time” to rest and get well.

Other types of denial may take the form of blaming and minimizing the situation. Sometimes individuals will blame a higher power for allowing terrible events to occur, or begin to blame family members, doctors, and therapists. At the root of denial is the attempt to shift the focus away from the harm and pain the individual is feeling. Although denial can be a normal part of grief, it is easy to see how it can interfere with successful recovery.

Stage 2: Anger

If you feel angry, it is good to know that anger is a normal temporary body and brain response when one perceives a threat from pain, whether it be physical, emotional, or psychological. Anyone who has ever hit their thumb with a hammer may be able to remember the instant rush of anger they felt. Yet anger can often persist beyond its temporary purposes. An individual may rage, “Why me? It’s not fair, I don’t deserve this!” Anger threatens to become a permanent reaction to events, people, and life. The good news is you can take steps to let go of anger.

Stage 3: Bargaining

Bargaining involves hope that you can somehow undo or avoid a disability. Many times, the bargaining stage involves attempting to bargain with a higher power. Other times, individuals will use anything valuable as a bargaining chip to extend or prolong the life they live.

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Examples of bargaining include:

- “I’ll do anything for a few more years.”
- “I will give my life savings away if only I could walk again.”

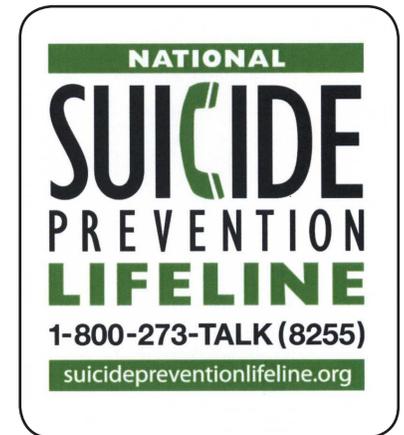
Bargaining rarely provides a sustainable solution.

Stage 4: Depression

Depression refers to a downturn in mood, and is usually short-term. Symptoms of depression can be feeling sad, hopeless, discouraged, or “feeling down.” For example, the spouse of a farmer or rancher, who just received a diagnosis of multiple sclerosis, may initially find they feel so hopeless that they are not able to get out of bed to perform their usual routines of self-care, get the kids ready for school, or face going in to work. Over time, the depression may lift as the individual gets back into the routine of living and begins to re-experience feelings of hope and purpose.

However, sometimes an individual facing a permanent loss of physical function may actually experience an episode of clinical depression, which is defined as feeling depressed at least two weeks or more, and the depression is so severe it interferes with daily living. Depression can be a life-threatening illness when left untreated. An individual with severe depression may feel so much emotional pain that they consider suicide over continuing to live. An individual contemplating suicide may begin to think or make comments like “I’d be better off dead” or “My family may be better off without me.” Having thoughts about suicide or actually making a plan to commit suicide is serious. If the individual does not feel able to contact a physician, they need to communicate these thoughts and feelings to a

trusted neighbor, friend, or family member who can assist them in seeking medical help. Family members, trusted neighbors, and friends need to take the individual seriously and seek medical attention as soon as possible. This level of depression indicates a serious lack of chemicals in the brain needed for normal thinking and feeling and requires the assistance of a healthcare professional.



Fortunately, depression is an illness that can be treated with medication, and is usually accompanied by short-term counseling where the farmer or rancher can talk to a neutral person in confidence about worries and concerns. Most individuals will recover from depression, while others may need to consider long-term therapy with medicine if the brain is no longer capable of sustaining the right amount of chemicals in the brain. If you feel depressed, seek out help. Depression can interfere with your recovery.

Stage 5: Acceptance

Eventually an individual with a disability may stop resisting their situation and accept it even though they may still dislike the situation. Others will experience an acceptance that allows them to embrace the change and flourish despite the loss of physical function. The degree of acceptance can be influenced by how the person chooses to think and feel about the situation, and can be summed up by the word *adaptation*, which can be



thought of as finding a way to move forward with life. Healthy coping is part of adapting.

Lessons for Healthy Coping

What does it mean to “cope”? Coping is behaving in a way that allows us to deal with responsibilities, problems, or difficulties in a successful manner. Successful coping implies personal growth is occurring. This indicates that an individual is making a choice to go on and to build a new way to live life fully, integrating the disability into one’s self-identity.

Choosing to move on is a step toward taking control and figuring out how to get through a devastating experience. At this point, a farmer or rancher will begin to make a “plan of attack” to help figure out problems and change from passively receiving care to actively seeking ways to accommodate a disability. Accommodation is a way of working around difficulties through learning a new way of doing things.

For example, a farmer with an arm amputation may figure out how to use one arm to do a task they used to do with two arms. One Oklahoma farmer who lost his left arm in a farm accident learned to brace a wrench against his body, so that he could use his free hand to turn another wrench to loosen the nuts and bolts on his hay baler. An elderly female rancher with rheumatoid arthritis learned to get around her ranch by using a utility vehicle instead of a pickup truck that was more difficult to get in or out.

A powerful step in building a way to live involves re-defining oneself as a farmer or rancher. Before acquiring a disability, many farmers and ranchers

may define themselves as being able to do back-breaking work day in and day out. If illness or disability causes a loss of physical function, they may feel a loss of identity. If the farmer or rancher can reclaim a sense of self despite having a disability, then perhaps a new way of looking at their identity will emerge. A farmer or rancher may grow to equally value other ways of performing agricultural work through the use of assistive technologies and adapted methods.

In addition, healthy coping may involve developing a sense of humor to deal with social situations or fears involved with adjusting to disability. A rancher, with a traumatic brain injury sustained in a motor vehicle accident, shared that his sense of humor as well as that of his family helps him cope with problems related to memory loss. Soon after returning home from the hospital, he purchased a small herd of cattle for the ranch but forgot to deposit the money to cover the purchase. A timely phone call from the bank helped him avoid the embarrassment of bouncing a check but not the good-natured ribbing he got from family members. Rather than becoming angry with himself, he chose to avoid future errors by carrying a planner with a to-do list and reminders that he could check off as they were completed.

At some point, individuals with a disability will integrate the individual they were before the disability with who they are now. They will feel a sense of moving on and re-commitment to living. Many may feel they have grown from their experience and feel like giving back to their community in some way. They may also feel an increased sense of empathy and compassion. In the story that began this section, John was

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able to return to farming. However, he also felt he could contribute to his community by being elected to the state legislature. Others may seek opportunities to share their experience with those who have a newly diagnosed health condition or have sustained a similar traumatic accident.

You might be wondering, what is the alternative to coping? Frankly, maladaptive patterns of living may result. Some people may become trapped in bitterness and helplessness. A few may become self-destructive through alcohol, drug use, or destructive relationships. However, the main point of this section is to show that individuals can think, feel, and choose to adapt any way they want. In other words, individuals can learn and develop, despite their circumstances. As a

result, an individual becomes more adaptive and resilient. Resilient is defined as being able to recover from difficult conditions.

Becoming resilient depends on being able to make realistic plans and take the appropriate steps to carry them out, develop a positive view, and gain confidence in your strengths and abilities. In addition, it takes skills in communication and problem-solving. Most importantly, it requires being able to manage strong feelings and impulses.

Ten Ways to Build Resilience

- 1. Make connections:** Good relationships with others are important. Accept help and support from those who care about you. Be active in your community.
- 2. Avoid seeing crises as insurmountable problems:** You may not be able to change what has happened, but you sure can change how you respond to events.
- 3. Accept that change is a part of living:** Goals you had prior to experiencing a disability or chronic illness may no longer be attainable, but focus on the things you can alter.
- 4. Move toward your goals:** Develop realistic goals; take small steps toward accomplishing them. Don't focus on what doesn't seem achievable, instead ask, "What's one thing I know I can accomplish today that helps me move in the direction I want to go?"
- 5. Take decisive actions:** Act during adverse situations as much as you can, rather than avoiding problems or wishing they would go away.
- 6. Look for opportunities for self-discovery:** Learn new things about yourself and others; let the experience teach you and allow you to grow.
- 7. Nurture a positive view of yourself:** Develop confidence in your ability to solve problems and trust your instincts.
- 8. Keep things in perspective:** Avoid blowing events out of proportion, practice having a long-term perspective on life.
- 9. Maintain a hopeful outlook:** Visualize what you want instead of worrying about your fears.
- 10. Take care of yourself:** Engage in activities that you enjoy and find relaxing. Take steps to manage health conditions to the best of your ability.

Source: American Psychological Association and Discovery: Health Channel at www.apa.org



Practicing Spirituality

When something happens that dramatically changes our life, a measure of uncertainty is brought about. Uncertainty is often accompanied by feelings of being in limbo, ambiguousness, and unpredictability. These feelings can increase stress and make it difficult to cope. Often individuals turn to spirituality to enhance positive coping and to lessen emotional distress. Indeed, many studies have shown that a healthy spirituality is related to positive coping. But what do we mean by “healthy spirituality”?

An example of a healthy approach to spirituality is committing to faith and having spiritual goals. Those who find benefit in practicing a healthy spirituality to deal with the uncertainties of a disability may begin to adapt earlier than those who do not.

However, using spirituality to “bargain” for a specific personal or social want may lead to disappointment and bitterness when the desired result does not occur.

You may want to engage in spiritual practices such as making time for quiet prayer and reflection, reading devotionals and spiritual passages, reading religious texts, attending spiritual retreats or places of worship, as well as practicing journaling and meditation that leads to spiritual comfort, renewal, and growth. Many people find that personal spiritual practices, which support listening and faithfulness to a higher power, will result in changes in attitude, relationships, and perspectives.

Many Oklahoma farming and ranching families are deeply spiritual and being a part of a faith-based community is an important part of life. If a disability is making physical access to religious gatherings difficult, actions can be taken to make the place of worship accessible, such as installing ramps at the entrance or placing grab bars and a higher toilet in the bathroom. However if these strategies are not enough to allow for physical access, sometimes congregation members are willing to make a home visit to provide support, communion, prayer, and other ministry that supports spiritual health and recovery.

For a farmer or rancher who wants or needs to learn more about living with a challenging change in their life, we recommend a book called *Living with Illness or Disability: Ten Lessons of Acceptance, Understanding, and Perseverance* by Sharon A. Gutman.



We have only touched upon the subject of coping, but hope you find enough information here to know what you are experiencing is difficult and others have been there too. Don't let pride hold you back from accepting support in an effort to move forward. Moving forward doesn't necessarily mean “getting well,” but it does represent that you understand things more clearly and are taking steps to adapt to the situation. One big part of moving forward may involve physical rehabilitation services, so it is worth taking a look at those services and how you can best use them to support your recovery.

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Working with Healthcare Professionals and Physical Rehabilitation

Immediately following an accident or illness, you may require the services of multiple healthcare professionals to recover your maximum level of health and ability.

First it is important to understand what “physical rehabilitation” is about. Physical rehabilitation is the process of physically recovering and adjusting to any physical changes you may be experiencing. Physical rehabilitation focuses on assisting you in restoring your independence, preventing physical problems related to inactivity, assisting with adjustments from physical changes and disabilities, and helping you physically handle daily living activities.

If you are on a rehabilitation floor of a hospital, or have been admitted to a hospital that specializes in physical rehabilitation, the doctor responsible for your care may be a *physiatrist*. A physiatrist is a medical doctor who specializes in treating a person who has been disabled as a result of a disease, disorder, or injury. As part of your plan of care, they may order additional services and therapies that will assist you during your recovery.

More than likely, you still need skilled nursing care for managing

wounds, surgical incisions, catheters, medications, pain management, continence, and other measures needed to take care of your body. Many of your nurses may be certified in rehabilitation nursing, and they will encourage you to participate in your own self-care to the fullest so that you may physically recover and return home sooner.

You may also receive the services of a *physical therapist* and *physical therapy assistant*, who are both trained and licensed professionals in providing therapeutic strengthening, balance, and walking exercises. If you are going to be using a wheelchair temporarily or permanently, the physical therapist will train you in the appropriate way to wheel the chair. They also can provide modalities like heat or cold packs that can increase tissue healing and comfort. As you become stronger you will learn new techniques for safely transferring out of bed, into chairs, onto toilets, bath equipment, and finally into vehicles. Be sure to let your physical therapist know that you may need to practice using new techniques for getting in/out of pickup trucks and tractors and what precautions they recommend.

Occupational therapists and *occupational therapy assistants* will be working with you to physically improve your ability to take care of yourself. They

teach things like dressing yourself, grooming, bathing, hygiene, feeding yourself, and improving physical





tolerance for your skilled activities of daily living. Be sure to let your occupational therapy team know about the skills you use to access and use farm or ranch equipment, as well as caring for livestock. The occupational therapist is an important source of information and will have ideas on how to help you re-arrange how a certain task is done.

One occupational therapist helped a farmer, who had a stroke, learn to do shed repairs with one hand by using a one-handed hammer that had a magnet to hold the nail in place when striking. Another occupational therapist created a glove that helped create a more powerful grasp for a weak hand.

If your illness involves a decrease in brain function like thinking, memory, attention, and speech, or you have physical difficulty talking or chewing and swallowing food, you will begin working with a professional called a *speech-language pathologist*, also called a speech therapist. The speech therapist will work with you on rebuilding these skills, and teach new ways to deal with permanent losses. For example, you may need to learn to use a day planner to assist you in remembering your list of chores for the day or ordering supplies. Let the speech therapist know about your responsibilities with keeping the books, marketing decisions, and other functions that rely on your brain skills.

Other members of the rehabilitation team may include *therapeutic recreation specialists* or *activity directors* who work with you to rebuild leisure skills and participate in aspects of community life that you value. A *psychologist* will probably be a part of the team and can assist you with talking through issues and feelings you may

need to express as part of your recovery and ensure continued positive mental health.

Finally, you will be working with a *case manager* or *medical social worker* who will assist you and your family members in making decisions about whether or not you are ready to return home or need additional nursing and rehabilitation services. The case manager or social worker will also assist you in gathering information in the event that you need to weigh the costs and benefits of returning home versus the costs and benefits of moving into other living arrangements where you can receive extended nursing care. The case manager can assist you with explaining options, filling out necessary paperwork, and locating services you will need. For example, if you are returning home and will be participating in agricultural work, you may need the services of a vocational rehabilitation counselor who can assist you with obtaining any needed modifications and technologies.

In upcoming sections we will discuss vocational rehabilitation further. Be especially sure to work closely with the case manager or social worker throughout your stay in rehabilitation because they are necessary to coordinate your overall care and services.

An important aspect in receiving health care services, including physical rehabilitation, is knowing your rights and responsibilities as a patient. We now learn more about these mandated guarantees to better insure that your medical information, fair treatment and decision-making powers are protected under the law.

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Patient Rights and Responsibilities

In 1973, the American Hospital Association first adopted a Patient's Bill of Rights, working to assure a patient's rights and responsibilities were clearly defined and carried out while receiving care in a hospital. Since that time, various other groups have revised such lists, all designed to guide us in what we might reasonably expect from our healthcare providers.

In 2010, along with the Affordable Care Act, a new Bill of Rights was introduced to cover dealings with health insurance companies, giving patients new protections under the law. As we move into 21st century, patient rights are designed to reflect current needs such as addressing pre-existing health conditions and annual and lifetime limits to coverage.

The Patient's Bill of Rights is based on expectations of respect, privacy, accurate information and clear communication from health providers. Through the years, the focus has been on federal and state protection from excluding, misleading, or denying the patient reasonable access to adequate care.



In receiving health treatment, an important first step is informed consent. This is nothing more than gathering from your healthcare professional all the information you will need to make an accurate and informed decision about your treatment. Sometimes you may want an objective opinion and that is why in many hospitals and state health agencies there is an Ombudsman office to help you sort out issues, problems or concerns. State health departments may also be able to assist as well.

Below are some general Patient Rights that are applicable today.

Patient Rights:

- The patient has the right to receive considerate and respectful care.
- Patients have the right to know the identity of physicians, nurses, and others involved in their care.
- The patient has the right to know the immediate and long-term financial implications of treatment choices, insofar as they are known.
- The patient has the right to have an advance directive (such as a living will, advanced directive, healthcare proxy, or durable power of attorney for healthcare).



Patient Responsibilities:

- 1 Patients are responsible for providing information about past illnesses, hospitalizations, medications, and other matters related to health status.
- 2 Patients should take responsibility for requesting additional information or clarification about their health status or treatment when they do not fully understand information and instructions.
- 3 Patients are also responsible for ensuring that the healthcare institution has a copy of their written advance directive if they have one.
- 4 Patients are responsible for informing their physicians and other caregivers if they anticipate problems in following prescribed treatment.
- 5 Patients and their families are responsible for making reasonable accommodations to the needs of the hospital, other patients, medical staff, and hospital employees.
- 6 Patients are responsible for providing necessary information for insurance claims and for working with the hospital to make payment arrangements, when necessary.



A person's health depends on much more than healthcare service. You are responsible for recognizing the impact of your lifestyle on personal health. It is important for you to realize that rehabilitation and health is not something that happens *to* you. It requires you working *with* the team in order to become rehabilitated and healthier. Our advice to you is to work to the best of your ability while in rehabilitation, even when you don't feel up to it. The doctor will work with you to control any pain or discomfort that interferes with participation in rehabilitation. Most importantly, do not let grief, anger, or depression sabotage your progress! Take steps to deal with your feelings and thoughts as they arise.

Source: American Hospital Association "Patient's Bill of Rights"

Open and honest communication, respect for personal and professional values, and sensitivity to differences are important to achieve optimal patient care.

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Understanding the Basics about Health Insurance Benefits

Most farmers and ranchers are self-employed, making it essential for them to know what insurance is available for them. Insurance is something that can get complicated, and it is hard to know what our health insurance benefits truly cover. We usually make assumptions about the kind of care and treatment we will receive after an illness or injury. However, waiting for a serious healthcare threat to occur is a bad time to find out that your assumptions are wrong. The fact is, our healthcare benefits frequently will only pay for a limited amount of treatment, doctor visits, medication, and medical equipment or technologies needed for our care.

Medical Necessity

Your insurance company will only pay for treatments and services that are *medically necessary*. Many insurers will pay for some durable medical equipment like walkers, wheelchairs, and bedside commodes. They may also pay for prosthetics and orthotic devices like artificial limbs or communication devices. In all instances, the devices must be “medically necessary,” which means that all services:

1. Are generally accepted standards of medical practice.
2. Are appropriate for the patient’s illness, injury, or disease.
3. Are not more costly than another service that could produce the same result.
4. Are not just for the convenience of the patient.

All insurers will place limits and exclusions on these benefits. First, request a copy of your current benefits plan document and keep it in a safe place. Second, just because the insurer decides something is not medically necessary does not mean you should not appeal the decision. Don’t simply take “no” as an answer. Many times the insurer did not review all relevant information needed to make a decision. Lastly, ask your doctor or therapists to provide more information to the insurer to justify the need for the device or service being requested.

Additional costs frequently become the responsibility of the individual receiving care. To complicate things even further, insurance billing requires proper authorization, diagnosis and treatment coding, as well as timely action by your healthcare providers.

Tips for dealing with Medicare or other health insurance providers include:

- Know what you are buying. Read your health insurance policy. Call customer service or your insurance broker for explanations of terms you don’t understand.
- Keep a current copy of your health insurance policy and/or insurance certificates in a safe place.
- Keep track of communications regarding healthcare insurance. Record the date, time, and name of *all* the service representatives assisting you. Take notes on what is discussed.
- Ask for written confirmation of verbally given advice, decisions, or policy explanations given by *all* service representatives.



- Ask for a detailed explanation of bills and charges.
- Pay your health insurance premiums on time. No one can afford to be without health insurance these days. Don't drop your insurance coverage unless it is an absolute financial last resort!

Source: *HIPAA - Health Insurance Portability and Accountability Act of 1996*



The majority of us have now heard the term “HIPAA,” which is the *Health Insurance Portability and Accountability Act*. Every year we sign a federal HIPAA form for our doctors or other healthcare providers indicating we understand how they use our protected health information. Many of us don't know about the provisions in HIPAA that have increased the portability of our health insurance.

The basic premise of HIPAA is to limit the ability of a new employer health insurance plan to exclude coverage for pre-existing health conditions and prohibit discrimination based on past medical conditions, previous claims history, or genetics. Under HIPAA, the new plan is only allowed to look back in the previous six months for a condition that was present before the new coverage was in effect. Some state laws are even stronger, and don't allow even this exception, but currently Oklahoma is not one of them. The time of the exclusion can be reduced if you previously had creditable coverage, such as, health insurance from a previous employer. So, if you, or a family member, do change jobs and are moving from one insurance carrier to another, make sure to get a copy of your Proof of Creditable Coverage certificate. This certificate

tells your new employer's health insurance carrier that your health insurance is “portable,” and they cannot deny coverage for pre-existing conditions, or can't make you wait as long for coverage. If you must take more than 63 days before entering a new job, you may want to obtain a continuation coverage in between jobs. COBRA is a temporary extension of your health coverage if you belonged to a previous employer's health plan but haven't started working again. You do usually have to pay the entire cost of the coverage, but it can be well worth it if it can help you avoid falling into pre-existing conditions exclusion.

Oklahoma Insurance Information

Insurance is a regulated industry in Oklahoma. If efforts to resolve issues with your health insurance carrier fail, or if you have any complaints about the conduct of your insurance company or suspect fraud, call the Oklahoma Insurance Commission (OIC). However, if your employer is self-insured, you do not fall under the jurisdiction of the OIC. If you have a question, comment, or concern, please contact the Consumer Assistance Division in Oklahoma by calling toll-free at 1-800-522-0071 or 405-521-2828. The division also maintains information about which insurance agents are in good standing as well as information for comparing health insurance plans approved in the state.

If you are on Medicare, you can contact the Medicare Beneficiary Ombudsman for assistance. The Ombudsman makes sure information is available for you about your Medicare benefits, and the information you need to make good healthcare decisions, your rights and protections under the program, and how you can get issues resolved.

Acquiring a Disability

Visit www.medicare.gov or call 1-800-MEDICARE [(800) 633-4227]. TTY users should call (877) 486-2048.

Medicare beneficiaries can also call the Oklahoma Senior Health Insurance Counseling Program (SHICP) at (800) 763-2828 or (405) 521-6628. You may also contact your State Health Insurance Assistance Program with information on buying a Medigap policy or long-term care insurance; dealing with payment denials or appeals, Medicare rights and protections, choosing a Medicare plan, selecting a Medicare Part D Prescription Drug Coverage Plan, deciding whether to suspend your Medigap policy, or questions about Medicare bills.

High-Risk Insurance Pool

Although your best option is to maintain uninterrupted health insurance coverage, sometimes an individual may decide to stop coverage or loses coverage when laid off from work. Once health insurance is lost, it is often nearly impossible to obtain affordable coverage if one has an illness or disability.

The Oklahoma Health Insurance High Risk Pool is a nonprofit legal entity that was created by the Oklahoma Legislature in 1995 to provide access to health insurance coverage to all state residents who are unable to obtain individual health insurance. The pool's primary purpose is to provide insurance coverage for those with serious or chronic health conditions. There are eligibility requirements, and the policy is administered by Blue Cross Blue Shield of Oklahoma.

For more information about the High Risk Pool, contact Blue Cross Blue Shield at (877) 258-6781.



Oklahoma Employer/Employee Partnership for Insurance Coverage (O-EPIC): Insure Oklahoma

Insure Oklahoma is health insurance for eligible Oklahomans through an “individual plan” or subsidizing health insurance premiums to small business owners for eligible employees. Since many farmers and ranchers are self-employed, they may want to check for eligibility for O-EPIC. Individuals may qualify if they have a disability, meet income restrictions, or do not qualify for employer-sponsored health plans. For more information call (888) 365-3742 or visit www.insureoklahoma.org.

Workers' Compensation

Some farmers and ranchers work second jobs, which puts them at risk for other occupational hazards. If your current disability is the result of a work-related accident or injury, your healthcare may be covered by Workers' Compensation. Workers' Compensation is an insurance system that pays benefits to workers injured on the job to cover medical care, some of the workers' lost wages, and benefits for permanent disability. In other words, it is a type of insurance that compensates workers for their injuries. Employers often buy Workers' Compensation insurance to cover their employees, and most employers are required to purchase the insurance. In Oklahoma, there are some exceptions to the requirement. For example, an agricultural operation with less than \$100,000



in total payroll is not mandated to purchase Workers' Compensation.

The Workers' Compensation Court applies the law as set forth in the Oklahoma Workers' Compensation Code to ensure there are fair and timely procedures to resolve disputes and clarify issues about on-the-job injuries.

You should know Workers' Compensation is a process. The first thing an injured worker should do is *report* the injury to a supervisor. Often workers do not take this crucial step because of fear or embarrassment at being hurt, or they do not think the injury is significant enough and say, "oh, it's just a sprain." Unfortunately, sometimes sprains don't go away and actually are symptoms of a bigger problem. If it does become a bigger problem but went unreported, Workers' Compensation may not cover the costs. And since it happened at work, your private health insurance will probably not cover it either. Don't get caught in-between and on the money hook. No matter how minor the injury, report it.

After hearing about the injury, the supervisor is required to complete an accident report documenting the basic who, what, where, when, why, and how. If the worker needs medical care, the supervisor sends the injured worker to a medical doctor's clinic they have chosen that specializes in work-related injuries. In Oklahoma, if the employer fails to send the worker to seek medical care, the employee can contact their own doctor, at the employer's expense if the care is an emergency or the employer did not send the worker to the doctor for treatment within seven days after the injury report.

If the injury causes the worker to be off work for more than seven days, they will be eligible for temporary disability, a benefit that pays about 70 percent of the worker's average weekly wage. This benefit can be important to the farmer or rancher injured at an off-the-farm or ranch job because the injury could impair getting things done on the farm or ranch as a result.

Disability benefits don't last forever, and in most cases last as little as eight weeks, and as long as 156 weeks depending on the injury. At some point, the injured worker has to be able to return to the job, train for other skills that lead to work in another kind of job, or get a settlement for permanent disability.

As you might guess, the process is complicated. Many workers retain a lawyer that specializes in disability and Workers' Compensation law to handle the complicated process of negotiating the settlement or making a claim for Workers' Compensation if the injured worker and employer cannot resolve a dispute about care and treatment.

Acquiring a Disability

RESOURCES

- ✓ **Affordable Care Act**
www.hhs.gov/healthcare/facts/bystate/statebystate.html
- ✓ **COBRA-Consolidated Omnibus Budget Reconciliation Act**
www.dol.gov/ebsa/faqs/faq_compliance_cobra.html
- ✓ **Health Insurance Portability and Accountability Act of 1996 (HIPAA) Frequently Asked Questions**
www.dol.gov/ebsa/faqs/faq_consumer_hipaa.html
- ✓ **Insure Oklahoma**
www.insureoklahoma.org
- ✓ **Oklahoma High Risk Insurance Pool**
www.ok.gov/oid/Consumers/Insurance_Basics/Oklahoma_Health_Insurance_High_Risk_Pool_Information.html
- ✓ **Oklahoma Workers' Compensation Court Frequently Asked Questions**
www.owcc.state.ok.us/employees_faq.htm
- ✓ *Living Well with Illness or Disability: 10 Lessons of Acceptance, Understanding, and Perseverance.* (2005). Sharon A. Gutman. AOTA Press, Bethesda, Maryland.

Worksheet #1: How Am I Doing?



Answer the following questions as honestly as possible to get a basic idea of how you are doing with your disability. The questions aren't meant to be a medical assessment, but rather help you clarify those things that are going well or that you are ready for change in your life. If answering these questions causes excessive distress and worry, then please go speak with a healthcare professional as soon as possible.

- 1. What tasks or activities have been difficult for me lately?**
- 2. Does my body have pain that interferes with doing the things I want or need to do?**
- 3. How have I been doing with handling my moods and emotions? Am I angry or irritable or do I grin and bear it? How have I been treating others?**
- 4. What are the things that really give me good quality of life? Am I getting those things? If not, what's keeping me from getting those things?**
- 5. Do I still enjoy the things I used to? Do I still feel like going to work, hunt, fish, visit friends, etc.? Is there anything keeping me from doing the things I enjoy? What are they?**

Think about your answers. If you feel that everything is going well, you are probably doing alright. But if one or more of the questions aren't satisfactory answers in your opinion, then maybe it's time to seek assistance.