

2012 GUIDE To BENEFITS PROGRAMS

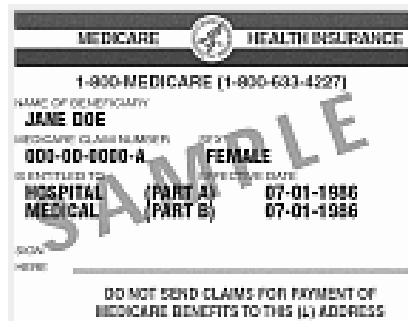
FEDERAL FOOD STAMP PROGRAM



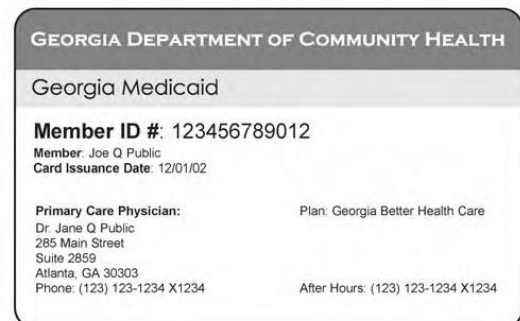
SOCIAL SECURITY



MEDICARE



MEDICAID



FOR OLDER GEORGIANS

February 2012

MEDICARE

Eligible Persons: Age 65, on disability for 2 years **or** diagnosed with end-stage renal disease (on dialysis or in need of a transplant)
Apply at Social Security.

COVERAGE:

Part A — Hospitalization through Blue Cross/Blue Shield

Part B — Medical Coverage for Doctors, Equipment and Supplies through Noridian Administrative Services

DEDUCTIBLES:

Part A: \$1,156.00 each benefit period

Part B: \$140.00 annually

PREMIUMS: Monthly

Part A — **\$451.00** for uninsured and certain disabled individuals with less than 30 quarters; **\$248.00** for those credited with 30-39 quarters of coverage.

Part B — Based on annual income.

- For higher incomes beginning in 2011, the Affordable Care Act requires Part D enrollees to pay to Medicare in addition to their Part D plan premiums, a monthly income related adjustment. That adjustment is reflected below.

If individual income is	Pt. B Premium	Pt. D Adjustment
\$85,000 or less	\$99.90	\$0.00
If individual income is	Pt. B Premium	Pt. D Adjustment
\$85,001 to \$107,000	\$139.90	\$11.60
\$107,001 to \$160,000	\$199.80	\$29.90
\$160,001 to \$214,000	\$259.70	\$48.10
Greater than \$214,000	\$319.00	\$66.40

Appeal Time: 180 days on initial appeal and 60 days for a request for reconsideration.

MEDICARE PRESCRIPTION DRUG COVERAGE

If you have not enrolled in a Medicare Prescription Drug Plan, please go to www.Medicare.gov or call GeorgiaCares at 1-800-669-8387

HOSPITAL MEDICARE

Medicare pays up to 90 days for each spell of illness. For the first 60 days, Medicare pays 100% of covered hospital services. For the 61st through the 90th day, Medicare pays all but **\$289.00** per day.

Lifetime Reserve Days: Every Medicare beneficiary has 60 days that they may use in their lifetime to cover days in the hospital that exceed the Medicare limit of 90. Once these 60 days have been used, they are not replaced. When one of these days is used, Medicare will pay everything except the first **\$578.00** per day.

NURSING HOME MEDICARE

Medicare pays for Skilled Care only. One must have been hospitalized for 3 consecutive days before entering the nursing home. For the first 20 days, Medicare pays all of the covered costs. For the 21st-100th day, there is a co-insurance payment of **\$144.50** per day and Medicare pays the rest. After 100 days, Medicare pays nothing.

MEDICAID

If one is eligible for Supplemental Security Income (SSI) or Temporary Assistance to Needy Families (TANF), then one is eligible for Medicaid. The Georgia Department of Community Health's Division of Medical Assistance administers Georgia Medicaid: 1-800-766-4456 or (404) 298-1228, **Application is made at the Division of Family and Children Services county office.** If you lose your SSI or TANF, you do not

necessarily lose Medicaid. The State must make an independent determination.

MEDICAID COVERED SERVICES

- Ambulatory Surgical Services
- Certified Registered Nurse Anesthetists
- Childbirth Education Services
- Children's Intervention Services
- Community Based Alternatives (SOURCE)
- Dental Services (some)
- Diagnostic, Screening and Preventive Services
- Dialysis Services
- Durable Medical Equipment Rental (hospital beds, wheelchairs, crutches and walkers prescribed by doctors)
- Emergency Ambulance Services
- EPSDT (Early and Periodic Screening Diagnosis and Treatment)
- Family Planning
- Georgia Better Health Care
- Health Insurance Premiums (Medicare: Part A and Part B, QMB, SLMB)
- Home health
- Hospice Services
- Inpatient and Outpatient Hospital Services
- Intermediate Care for the Mentally Retarded Facility Services
- Laboratory/ X-ray Services
- Medicare Crossovers
- Mental Health Clinic Services
- Non-emergency transportation (12 doctors visits per year unless more medically justified)
- Nurse Practitioner Services
- Nursing Home Services
- Oral Surgery
- Orthotic and Prosthetic
- Pharmacy Services: **NOTE:** MEDICARE eligible recipients must be enrolled in a Medicare Prescription Drug Plan

MEDICAID SERVICES (continued)

- Physician Service
- Physician's Assistant Services
- Podiatric Services
- Pre-Admission Screening/Annual Resident Review
- Pregnancy Related Services
- Psychological Services
- Retroactive Medicaid (3 months)
- Rural Health Clinic/Community Health Center Services
- Swing Bed Services
- Targeted Case Management Services
 - Adults w/Aids
 - Chronically Mentally Ill
 - Early Intervention
 - Perinatal
 - Therapeutic Residential Intervention
- Vision Care Services
- Waiver Services
 - Community Care
 - Independent Care
 - Mental Retardation
 - Community Habilitation and Support
 - Traumatic Brain Injury

Transfer of Assets for Long-Term Care Medicaid: In Medicaid for long-term care, which includes nursing home and the community care services program, where assets are transferred for less than the Fair Market Value within 60 months before application for Medicaid is filed; a person may be disqualified for a period equal to the value transferred.

*(Contact the Division of Aging Services for more information about this subject in our publication, "**Medicaid for Long-Term Care.**")*

COMMUNITY CARE SERVICES PROGRAM

This program assists eligible Medicaid beneficiaries to live in the community and delay or avoid institutionalization. It provides Medicaid Coverage and in-home services for persons who meet the same medical, functional, and financial criteria for placement as residents of a nursing facility, but choose to stay in their own homes. If a person's income level exceeds the Federal Benefit Rate for Supplemental Security Income (SSI) recipients, there is a cost share to participate in the program. **\$2,094** is the cap for eligibility. Income exceeding this amount will require a Qualified Income Trust or Miller Trust for eligibility. Cost share is based upon the amount of income over the SSI amount. Some of the services available include Personal Care Aide, Adult Day Health, Emergency Response System, Nursing Services, etc.

For more information, contact the Community Care Services Program Office for your area through the Area Agency on Aging.

NURSING HOME MEDICAID

This is a program that enables people, aged, blind or disabled who need nursing home care but are unable to afford it a means by which to receive care through the Medicaid program. Income exceeding the amount below will require a Qualified Income Trust or Miller Trust in order to ensure eligibility.

Income limit: up to \$2,094 per month – per person

Resources limit: \$2,000 individual; **\$3,000** couple

SPOUSAL IMPOVERISHMENT

This is a program that can prevent a married couple from having to spend down all of their resources. The program allows the spouse who remains at home, the Community Spouse, who is not receiving Medicaid, to keep up to **\$2,841.00** of the couple's income and **\$113,640.00** of the couple's resources.

Allowable Resources: the home, a **\$10,000.00** limit for burial exclusions for the applicant/recipient and for the spouse, including accounts, life insurance and preneeds contracts, \$2,000.00 savings for the applicant/recipient, household furnishings, **certain** automobiles, and some other items.

Example: For a Nursing Home (NH) bill of \$2,000/month, where the community spouse has \$1,000.00 income and the nursing home resident has \$1,200 income; the calculations will be as follows:

Step 1:

The NH Resident receives income in the amount of \$1,200:

\$1,200 income (-) \$50.00 Personal Needs Allowance (-)
\$130.00 in excess medical expenses (=) \$1,020.00 available
income

Step 2:

The Community Spouse receives \$1,000.00 income:

\$1,000.00 income (+) \$1,020.00 from NH resident (=)
\$2020.00 total income **which is less than \$2,841.00**,
therefore community spouse keeps \$2,020.00 income,
leaving \$0.00 for the resident's contribution to the nursing
home bill and the Medicaid payment is \$2,000.

Incurred excess medical expenses not covered by Medicaid, (i.e. dentures, some medications and chiropractic care) may be deducted from the NH resident's income. Most medications should be covered by the NH resident's Medicare Prescription Drug Plan for those on Medicare and NH Medicaid. The **Division of Family and Children Services must be notified.**

SUPPLEMENTAL SECURITY INCOME (SSI)

For: Those age 65 or older, blind or disabled with income as provided below. **Apply at Social Security.**

January 2012

Individual: \$698.00 per month

Couple: \$1,048.00 per month

There is a resource limit of \$2,000.00 for an individual and \$3,000.00 for a couple. Resources include things like cash, savings, certificates of deposit (CDs), etc. Certain things are excluded from resources.

Examples of things excluded from resources are: home, car up to \$4,500, prepaid burial plots, caskets, vaults etc. and up to \$1,500 in a burial account, household goods up to \$2,000, trade/business, and life insurance face value up to \$1,500.

Appeal Time: 60 days.

Pickle People: If you received Social Security or Supplemental Security Income in the same month and Supplemental Security Income was canceled due to a cost of living increase, you may be eligible for continued Medicaid if you are eligible but for the cost of the living increase.

Apply at the Division of Family and Children Services.

Adult Medically Needy "Spend Down"

Eligible persons are those who are aged 65 or older, blind or disabled with high medical bills and income too high for other categories of Medicaid. Total unpaid bills must bring income below the required limits.

Apply at the Division of Family and Children Services.

January 2012

\$337.00

\$395.00

Resources: \$2,000 individual; \$4,000 couple

Appeal Time: 30 days

MEDICARE BUY-IN PROGRAMS

There are programs that enable a person with limited income to assist with paying for the cost of having Medicare. Income limits change every year when the Federal Poverty Levels change.

Apply at the Division of Family and Children Services.

1. Qualified Medicare Beneficiary (QMB)

Covers part B premium, co-insurance and part A & B deductibles; does **not pay** for prescriptions.

Income Limit:

(Thru April 2012)

Individual \$ 928.00

Couple \$1,246.00

2. Specified Low Income Medicare Beneficiary (SLIMB)

Only covers the Part B Premium.

Income Limit:

(Thru April 2012)

Individual \$1,109.00

Couple \$1,491.00

***Ask about the availability of benefits under the Q-1 program that pays the Part B premium.**

Effective January 1, 2010, the three Medicare Savings Programs began using the Part D low-income subsidy (LIS) asset amount, indexed each year according to the Consumer Price Index.

Resources: \$6,680 individual; \$10,020 couple

Appeal Time: 30 days (10 days for continued benefits)

MEDICARE PART D SUBSIDIES (“Extra Help”)

Full - Provides drug subsidy with low co-payments to Medicare beneficiaries with incomes up to 135% of federal poverty level and limited resources. **Apply at Social Security.**

**Income Limit: \$1,225.00 individual per month
\$1,654.88 couple per month**

Partial - Provides a partial subsidy of premium, deductible and co-insurance to Medicare beneficiaries with incomes up to 150% of poverty and limited resources.

**Income limit: \$1,361.00 individual per month
\$1,838.75 couple per month**

Resources: \$12,640 individual; \$25,260 couple

HOSPICE

Hospice cares for the terminally ill and their families. The goal is not to cure but to provide care and counseling to make the final stages of life more comfortable. Hospice, provided by a public or private agency that is Medicare or Medicaid approved is for all ages, including children and adults.

Services available:

- Nursing services
- Medical social services
- Physician services
- Counseling
- Homemaker services
- Medical equipment (such as wheelchairs, walkers, hospital beds)
- Medical supplies (bandages, catheters)

- Prescription drugs for pain
- Short term stay in the hospital for respite care
- Home health aide
- Physical and occupational therapy
- Speech therapy
- Social worker services
- Dietary counseling
- Grief counseling

Services Not Covered By Hospice

- Treatment to cure the terminal illness
- Care from a hospice provider other than your approved hospice provider
- The same type of care that your hospice care provider is giving you

Medicare Hospice

You pay a possible **\$5.00** for each outpatient prescription drug and similar products for pain relief and symptom control and possibly a 5% of the Medicare per day payment amount for inpatient respite care. Medications for one in hospice are also covered by either Medicare Part B or Part D.

Medicaid Hospice

Income limit: \$2,094 per month

Resources: \$2,000 individual; **\$3,000** couple

Food Stamps (through September 2012)

Federal Program renamed "**SNAP**"
(Supplemental Nutrition Assistance Program)

(Elderly)

HH Size <i>HH=household</i>	165% of Poverty	Gross 130%	Net Income 100%	Max Allotment
1	\$1,490	\$1,180	\$ 905	\$200
2	\$2,004	\$1,594	\$1,226	\$367
3	\$2,518	\$2,008	\$1,545	\$526
4	\$3,032	\$2,422	\$1,863	\$668
5	\$3,547	\$2,836	\$2,181	\$793
6	\$4,061	\$3,249	\$2,500	\$952
7	\$4,575	\$3,663	\$2,818	\$1,052
8	\$5,089	\$4,077	\$3,136	\$1,202
Each additional person	+\$515	+\$414	+\$319	+\$150

An elderly or disabled person's food stamp allotment is based upon their **net income**. Most households must meet the maximum gross income to even be considered eligible for the program and then meet the net income limit. **Apply at the Division of Family and Children Services. Multiply the net income by .3 and subtract that figure from the maximum food stamp allotment to obtain the household allotment.**

Resources: **\$3,250** elderly (60 and over); **\$2,000** non-elderly

Exempt Resources: Home and lot; household goods; cars exempt.

Appeal Time: 90 days (10 days continued benefits).

Medical expenses in excess of \$35.00 can be used to increase food stamp allotments for the elderly. These would include one-time medical bills and recurring expenses such as Medicare and insurance premiums, (when paid by the recipient) and doctor visits. This now includes medical mileage defined as transportation to and from medical appointments and the pharmacy in the recipient's own vehicle. Mileage expenses should be reported on Form 840-Medical Transportation Log which is available from DFCS. For transportation by taxi, bus, train, etc. use the actual cost of the trip to claim it as an expense.

Other Food Stamp Budget Allowances

Standard Deduction: **\$147.00** maximum (1-3 people)
\$155.00 (4+ people)

Shelter Deduction: **\$459.00**

For elderly households: All shelter costs over half the household income may be deducted (i.e. rent/mortgage, taxes, interest, utilities – gas, electricity and water)

A dependent care deduction for work, training or education.

A 20% deduction for earned income.

For assistance with any of the programs mentioned in this information, please contact one of the following:

DIVISION OF FAMILY AND CHILDREN SERVICES

(Contact the office in your county)

1. Nursing Home Medicaid
2. Spousal Impoverishment
3. QMB or SLIMB
4. Adult Medically Needy "Spend Down"
5. Food Stamps

SOCIAL SECURITY ADMINISTRATION

(1-800-772-1213)

1. Social Security
2. Supplemental Security Income
3. Low income Subsidy or Medicare Part D "Extra Help"

MEDICARE

(1-800-MEDICARE)"1-800-633-4227"

GEORGIA HOSPICE & PALLIATIVE CARE ORGANIZATION

404-323-9397 or 1-877-924-6073

MEDICAID

Georgia Department of Community Health
Division of Medical Assistance
1-800-766-4456 or (404) 298-1228

GEORGIA SENIOR LEGAL HOTLINE

Brief legal advice over the phone for people 60 years of age and older
1-888-257-9519 or (404) 657-9915

DIVISION OF AGING SERVICES PROGRAMS

1-866-55AGING (552-4464)

- ***AGING & DISABILITY RESOURCE CONNECTION (ADRC)***
A “one-stop-shop” for information and resources to help you stay in your home is available.
- ***COMMUNITY CARE SERVICES PROGRAM (CCSP)***
Information is available from the Area Agency on Aging Office for your area.
- ***ELDERLY LEGAL ASSISTANCE PROGRAM (ELAP)***
Legal assistance program providing civil information, education and representation at no cost to persons 60 years of age and older when brief telephone legal advice is not enough.

For the program that serves your area, contact your Area Agency on Aging or the Division of Aging Services.

- ***GEORGIACARES***
For information on and assistance with prescription drug plans, Medicare and other health insurance options, contact a local program.
- ***LONG-TERM CARE OMBUDSMAN PROGRAM***
If you have someone in a personal care home or nursing home that needs an advocate or an extra voice, contact the local ombudsman.

AREA AGENCIES ON AGING

1-866-55AGING (552-4464)

Atlanta Regional Commission

Home Office: Atlanta
(404) 463-3333
1-800-676-2433

Central Savannah River Area

Home Office: Augusta
1-888-922-4464

Coastal Georgia

Home Office: Brunswick
1-800-580-6860

GA Mountains (Legacy Link, Inc.)

Home Office: Gainesville
1-800-845-5465

Heart of Georgia Altamaha

Home Office: Baxley
1-888-367-9913

River Valley

Home Office: Columbus
1-800-615-4379

Middle Georgia

Home Office: Macon
1-888-548-1456

Northeast Georgia

Home Office: Athens
1-800-474-7540

Northwest Georgia

Home Office: Rome
1-800-759-2963

Southern Crescent/ Three Rivers

Home Office: Franklin
1-866-854-5652

Southern Georgia

Home Office: Waycross
1-888-732-4464

Southwest Georgia

Home Office: Albany
1-800-282-6612

*For resources in the community, please contact the Aging & Disability
Resource Connection within your Area Agency on Aging.*

Notes

Notes



Natalie K. Thomas, Esq.
State Legal Services Developer
Georgia Department of Human Services
Division of Aging Services
2 Peachtree Street, NW; Suite 33.384
Atlanta, Georgia 30303-3142
(404) 657-5328
nkthomas@dhr.state.ga.us