



Georgia Department
of Human Services
Division of Aging Services

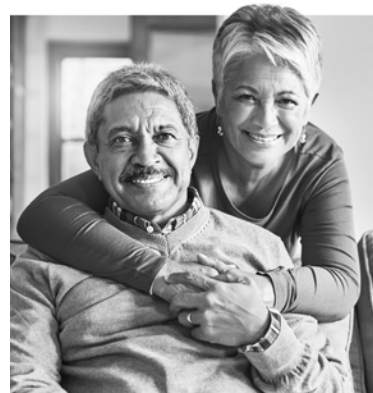
2024 Benefits Guide

FOR OLDER GEORGIANS

Medicaid | Medicare | Social Security | Supplemental Nutrition Assistance Program

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Supplemental Nutrition Assistance Program



This booklet provides basic information about some benefits and services available for older Georgians.

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MEDICARE

Medicare is a complicated health insurance program. This booklet provides general information. If you need more detailed guidance about Medicare, you can call the Georgia State Health Insurance Assistance Program (SHIP) at **1-866-552-4464, option 4**. SHIP Medicare counselors are available Monday through Friday from 8 a.m. to 5 p.m.

You can also find more information on each topic discussed below on the **medicare.gov** website. Every year, the Centers for Medicare & Medicaid Services (CMS) releases an official handbook on Medicare. You can download a copy by visiting **medicare.gov/medicare-and-you**.

How do I apply?

You apply for Medicare through the Social Security Administration. You can apply by phone, online, or in person. To learn more about applying, visit **ssa.gov/medicare/sign-up**.

Who is eligible?

People who:

- Are age 65 or older;
- Have been on disability for two years;
- Have ALS (also called Lou Gehrig's disease); or
- Have end-stage renal disease (and are on dialysis or in need of a transplant).

What does Medicare cover? What does Medicare cost?

Medicare has different plans and parts. What Medicare covers and costs depends on the plan or part. One plan is called "Original Medicare."

Original Medicare

Original Medicare has two parts: A and B.

Part A - Hospital Insurance - Coverage and Costs

This information is from the [medicare.gov](https://www.medicare.gov) website at [medicare.gov/basics/costs/medicare-costs](https://www.medicare.gov/basics/costs/medicare-costs).

Part A Costs:	What you pay in 2024:
Premium	<p>\$0 for most people (because they or a spouse paid Medicare taxes long enough while working - generally at least 10 years). If you get Medicare earlier than age 65, you won't pay a Part A premium. This is sometimes called "premium-free Part A."</p> <p>If you don't qualify for premium-free Part A: You might be able to buy it. You'll pay either \$278 or \$505 each month for Part A, depending on how long you or your spouse worked and paid Medicare taxes.</p> <p>Remember:</p> <ul style="list-style-type: none">• You also have to sign up for Part B to buy Part A.• If you don't buy Part A when you're first eligible for Medicare (usually when you turn 65), you might pay a penalty. Learn more at medicare.gov/basics/costs/medicare-costs/avoid-penalties.
Deductible	<p>\$1,632 for each inpatient hospital benefit period.</p> <p>There's no limit to the number of benefit periods you can have in a year. This means you may pay the deductible more than once in a year.</p>
Inpatient Stay Copayment	<ul style="list-style-type: none">• Days 1-60: \$0 after you pay your Part A deductible• Days 61-90: \$408 copayment each day• Days 91-150: \$816 copayment each day while using your 60 lifetime reserve days• After day 150: You pay all costs
Skilled Nursing Facility Stay Copayment	<ul style="list-style-type: none">• Days 1- 20: \$0 copayment• Days 21-100: \$204 copayment each day• Days 101 and beyond: You pay all costs

Part A Costs:	What you pay in 2024:
Home Health Care	<p>\$0 for covered home health care services.</p> <p>20% of the Medicare-approved amount for durable medical equipment (like wheelchairs, walkers, hospital beds, and other equipment.)</p>
Hospice Care	<p>\$0 for covered hospice care services.</p> <p>You may also pay:</p> <ul style="list-style-type: none"> A copayment of up to \$5 for each prescription drug and other similar products for pain relief and symptom control while you're at home. 5% of the Medicare-approved amount for inpatient respite care.

Part B - Medical Insurance - Coverage and Costs

Part B Costs:	What you pay in 2024:
Premium	<p>\$174.70 each month (or higher depending on your income). The amount can change each year. You'll pay the premium each month, even if you don't get any Part B-covered services.</p> <p>You might pay a monthly penalty if you don't sign up for Part B when you're first eligible for Medicare (usually when you turn 65). You'll pay the penalty for as long as you have Part B. The penalty goes up the longer you wait to sign up.</p>
Deductible	<p>\$240, before Original Medicare starts to pay.</p> <p>You pay this deductible once each year.</p>
Coinsurance	<p>Usually 20% of the cost for each Medicare-covered service or item after you've paid your deductible (and as long as your doctor or health care provider accepts the Medicare-approved amount as full payment.)</p>
Clinical Laboratory Services	<p>\$0 for covered clinical laboratory services.</p>

Part B Costs:	What you pay in 2024:
Home Health Care	<ul style="list-style-type: none"> • \$0 for covered home health care services. • 20% of the Medicare-approved amount for durable medical equipment (like wheelchairs, walkers, hospital beds, and other equipment.)
Inpatient Hospital Care Coinsurance	20% of the Medicare-approved amount for most doctor services while you're a hospital inpatient.
Outpatient Mental Health Care	<ul style="list-style-type: none"> • \$0 for your yearly depression screening. • 20% of the Medicare-approved amount for visits to your doctor or other health care provider to diagnose or treat your condition. • If you get your services in a hospital outpatient clinic or hospital outpatient department, you may have to pay an additional amount to the hospital.
Partial Hospitalization Mental Health Care	<p>After you meet the Part B deductible:</p> <ul style="list-style-type: none"> • 20% of the Medicare-approved amount for each service you get from a doctor or certain other qualified mental health professional. • Coinsurance for each day of partial hospitalization services you get in a hospital outpatient setting or community mental health center.
Outpatient Hospital Care	<ul style="list-style-type: none"> • Usually 20% of the Medicare-approved amount for doctor and other health care providers' services. • You'll also pay a copayment to the hospital for each service you get in a hospital outpatient setting (except for certain preventive services). In most cases, your copayment won't be more than the Part A hospital stay deductible amount. <p>Visit medicare.gov/procedure-price-lookup to learn more.</p>

Part C - Medicare Advantage Plans

Medicare Advantage Plans (MA) are another way to get Medicare Part A and Part B coverage. Some MA plans also include Medicare Part D drug coverage. Some MA plans include more services than original Medicare Parts A and B cover, such as vision, hearing, and dental services.

MA plan coverage and costs (like deductibles, copayments, and coinsurance amounts) vary by plan.

To determine if an MA plan is right for you, you can call Georgia SHIP at **1-866-552-4464, option 4** and speak to a Medicare counselor Monday through Friday from 8 a.m. to 5 p.m. Georgia SHIP Medicare

counselors are available Monday through Friday, from 8 a.m. to 5 p.m. You can also use the plan finder tool by visiting **medicare.gov/plan-compare/#**.

Part D - Drug Coverage

Part D plan coverage and costs vary by plan. To determine which Part D plan is right for you, you can call Georgia SHIP at **1-866-552-4464, option 4**. Georgia SHIP Medicare counselors are available Monday through Friday, between 8 a.m. and 5 p.m. You can also use the plan finder tool by visiting **medicare.gov/plan-compare/#**.

Medicare Appeals

The deadline for a Medicare appeal depends on what action you want to appeal. The way you file an appeal depends on whether you have Original Medicare or a Medicare Advantage plan.

Georgia SHIP provides assistance with filing Medicare appeals. The Elderly Legal Assistance Program (ELAP) can also help with Medicare appeals. ELAP provides free legal assistance to Georgians aged 60 and over. To contact ELAP, call the number listed for your county:

If you live in this county,	call:
Clayton, Cobb, DeKalb, Fulton, Gwinnett	404-389-9992
Barrow, Clarke, Elbert, Greene, Jackson, Jasper, Madison, Morgan, Newton, Oconee, Oglethorpe, and Walton	706-369-7147
All other counties	833-457-7529

You can also read instructions for filing appeals on the **medicare.gov** website.

Original Medicare appeals are explained at **medicare.gov/claims-appeals/how-do-i-file-an-appeal**.

Medicare Advantage plan appeals are covered at **medicare.gov/claims-appeals/file-an-appeal/appeals-if-you-have-a-medicare-health-plan**.

MEDICAID

Medicaid is another health insurance program.

Who is eligible?

You may be eligible for Medicaid if you have low income and:

- Are age 65 or older;
- Are legally blind;
- Have a disability; or

- Need nursing home-level care. If you need nursing home care but can live at home with supports and services, you may also be eligible.

You also are eligible if you receive Supplemental Security Income (SSI) or Temporary Assistance for Needy Families (TANF).

Women who are under the age of 65 who have breast or cervical cancer but do not have any health insurance may also be eligible for Medicaid. For this type of Medicaid, you can apply at your county health department.

How do I apply?

You can apply for Medicaid online, by phone, in person, or by mail.

Apply online

Visit **www.gateway.ga.gov**. Select “Apply for Benefits” to begin. Select “Medical Assistance” as the program. Follow the online prompts to apply for Medicaid.

Apply by phone

You can apply by phone by calling **877-423-4746**.

Apply in person

You can apply in person through your county Division of Family & Children Services (DFCS) office. You can find your local DFCS office by visiting **dfcs.georgia.gov/locations**.

Apply by mail

You can apply by mail by calling **877-423-4746** and requesting to have forms mailed to you. Complete all forms mailed to you as directed and mail back to DFCS.

Medicaid Covered Services

Medicaid addresses a wide range of health care needs through services like:

- Doctor and nurse office visits (when you visit a doctor or nurse for checkups, lab tests, exams, or treatment)
- Prescription drugs
- Inpatient hospital services (room and board, drugs, lab tests, and other services when you must stay in the hospital)
- Outpatient hospital services you receive in a hospital even though you do not stay in the hospital overnight
- Nursing facilities (nursing homes)
- Emergency ambulance services
- Certain emergency dental care for adults
- Non-emergency transportation (to get to and from medical appointments, for Medicaid members only)
- Medical equipment and supplies prescribed by a doctor for use in your home (such as wheelchairs, crutches, or walkers)

- Home health services ordered by a doctor and received in your home (such as part-time nursing, physical therapy, or home health aides)
- Hospice care services provided by a Medicaid hospice provider
- Vision care for children (limited services for adults)
- Case management
- Diagnostic, screening, and preventive services
- Laboratory services
- Medicare premiums, deductibles, and coinsurance
- Mental health clinic services
- Nurse midwife and nurse practitioner services
- Orthotics and prosthetics (artificial limbs and replacement devices)
- Podiatry services
- Therapy services (physical, occupational, and speech)
- Rural Health Clinic and Federally Qualified Health Center services
- Dialysis and services for end-stage renal (kidney) disease
- Durable medical equipment
- Medicaid waiver services

Waiver Services

Medicaid waiver programs help older adults and adults with disabilities live and receive services in their homes or community instead of an institution or facility. Eligibility for the various waiver programs is determined by age, need, and type of disability. See the next section for more information.

The Georgia Department of Community Health provides a booklet on Medicaid in Georgia. You can find it here: [medicaid.georgia.gov/document/publication/medicalassistanceplansbookletpdf/download](https://www.medicaid.georgia.gov/document/publication/medicalassistanceplansbookletpdf/download).

MEDICAID FOR LONG-TERM CARE SUPPORTS AND FACILITIES

Elderly and Disabled Waiver Program (EDWP)

Formerly called the “Community Care Services Program (CCSP)”

A Medicaid waiver provides certain services not normally covered by Medicaid for a person with intellectual, developmental, or physical disabilities. These services can take place in the person’s home or in the community. These services might include adult day care, alternative living services, personal care, home delivered meals, and respite care for family caregivers.

Who is eligible?

For people who meet the medical and functional criteria for residing in a nursing facility, EDWP provides Medicaid coverage and in-home services.

There are financial eligibility requirements for waiver programs. People whose income is more than the

maximum Social Security Supplemental Security Income (SSI) monthly payment of **\$943** must pay a part of the cost of the program, called “cost sharing.” Cost sharing is based upon the amount of income over the SSI amount.

For 2024, the income limit for a single person is **\$2,829**. Income exceeding this amount will require a Qualified Income Trust or Miller Trust for eligibility.

How do I apply?

To apply, call the Georgia Division of Aging Services at **866-552-4464, option 2, then option 4**. Once connected, a AAA staff member will screen you by asking questions about your situation.

You can also get more information online from the **georgia.gov** website at **georgia.gov/apply-elderly-and-disabled-waiver-program**.

Nursing Home Medicaid

This type of Medicaid pays for nursing facility care for persons who are older, blind, or have disabilities who cannot afford to pay for their care.

There are financial eligibility requirements for nursing home Medicaid. Income limits are listed below. For those whose income is over the limit, a Qualified Income Trust or Miller Trust may be necessary to qualify for nursing home Medicaid. Some medical expenses not covered by Medicaid, such as dentures, some medications, or chiropractic care, may be deducted from the nursing home resident’s income.

Income limit	Up to \$2,829 per month, per person
Resources limit	\$2,000 individual \$3,000 couple

Safeguarding from Spousal Impoverishment

Often, one spouse needs nursing facility care while the other spouse remains at home. This means the couple must split their resources to pay both the cost of nursing home care and the costs of the spouse still living at home. The “spousal impoverishment” provision allows the spouse who remains at home, called the “community spouse,” to keep up to **\$3,853.50** of the couple’s income and **\$154,140** of the couple’s resources.

Some assets are not included in the calculation of total resources. Some examples of assets that are not included in the calculation are: the primary home; a **\$10,000** limit for burial exclusions, including accounts, life insurance, or preneed contracts; household furnishings; certain automobiles; and some other items.

Transfer of Assets for Long-Term Care Medicaid

In Medicaid for long-term care, which includes nursing home Medicaid and the Elderly and Disabled Waiver Program, if assets are transferred for less than the fair market value within 60 months before the application for Medicaid is filed, a person may be disqualified for a period equal to the value transferred.

Adult Medically Needy Spend Down

Another type of Medicaid for Georgians who are age 65 or older, blind, or have disabilities, is “spend down” Medicaid. This program has no income maximum. Individuals are allowed to use medical expenses

to “spend down” the difference between their income and the medically needy income level (MNIL). The coverage only pays for medical bills incurred after the spend-down is met.

MNIL	\$317 individual
	\$375 couple

There is no income limit for spend down Medicaid. There are resources limits.

Resources limit	\$2,000 individual
	\$3,000 couple

Medicare Savings Programs

There are programs that assist persons with limited income with paying their Medicare costs.

Qualified Medicare Beneficiary (QMB)

The QMB program pays for Medicare Part A and/or Part B premiums, deductibles, coinsurance, and copayments.

Income limit	\$1,275 individual
	\$1,724 couple

Resources limit	\$9,430 individual
	\$14,130 couple

Specified Low-Income Medicare Beneficiary (SLMB)

The SLMB program pays for Part B premiums.

Income limit	\$1,526 individual
	\$2,064 couple

Resources limit	\$9,430 individual
	\$14,130 couple

Qualified Individuals (QI)

This program also pays for Part B premiums, but the income limit is higher.

Income limit	\$1,478 individual
	\$1,992 couple

Resources limit	\$9,090 individual
	\$13,630 couple

Medicare Part D Subsidies (Extra Help)

The Medicare low-income subsidy program, also called “Extra Help,” helps people with limited income and resources pay for their Medicare Part D prescription drug costs.

Until 2024, there were two levels of Medicare low-income subsidies, full and partial. Beginning on January 1, 2024, there is only one level: full.

Income limit **\$ 22,590** individual per year
 \$ 30,660 couple per year

Resources limit **\$17,220** individual
 \$34,360 couple

HOSPICE

Hospice provides end-of-life care and comfort. Hospice does not offer curative therapies or medical intervention designed to prolong life. Hospice, provided by a public or private agency that is Medicare- or Medicaid-approved, is for all ages, including children and adults.

Hospice services can be provided at home or in a facility. Services include, but are not limited to, the following:

- Nursing home
- Medical social services
- Physician services
- Counseling services
- Respite care
- Home health aide service
- Homemaker services
- Medical equipment (such as wheelchairs, walkers, hospital beds)
- Medical supplies (bandages, catheters)
- Medications to manage pain and symptoms
- Occupational, physical, and speech therapy
- Grief counseling
- Spiritual counseling

Hospice can be covered by Medicaid or Medicare.

Medicaid Hospice Assistance

To be eligible for hospice Medicaid, one must meet basic and financial eligibility criteria and:

- Have a medical prognosis of six months or less life expectancy; and
- Receive hospice care services from an approved hospice care provider.

Income limit **\$2,829**

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

Medicare Hospice Benefit

If you receive hospice services at home, you pay a possible **\$5** copayment for each outpatient prescription drug and similar products for pain relief and symptom control. If you receive hospice care in a Medicare-approved facility, you may pay **5%** of the Medicare-approved amount for inpatient care. Medications are covered by either Medicare Part B or Part D.

SUPPLEMENTAL SECURITY INCOME (SSI)

SSI provides monthly payments to people with disabilities and older adults who have little or no income or resources.

Adults and children might be eligible for SSI if they have:

- Little or no income;
- Little or no resources; and
- A disability, blindness, or are age 65 or older.

The amount of the monthly payment depends on your income, living situation, things you own, and other factors. The maximum payment you can receive is **\$943** for an eligible individual or **\$1,415** for an eligible individual with an eligible spouse.

Income limit	\$2,829
Resources limit	\$2,000 individual \$3,000 couple

Resources include things like:

- Cash
- Bank accounts
- Stocks, mutual funds, and U.S. savings bonds
- Land
- Life insurance
- Personal property
- Vehicles
- Anything else you own which could be changed to cash and used for food or shelter

Generally, things that don't count toward your resource limit include:

- Your home and the land it's on, as long as you live there
- One vehicle per household
- Most personal belongings and household goods
- Property you can't use or sell

Other examples of things excluded from resources are 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**.

If your application for SSI is denied or your benefits are reduced or terminated, you can file an appeal. For more information on SSI appeals, visit ssa.gov/ssi/text-appeals-ussi.htm.

- Appeal time: **60 days**

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM

The federal program formally called “food stamps” was renamed “SNAP,” which is short for “Supplemental Nutrition Assistance Program.”

Who is eligible?

People who live and purchase and prepare their food together are considered a household for SNAP purposes. Most SNAP households must meet both the gross and net income limits to be eligible. However, a household with an older adult or person with a disability only has to meet the net income test. Net income means the amount of money you have left from your income after making certain deductions.

How do I apply?

You can apply for SNAP online, by phone, in person, or by mail.

Apply online

You can apply for benefits as well as check and manage your account status through Georgia Gateway.

- Visit the Georgia Gateway website at gateway.ga.gov/access/.
- Create an account or log in with your existing information.
- Fill out the required information and submit your benefits application.
- All DFCS locations have computers in their lobbies if you need web access.

Apply in person

You can apply in person through your county DFCS office. You can find your local DFCS office by visiting dfcs.georgia.gov/find-location.

Apply by phone

Call the Customer Contact Center at **(877) 423-4746** to submit an application by telephone.

Apply by mail

You can get a copy of the SNAP application online, print it, and mail it in. Mail it to the local DFCS office in your county. You can find your local office by visiting dfcs.georgia.gov/find-location.

SNAP Income Limits and Benefit Amounts

Household Size	Net Monthly Income Eligibility Standards (100% of the Federal Poverty Level)	Gross Monthly Income Eligibility Standards (130% of the Federal Poverty Level)	Gross Monthly Income Eligibility Standards for Separate Older Adult or Persons with Disabilities Household (165% of the Federal Poverty Level)	Maximum SNAP Allotment
1	\$1,215	\$1,580	\$2,005	\$291
2	\$1,644	\$2,137	\$2,712	\$535
3	\$2,072	\$2,694	\$3,419	\$766
4	\$2,500	\$3,250	\$4,125	\$973
5	\$2,929	\$3,807	\$4,832	\$1,155
6	\$3,357	\$4,364	\$5,539	\$1,386
7	\$3,785	\$4,921	\$6,246	\$1,532
8	\$4,214	\$5,478	\$6,952	\$1,751
Each additional person	\$429	\$557	\$707	\$219

SNAP Deductions

Medical Expenses

Persons who are 60 years and older or who have disabilities are eligible for medical deductions when applying for SNAP benefits. Households with recurring medical expenses that are more than **\$196** per month may opt to claim actual medical expenses. Each actual expense must be verified. Medical expenses include:

- Medical and dental care
- Hospitalization, outpatient treatment, and nursing home care
- Prescription drugs and over-the-counter medications prescribed by a doctor
- Medical supplies and medical equipment prescribed by a doctor (including equipment rental costs)
- Eyeglasses, contact lenses, hearing aids, dentures, and prosthetic devices prescribed by a doctor
- Health insurance and prescription drug insurance premiums
- Medicaid waiver cost sharing expenses
- Some Medicare out-of-pocket costs

- Transportation and lodging incurred during the receipt of medical treatment (e.g., trips to the doctor, dentist, or pharmacy for prescriptions), including the cost of mileage, parking, bus fare, taxi fare, etc.
- Maintaining a homemaker, home health aide, child care service, or a housekeeper whose assistance is necessary because of age, health condition, or illness
- The cost of telephone equipment specially designed for a person with a disability.

Instead of proving each medical expense, older adult or persons with disabilities households with recurring medical expenses in excess of **\$35** per month can claim a standard medical deduction. To be eligible for the standard medical deduction, households must verify that they incur more than **\$35** per month in qualifying medical expenses.

Standard Medical Deduction **\$161**

Other Deductions

Standard Deduction **\$198** for 1-3 people
 \$208 for 4 people
 \$244 for 5 people
 \$279 for 6 or more people

Shelter and Utility Deductions

For older adult or persons with disabilities households, all shelter costs over half the household income may be deducted. These costs include expenses such as rent, mortgage, property taxes, mortgage interest, home insurance, utilities, gas, electricity, telephone, or water.

Resources limits **\$4,250** households with at least one member who is age 60 or older or has a disability
 \$2,750 all other households

Exempt resources: Home and lot, household goods, cars

If your application for food stamps is denied or your benefits are reduced or terminated, you can file an appeal. To appeal, call **1-877-423-4746**, or follow the instructions on the notice of the decision you want to appeal.

Appeal Time: **90 days** (10 days to continue benefits while you wait for the appeal to be decided)

CONTACT INFORMATION

You can contact the programs listed below for more information or help with the topics discussed in this booklet.

Division of Family & Children Services

Visit **dfcs.georgia.gov/find-location** to locate your local office.

Georgia Gateway Helpdesk

Call 1-877-423-4746 or visit **gateway.ga.gov/access/** to apply for benefits online.

Social Security Administration

Call 1-800-772-1213 or visit ssa.gov.

Medicare

Call 1-800-MEDICARE (1-800-633-4227) or visit medicare.gov.

Georgia Hospice & Palliative Care Organization

Call 404-323-9397 or 1-877-924-6073 or visit ghpco.org/helpful-links.

Georgia Department of Community Health

Call 404-656-4507 or visit dch.georgia.gov.

Medicaid

Call 1-866-211-0950 or visit medicaid.georgia.gov.

Georgia Senior Legal Aid (formerly known as the “Senior Legal Hotline”)

Georgia Senior Legal Aid is a telephone service staffed by attorneys who take calls from Georgians, 60 years old and older, and their families. Attorneys give legal advice, brief service, and will make referrals to other attorneys or services if needed.

Call 404-389-9992 or learn more at atlantalegalaid.org/about-us/our-work.

Division of Aging Services

1-866-552-4464 or visit aging.georgia.gov

Aging and Disability Resource Connection

Georgia’s Aging & Disability Resource Connection (ADRC) counselors use the Empowerline database to connect you to resources that can help you stay in your home. Some of those resources include:

- Home health care agencies
- Respite care
- Caregiver support
- Home modifications and repairs
- Assistance with energy bills
- Home-delivered meals
- Wellness programs
- Assistive technology devices that help maintain independence
- Nursing home transitions

Call 1-866-552-4464 or visit georgiaadrc.com to learn more.

Georgia State Health Insurance Assistance Program (SHIP)

Georgia SHIP provides free, unbiased information and assistance to Medicare beneficiaries and their caregivers with health and drug plans.

Georgia SHIP helps people with Medicare understand their benefits and make informed decisions about health care options. Visit **aging.georgia.gov/georgia-ship** for more information.

Local assistance is available for health insurance related issues, including Medicare, prescription drug assistance, financial assistance programs, and long-term care insurance.

ELAP

The Elderly Legal Assistance Program offers adults age 60 and older free legal representation in civil legal matters. ELAP also provides community education sessions to help prevent legal problems. Visit **aging.georgia.gov/tools-resources/elderly-legal-assistance-program** for more information.

If you live in this county,	call:
Clayton, Cobb, DeKalb, Fulton, Gwinnett	404-389-9992
Barrow, Clarke, Elbert, Greene, Jackson, Jasper, Madison, Morgan, Newton, Oconee, Oglethorpe, and Walton	706-369-7147
All other counties	833-457-7529

Long-Term Care Ombudsman

Call 1-866-552-4464, option #5, or visit **georgiaombudsman.org**.

Long-term care ombudsmen provide advocacy and informal resolution of concerns of residents in long-term care facilities. Ombudsmen work on behalf of the resident, respecting the resident's autonomy and wishes. Ombudsmen may intervene in a problematic situation with the direct permission of the resident or representative. They also have resources and materials that may be helpful in addressing concerns. They are knowledgeable about laws and policies governing facilities and agencies that may be helpful in particular situations.

Area Agencies on Aging (AAAs)

1-866-552-4464

1. Atlanta Regional Commission

Home office: Atlanta
(404) 463-3333
1-866-552-4464

2. Central Savannah River Area (CSRA)

Home office: Augusta
1-866-552-4464

3. Coastal Georgia

Home office: Brunswick
1-800-580-6860

4. Heart of Georgia

Home office: Baxley
1-888-367-9913

5. Legacy Link (Georgia Mountains)

Home office: Gainesville
1-855-266-4283

6. Middle Georgia

Home office: Macon
1-888-548-1456

7. Northeast Georgia

Home office: Athens
1-800-474-7540

8. Northwest Georgia

Home office: Rome
1-800-759-2963

9. River Valley

Home office: Columbus
1-800-615-4379

10. Southern Georgia

Home office: Waycross
1-888-732-4464

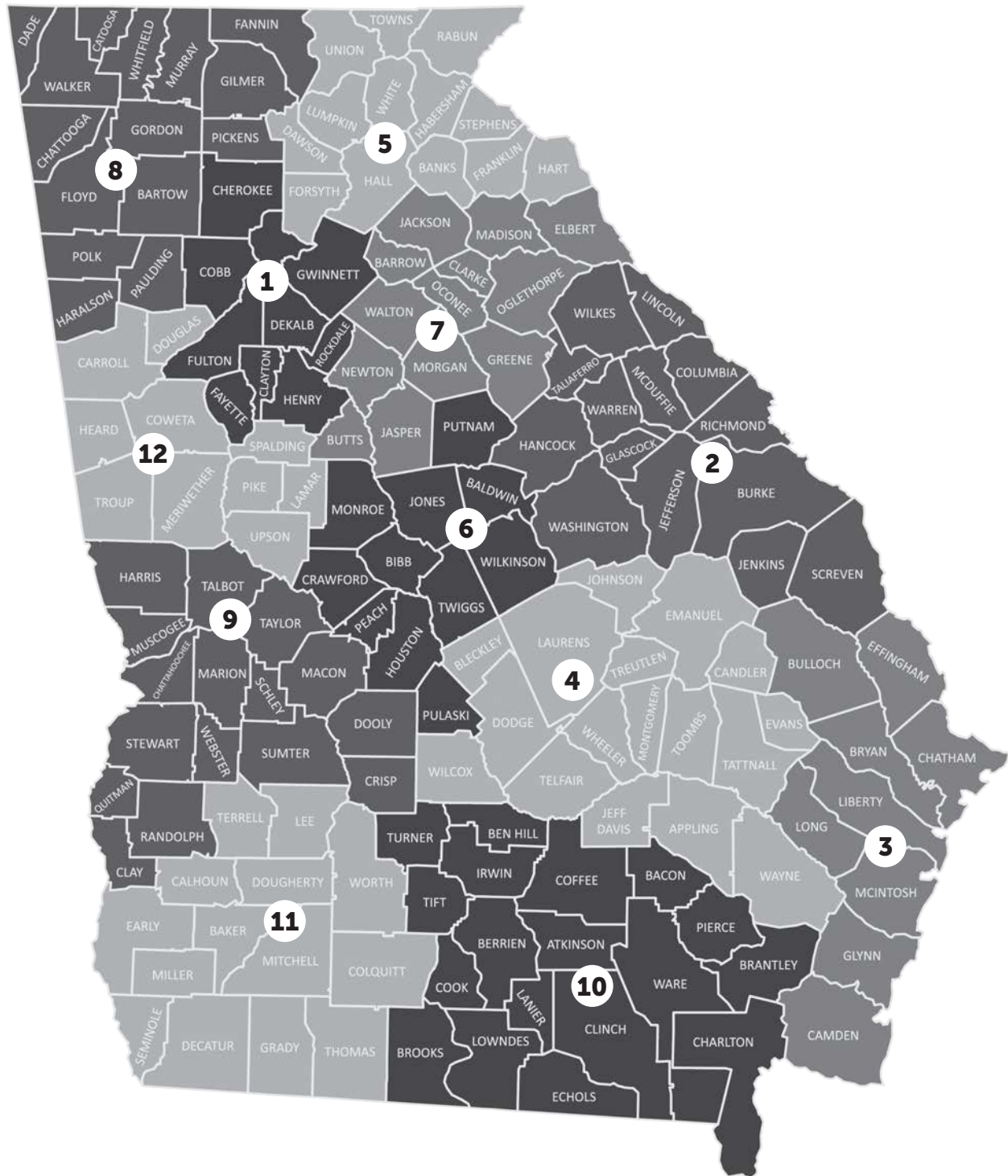
11. SOWEGA Council on Aging (Southwest Georgia)

Home office: Albany
1-800-282-6612

12. Three Rivers

Home office: Franklin
1-866-854-5652

AAA Regions by Location



- | | |
|---------------------------------------|---|
| 1. Atlanta Regional Commission | 7. Northeast Georgia |
| 2. Central Savannah River Area (CSRA) | 8. Northwest Georgia |
| 3. Coastal Georgia | 9. River Valley |
| 4. Heart of Georgia | 10. Southern Georgia |
| 5. Legacy Link (Georgia Mountains) | 11. SOWEGA Council on Aging (Southwest Georgia) |
| 6. Middle Georgia | 12. Three Rivers/Southern Crescent |

NOTES

2024 Revisions by Aimee E. Stowe

State Legal Services Developer

Georgia Department of Human Services | Division of Aging Services