

January 2017



2017

Benefits Guide for Older Georgians

Medicaid | Medicare | Social Security | Federal Supplemental Nutrition Assistance

MEDICARE

Eligible Persons: Age 65, on disability for two 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 of Georgia

Part B Medical coverage for doctors, equipment and supplies through Cahaba Government Benefit Administrators

DEDUCTIBLES

Part A **\$1,316.00** each benefit period

Part B **\$183.00** annually

PREMIUMS [Monthly]

Part A **\$227.00** with 30-39 quarters of coverage

\$413.00 for uninsured and certain disabled individuals with fewer than 30 quarters

Part B **\$109.00** if individual's income is \$85,000 or less

\$134.00 for new enrollees, plus non-Social Security recipients, those billed directly for Part B premiums, dual eligible for Medicare and Medicaid

\$187.50 [For individual income \$85,001 to \$107,000] includes Income Related Adjustment

\$267.90 [For individual income \$107,001 to \$160,000] includes Income Related Adjustment

\$348.30 [For individual income \$160,001 to \$214,000] includes Income Related Adjustment

\$428.60 [For individual income greater than \$214,000] includes Income Related Adjustment

Appeal Time

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

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 **\$329.00** 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 days. 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 **\$658.00** per day.

NURSING HOME MEDICARE

Medicare pays for Skilled Care only. One must have been hospitalized as an inpatient for three consecutive days before entering the nursing home. For the first 20 days, Medicare pays all of the covered costs. For days 21-100, there is a co-insurance payment of **\$164.50** 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 for Needy Families (TANF), then one is eligible for Medicaid. The Georgia Department of Community Health's Medical Assistance Plans Division administers Georgia Medicaid: **1-866-211-0950**. An application can be made at your local county DFCS 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 COVERED 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 homes 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 Information 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) then there is a cost share to participate in the program. The cap for eligibility is **\$2,205.00**. 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 local Area Agency on Aging or the Department of Community Health's Medical Assistance Plans Division.

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 \$2,205.00 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 \$3,022.50 of the couple's income and \$120,900.00 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 (=) **\$2,020.00** total income which is less than \$3,022.50, 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. Your local county DFCS office 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 2017

Individual **\$735.00** per month
Couple **\$1,103.00** 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 your local county DFCS office.

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 your local county DFCS office.

January 2017

Individual **\$337.00** per month

Couple **\$395.00** per month

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

Appeal Time: 30 days

MEDICARE SAVINGS 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 your local county DFCS office.

1. Qualified Medicare Beneficiary (QMB)

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

Income Limit:

(Through March 2017)

Individual **\$1,010.00**

Couple **\$1,355.00**

2. Specified Low Income Medicare Beneficiary (SLIMB)

Only covers the Part B Premium.

Income Limit:

(Through March 2017)

Individual **\$1,208.00**

Couple **\$1,622.00**

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

Resources: \$7,280 individual
\$10,930 couple

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

2016-17 MEDICARE PART D SUBSIDIES (“EXTRA HELP”)

Full: Provides drug subsidy with low copayments to Medicare beneficiaries with incomes up to 135% of federal poverty level and limited resources. With the full subsidy, there is no Part D deductible. Apply at Social Security.

Monthly Income Limit: \$1,357 individual
 \$1,823 couple

Resources: \$8,780 individual; \$13,930 couple

Partial: Provides a partial subsidy of premium, deductible and co-insurance to Medicare beneficiaries with incomes up to 150% of poverty and limited resources. With the partial subsidy, the Part D deductible is limited to \$74.

Monthly Income Limit: \$1,505 individual
 \$2,023 couple

Resources: \$13,930 individual; \$27,250 couple

These resource limits include the automatic \$1,500 burial fund allotment.

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** copayment for each outpatient prescription drug and similar products for pain relief and symptom control and possibly 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: \$2,205.00 per month

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

FOOD STAMPS (THROUGH SEPTEMBER 2017)

Federal Program renamed “SNAP” (Supplemental Nutrition Assistance Program)

| ELDERLY | | | |
|------------------------|--------------|-------------------|---------------|
| Household Size | Gross [130%] | Net Income [100%] | Max Allotment |
| 1 | \$1,287 | \$980 | \$194 |
| 2 | \$1,736 | \$1,335 | \$357 |
| 3 | \$2,184 | \$1,680 | \$511 |
| 4 | \$2,633 | \$2,025 | \$649 |
| 5 | \$3,081 | \$2,370 | \$771 |
| 6 | \$3,530 | \$2,715 | \$925 |
| 7 | \$3,980 | \$3,061 | \$1,022 |
| 8 | \$4,430 | \$3,408 | \$1,116 |
| Each additional person | +\$451 | +\$347 | +\$146 |

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. You can apply at your local county DFCS office. 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); \$2,250 non-elderly

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

Appeal Time: 90 days (10 days continued benefits)

Proved medical expenses in excess of **\$35** can be used to increase food stamp allotments for the elderly and disabled. 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 your local county DFCS office.

For transportation by taxi, bus, train, etc., use the actual cost of the trip to claim it as an expense. Georgia now has a Standard Medical Deduction if expenses exceed **\$35** per month for elderly and disabled adults.

OTHER FOOD STAMP BUDGET ALLOWANCES

Standard Deduction: \$157.00 maximum (1-3 people)
\$168.00 (4+ people)

Shelter Deduction: \$517.00

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)

Standard Medical Deduction: \$185.00

For elderly and disabled households with proved medical expenses in excess of **\$35** per month; recipients may choose to request an actual expense deduction instead of using the standard medical deduction.

A dependent care deduction for work, training or education.

A 20% deduction for earned income.

CONTACT

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

COUNTY DFCS OFFICE

1-877-423-4746

Menu options:

1. Nursing Home Medicaid
2. Spousal Impoverishment
3. QMB or SLIMB
4. Adult Medically Needy “Spend Down”
5. SNAP Benefits (Food Stamps)
6. Georgia Senior SNAP Application Process

(NOTE: Visit compass.ga.gov/selfservice/ for an option of applying for benefits online)

SOCIAL SECURITY ADMINISTRATION

1-800-772-1213

Menu options:

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
Medical Assistance Plans Division
1-866-211-0950

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

1-866-552-4464

Aging & Disability Resource Connection (ADRC)

A “one-stop-shop” for information and resources to help you stay in your home is available.

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 local 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

1-866-552-4464, option #5

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

1-866-552-4464

Atlanta Regional Commission

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

Central Savannah River Area

Home Office: Augusta
1-866-552-4464

Coastal Georgia

Home Office: Brunswick
1-800-580-6860

GA Mountains (Legacy Link, Inc.)

Home Office: Gainesville
1-855-266-4283

Heart of Georgia Altamaha

Home Office: Baxley
1-888-367-9913

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

River Valley

Home Office: Columbus
1-800-615-4379

Southern Georgia

Home Office: Waycross
1-888-732-4464

Southwest Georgia

Home Office: Albany
1-800-282-6612

Three Rivers/Southern Crescent

Home Office: Franklin
1-866-854-5652

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

NOTES