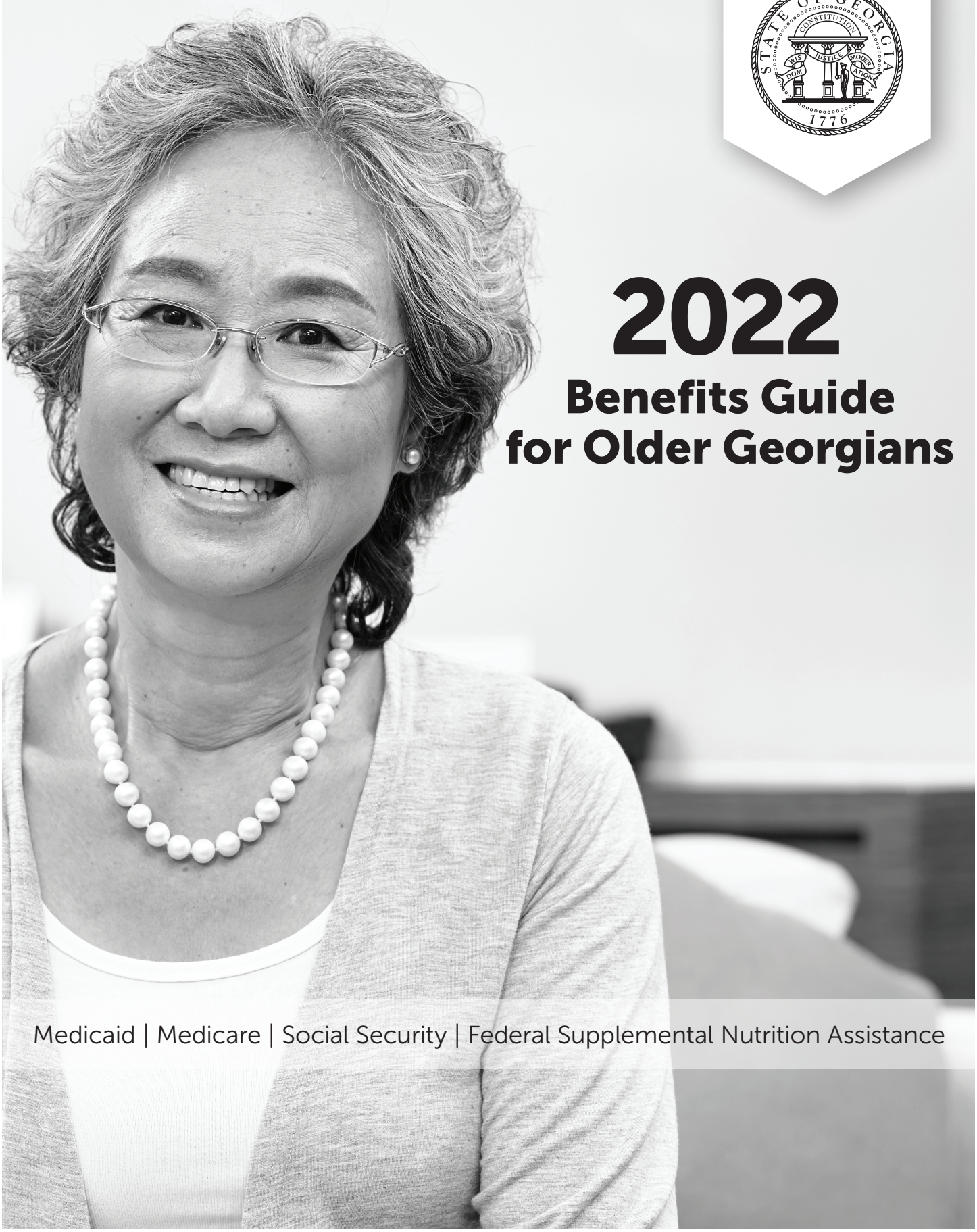
March 2022



2022
Benefits Guide for Older Georgians

Medicaid | Medicare | Social Security | Federal Supplemental Nutrition Assistance

ORIGINAL 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 administered by Palmetto GBA

Part B Medical coverage for doctors, equipment and supplies administered by Palmetto GBA

DEDUCTIBLES

Part A **$1,556** each benefit period

Part B **$233** annually

PREMIUMS [Monthly]

Part A	**$274.00**	with 30-39 quarters of coverage
	$499.00	for uninsured and certain disabled individuals with fewer than 30 quarters
Part B	**$170.10**	if individual's income is $91,000 or less
	$170.10	for new enrollees, plus non-Social Security recipients, those billed directly for Part B premiums, dual eligible for Medicare and Medicaid
	$238.10	[For individual income $91,000 to $114,000] includes Income Related Adjustment
	$340.20	[For individual income greater than $114,000 to $142,000] includes Income Related Adjustment
	$442.30	[For individual income greater than $142,000 to $170,000] includes Income Related Adjustment
	$544.30	[For individual income greater than $170,000 to $500,000] includes Income Related Adjustment
	$578.30	[For individual income greater than or equal $500,000] includes Income Related Adjustment

Appeal Time

120 days from the date of the Medicare Summary Notice, and 180 days on a request for reconsideration

HOSPITAL MEDICARE COINSURANCE

Medicare pays up to 90 days for each benefit period, or "spell of illness." For the first 60 days, Medicare pays 100% of covered hospital services, and the Medicare beneficiary pays $0 coinsurance. For the 61st through the 90th day, the Medicare beneficiary pays **$389** per day, and Medicare pays the rest.

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, the Medicare beneficiary pays **$778** coinsurance per day.

NURSING HOME MEDICARE COINSURANCE

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 , and the Medicare beneficiary pays $0 coinsurance. For days 21-100, there is a coinsurance payment of **$194.50** 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 or online by visiting https://gateway.ga.gov/access/. 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 Facilities for Individuals with Intellectual Disability
- 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
- Orthotics and Prosthetics
- 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 with AIDS
    - Chronically Mentally Ill
    - Early Intervention
    - Perinatal
    - Therapeutic Residential Intervention
- Vision Care 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.

ELDERLY AND DISABLED WAIVER PROGRAM

Formerly called the "Community Care Services Program" or "CCSP")

This program assists eligible Medicaid beneficiaries to live in the community and delay or avoid institutionalization. For people who wish to remain in their home but meet the medical, functional, and financial criteria for placement as residents of a nursing facility, EDWP provides Medicaid coverage and in-home services. 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 **$2,523**. 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 EDWP 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 persons who are 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 **$2,523** 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 $3,435 of the couple's income and $137,400 of the couple's resources.

Allowable Resources: The home, a **$10,000** limit for burial exclusions for the applicant/recipient and for the spouse, including accounts, life insurance and preneed contracts, **$2,000** 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 (-) $70 Personal Needs Allowance (-) $130 in excess medical expenses (=) **$1,000** available income

Step 2
The community spouse receives $1,000 income: $1,000 income (+) $1,000 from NH resident (=) **$2,000** total income which is less than $3,435; therefore, the community spouse keeps $2,000 in income, leaving $0 for the resident's contribution to the nursing home bill. 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.

Transfer of Assets for Long-Term Care Medicaid: In Medicaid for long-term care, which includes nursing homes and the Elderly and Disabled Waiver 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.

For more information about this subject, see in our publication, "Medicaid Information for Long-Term Care."

SUPPLEMENTAL SECURITY INCOME [SSI]

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

January 2022

Individual	**$841** per month
Couple	**$1,261** per month

There is a resource limit of $2,000 for an individual and $3,000 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 2022

Individual **$317** per month
Couple **$375** per month

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

Appeal Time: 30 days

MEDICARE SAVINGS PROGRAMS

There are programs that assist persons with limited income to pay Medicare costs. The 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, coinsurance, and Part A & B deductibles; does not pay for prescriptions.

Income Limit:
(Through 2022)
Individual **$1,153**
Couple **$1,546**

2. Specified Low Income Medicare Beneficiary (SLMB)
Only covers the Part B premium.

Income Limit:
(Through 2022)
Individual $1,379
Couple $1,851

Ask about the availability of benefits under the Qualifying Individual Program (QI1). QI1 also pays the Part B premium, but the income limit is higher than the SLMB income limit.
Resources: $8,400 individual; $12,600 couple

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

2022 MEDICARE PART D SUBSIDIES ("EXTRA HELP")

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

Monthly Income Limit: $1,549 individual
$2,080 couple

Resources: $9,900 individual; $15,600 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 $99.

Monthly Income Limit: $1,719 individual
$2,309 couple

Resources: $15,510 individual; $30,950 couple

The income limits include a $20 income disregard and the 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

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 inpatient, 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.

MEDICAID HOSPICE

Income Limit: $2,382 per month
Resources: $2,000 individual; $3,000 couple

FOOD STAMPS (SNAP)

The federal program formally called "food stamps" was renamed "SNAP" (Supplemental Nutrition Assistance Program). 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.

ELDERLY / DISABLED				
Household Size	**Max Gross Monthly Income [130%]**	**Max Net Monthly Income [100%]**	**Monthly Gross Income Limit [165%] elderly/ disabled separate HH**	**Max Allotment**
1	$1,396	$1,074	$1,771	$250
2	$1,888	$1,452	$2,396	$459
3	$2,379	$1,830	$3,020	$658
4	$2,871	$2,209	$3,644	$835
5	$3,363	$2,587	$4,268	$992
6	$3,855	$2,965	$4,893	$1,190
7	$4,347	$3,344	$5,517	$1,316
8	$4,839	$3,722	$6,141	$1,504
Each additional person	+$492	+$379	+$625	+$188

Resources: $3,750 elderly (60 and over); $2,500 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 co-pays, deductibles, and health insurance premiums - including Medicare; dentures and hearing aids; transportation costs for medical treatment; and other medical expenses. 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 a 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: $177 maximum (1-3 people)
$184 (4 people)
$215 (5 people)
$246 (6+ people)

Shelter Deduction: $597 (no maximum for elderly or disabled)
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). There are additional standards in place for some households in Georgia. Check with a local Division of Family & Children Services office for more information.

Standard Medical Deduction: $136*
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. ***Effective April 1**, 2020, Georgia will allow households with an elderly or disabled member with recurring medical expenses in excess of $35 per month to claim a standard medical deduction of $136 per month. To be eligible for the standard medical deduction, households must verify that they incur more than $35 per month in qualifying medical expenses. The household may verify medical expenses using **one** medical bill that is more than $35 per month to qualify for the standard medical deduction.

CONTACT

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

COUNTY DFCS OFFICE
Visit **dfcs.ga.gov/locations** to locate your local office.

Georgia Gateway Helpdesk: 1-877-423-4746
(NOTE: Visit **gateway.ga.gov** to apply 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

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