

# 2010 GUIDE To BENEFITS PROGRAMS

## FEDERAL FOOD STAMP PROGRAM



**Supplemental  
Nutrition  
Assistance  
Program**

Putting Healthy Food  
Within Reach

## SOCIAL SECURITY



## MEDICARE

MEDICARE		HEALTH INSURANCE	
1-800-MEDICARE (1-800-633-4227)			
NAME OF BENEFICIARY <b>JANE DOE</b>			
MEDICARE CLAIM NUMBER <b>000-00-0000-A</b>		SEX <b>FEMALE</b>	
IS ENROLLED TO: <b>HOSPITAL MEDICAL</b>		DATE OF BIRTH: <b>07-01-1986 07-01-1986</b>	
SIGNATURE: _____ HERE: _____			
DO NOT SEND CLAIMS FOR PAYMENT OF MEDICARE BENEFITS TO THIS (L) ADDRESS			

## MEDICAID

GEORGIA DEPARTMENT OF COMMUNITY HEALTH	
Georgia Medicaid	
<b>Member ID #: 123456789012</b>	
Member: Joe Q Public Card Issuance Date: 12/01/02	
<b>Primary Care Physician:</b> Dr. Jane Q Public 285 Main Street Suite 2859 Atlanta, GA 30303 Phone: (123) 123-1234 X1234	<b>Plan:</b> Georgia Better Health Care  <b>After Hours:</b> (123) 123-1234 X1234

# FOR OLDER GEORGIANS



Georgia Department  
of Human Services

**JANUARY 2010**

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## 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:** \$1,100.00 each benefit period

**Part B:** \$155.00 annually

### **PREMIUMS: Monthly**

**Part A** — **\$461.00** for uninsured and certain disabled individuals with less than 30 quarters.

**\$254.00** for those credited with 30-39 quarters of coverage.

**Part B**— Based on annual income.

**If individual income is**

Less than \$85,000

Less than \$85,000

\$85,000 to \$107,000

\$107,000 to \$160,000

\$160,000 to \$214,000

Greater than \$214,000

**The Premium is:**

\$96.40

(if premium withheld held by SSA in 2009)

\$110.50

(if premium not withheld in 2009)

\$154.70

\$221.00

\$287.30

\$353.60

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

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## **MEDICARE PRESCRIPTION DRUG COVERAGE**

If you have not enrolled in a Medicare Prescription Drug Plan, please go to [www.Medicare.gov](http://www.Medicare.gov) or call GeorgiaCares at  
1-800-669-8387

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## **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 **\$275.00** 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 **\$550.00** per day.

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## **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 **\$137.50** per day and Medicare pays the rest. After 100 days, Medicare pays nothing.

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## **MEDICAID**

If one is eligible for SSI/TANF, then one is eligible for Medicaid. The Department of Community Health's Division of Medical Assistance administers Georgia Medicaid: 1-800-766-4456 or (404) 298-1228, **Application is made at DFCS**. If you lose your TANF/SSI, you do not necessarily lose Medicaid. The State must make an independent determination.

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### **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

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## MEDICAID SERVICES (continued)

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**

Physician Services

Physician's Assistant Services

Podiatric Services

Pre-Admission Screening/Annual Resident Review

Pregnancy Related Services

Psychological Services

Retroactive Medicaid (3 mos.)

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
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**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. *(Effective 2/1/07, any transfers to assets made after 2/8/06 became subject to a 60 month look back period under the Federal Deficit Reduction Act "DRA.")*

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

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## **COMMUNITY CARE SERVICES PROGRAM**

This program provides Medicaid Coverage and in-home services for persons who are nursing home eligible 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. **\$2,022** is the cap for eligibility. Income exceeding this amount will require a QIT 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.

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## **NURSING HOME MEDICAID ( No Change for 2010)**

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 QIT or Miller Trust in order to ensure eligibility.

**Income limit: up to \$2,022 per month** – per person

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

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## **SPOUSAL IMPOVERISHMENT (No Change for 2010)**

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 **\$2,739.00** of the couple's income and **\$109,560.00** of the couple's resources.

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

**Example:** For a Nursing Home 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 Nursing Home Resident receives income in the amount of \$1,200:

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\$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 \$2,739.00**,  
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. **DFCS must be notified.**

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## **SUPPLEMENTAL SECURITY INCOME (SSI)**

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

### **January 2010 (No Increase)**

**Individual: \$674.00** per month

**Couple: \$1,011.00** 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, CDs, etc. Certain things are excluded from resources.



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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, life insurance face value up to \$1,500. **Appeal Time: 60 days.**

**Pickle People:** If you received SS/SSI in the same month and SSI was canceled due to 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 DFCS.**

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### **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 DFCS.**

**January 2010**

**\$337.00**

**\$395.00**

**Resources:** \$2,000 individual

\$4,000 couple

**Appeal Time: 30 days**

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## 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 DFCS.**

1. Qualified Medicare Beneficiary (QMB)

Covers Part B Premium, Co-insurance and Part A & B Deductibles. (Does **Not PAY** for prescriptions).

**Income Limit:**

**(Thru March 2010)**

**Individual \$ 923.00**

**Couple \$1,235.00**

2. Specified Low Income Medicare Beneficiary (SLIMB) only  
covers the Part B Premium.

**Income Limit:**

**(Thru March 2010)**

**Individual \$1,103.00**

**Couple \$1,477.00**

**\*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 will use the Part D low-income subsidy (LIS) asset amount, indexed each year according to the Consumer Price Index.

**Resources:** \$6,600 individual

\$9,910 couple

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

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## **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: \$1,218.00 individual per month  
\$1,639.00 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: \$1,353.00 individual per month  
\$1,821.00 couple per month**

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## **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
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- 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 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: \$2,022** per month

**Resources:** \$2,000 individual

\$3,000 couple

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## Food Stamps (through September 2010)

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

<i>HH Size</i>	<i>165% of Poverty</i>	<i>Gross 130%</i>	<i>Net Income 100%</i>	<i>Max Allotment</i>
1	\$1,490	\$1,174	\$ 903	\$200
2	\$2,004	\$1,579	\$1,215	\$367
3	\$2,518	\$1,984	\$1,526	\$526
4	\$3,032	\$2,389	\$1,838	\$668
5	\$3,547	\$2,794	\$2,150	\$793
6	\$4,061	\$3,200	\$2,461	\$952
7	\$4,575	\$3,605	\$2,773	\$1,052
8	\$5,089	\$3,406	\$3,085	\$1,202
<b>Each additional person</b>	+\$515	+\$406	+\$312	+\$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 DFCS. Multiply the net income by .3 and subtract that figure from the maximum food stamp allotment to obtain the HH allotment.**

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

**Exempt Resources:** Home and lot; household goods; cars with FMV under \$4,650 or cars exempt because used for income production, long distance work, as home or for transporting disabled. **Appeal Time: 90 days (10 days continued benefits).**

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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: **\$141.00** maximum (1-3 people)  
**\$153.00** (4+ people)

Shelter Deduction: **\$459.00**  
(In addition, excess shelter costs for elderly households)

A Dependent care deduction for work, training or education

A 20% deduction for earned income

For Assistance with the Programs Discussed In This  
Brochure See The Following:

**DEPARTMENT 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"

**MEDICARE PART B CLAIMS**

1-800-633-4227

**MEDICARE PART A CLAIMS**

1-800-633-4227

**GEORGIA HOSPICE & PALLIATIVE CARE  
ORGANIZATION**

770-924-6073 or 1-877-924-6023

## **GEORGIA CARES**

For information on prescription drug plans, Medicare and other health insurance options  
1-800-669-8387

## **COMMUNITY CARE SERVICES PROGRAM**

Information is available from the Area Agency on Aging Office for your area.

## **MEDICAID**

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

## **ELAP (Elderly Legal Assistance Program)**

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 Office or the Division of Aging Services at 1-866-552-4464 or (404) 657-5319

## **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.  
1-888-454-5826 or (404) 463-8383



## **AREA AGENCIES ON AGING**

### **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 Georgia**

Home Office: Waycross  
1-888-732-4464

### **Three Rivers/Southern Crescent**

Home Office: Franklin  
1-866-854-5652

### **Southwest Georgia**

Home Office: Albany  
1-800-282-6612

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