

Medicaid

Medicaid for Aged, Blind or Disabled in Georgia

Medicaid is a federal program which is administered by the states. The Federal government establishes certain minimum coverages for every state, and the states have the option of providing more than the federal minimums if they so choose. Because of that, Medicaid is different in every state.

Medicaid is a financial assistance program. To Qualify for Medicaid, an individual must meet certain eligibility criteria. In Georgia, there are over twenty different coverage categories of Medicaid, known as classes of assistance, and each one has its own set of eligibility criteria. The classes of assistance are determined by a person's living arrangements, types and amounts of income, marital status, and prior Medicaid coverage, among other factors. For every class, an individual must meet the following criteria:

- Be age 65 or older, or be totally disabled, or be blind
- Be a U.S. citizen or a lawfully admitted alien who was lawfully admitted prior to August 22, 1996.
- Be a resident of Georgia (there is no time limit to establish residency, only the intention to permanently live in Georgia)
- Agree to assign all health insurance benefits to the Georgia Department of Community Health
- Apply for and accept any other benefits which may help to pay for medical expenses
- Meet financial eligibility guidelines for both income and assets. The financial criteria are different for every class of assistance.

Below is a brief description of the classes of assistance in Georgia.

Medical Treatment Facility (MTF) – This includes nursing homes, hospice care, hospital stays of 30 days or more, and Community Care Services. The income limit for an individual in an MTF is \$1,590 gross total income per month, or income less than the cost of the nursing home.

Supplemental Security Income (SSI) – This is a financial assistance program administered by Social Security. If an individual is eligible for SSI, he or she qualifies for Medicaid automatically. Any person who may be potentially eligible for SSI will be referred to Social Security before a Medicaid application will be taken. The income maximum for SSI is \$530 for an individual and \$796 for a couple.

Qualified Medicare Beneficiaries (QMB) – This coverage pays an individual's Medicare premium, Medicare coinsurance and deductibles. It does not pay for any prescription drugs. The income maximum for QMB is \$736 for an individual and \$988 for a couple (effective 4-1-01).

Adult medically Needy – This is the one Medicaid program that has no income maximum. An individual can qualify for Medicaid if his or her medical bills exceed a certain dollar amount. The specific dollar amount for each individual is based on his or her monthly income (this is known as the spenddown). Medically needy is limited to three months at a time, and only pays for bills incurred after the spenddown is met.

The rest of the Medical classes of assistance are for children, pregnant women, and some families with no income.

All of the income limits change at least once a year, usually corresponding to the yearly cost of living adjustment in Social Security benefits. The above figures are all effective 1-1-00 (excluding QMB).

Every class of assistance has a maximum allowable limit for assets. In Georgia, a person's home and one automobile do not count as assets in the eligibility determination. All bank accounts, investments, other real property, mortgages and promissory notes, jointly owned assets, and inherited property do not count. Georgia does have an estate recovery program. Life insurance of over \$1500 may count. Any Asset given away within the past 36 months may count. There is an allowance for funeral expense. The caseworker at your county Department of Family and Children Services (DFCS) can give you the specifics on assets for each class of assistance.

With the exception of SSI, which is handled by Social Security, individuals can apply for Medicaid at their county DFCS office. The caseworker at DFCS can explain in detail all the eligibility criteria and all the classes of assistance. The application interview for Medicaid is lengthy and in depth. Please call your local DFACS office for more information, and to make an appointment is one is required.

Financial Criteria

In determining eligibility, we must consider the total gross monthly income of an individual for all sources. This includes Social Security benefits, any pensions, retirement, interest, dividends, etc. If the applicant is living with a spouse, we must also consider the income of the spouse and we must count the assets of both the husband and the wife. Countable assets do not include the individual's home and one automobile.

Countable assets do include any real property other than the home, savings and checking accounts, investments such as certificates of deposit, stocks, bonds, mortgages and counts against the Medicaid limit if the individual has legal ownership and the legal right to sell asset, even if the person does not have physical access to it, or if there is no market for it.

In addition to the \$2000 limit, Medicaid also provides for a burial allowance. An individual is allowed \$1500 or \$5000 (depending of the type of Medicaid) to pay for

funeral expenses. This money must be in a separate account and cannot be used for any other purpose. Cemetery lots are not counted for Medicaid. And individual can also own a pre-need funeral contract with a funeral home which will not be counted.

The cash value of life insurance may or may not be considered a countable asset, depending on the face value of the life insurance and the type of Medicaid. The caseworker in the county DFCS office can explain the life insurance regulations.