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AGED, BLIND AND DISABLED MEDICAID (ABD)

The ABD Medicaid Program available through the Division of Family and Children Services (DFCS)

ABD MEDICAID IN GEORGIA:

ABD Medicaid in Georgia serves persons who are 65 years of age or older, legally blind and/or totally disabled. There are 19 different coverage categories, known as classes of assistance (COA), for the ABD population (see below for the primary categories.)

An individual's living arrangement, types and amount of income, marital status and prior Medicaid eligibility, among other factors, determine the most appropriate COA.

HOW DOES A FAMILY APPLY FOR ABD?

Paper applications can be filed to any local DFCS office by mail, fax or in person. If you have difficulty completing the application, someone will assist you at the local office.

WHO CAN RECEIVE ABD?

Individuals must meet the following non-financial criteria in addition to meeting the financial eligibility criteria before being eligible for the ABD programs:

- Age 65 or older, or be totally disabled, or be blind;
- A U.S. citizen or an alien who was lawfully admitted for permanent residence prior to August 22, 1996;
- 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 all other monetary benefits, payments or allotments.

Financial Criteria:

Financial criteria are divided into two groups, income and assets. In determining eligibility, a DFCS case manager will consider the total gross monthly income of the applicant from all sources. This includes Social Security benefits, any pensions, retirement, interest, dividends, etc. If the applicant is living with a spouse, the case manager will also consider the income of the spouse.

Every Medicaid category has a maximum allowable limit for assets. Countable assets do not include the individual's home. All or only one vehicle may be exempt, depending on the category. Countable assets do include:

- any real property other than the home
- all bank accounts
- investments such as certificates of deposit, stocks, bonds, mortgages and promissory notes
- inherited property, and jointly owned assets
- life insurance over \$2,000 may count.

An asset counts against the Medicaid limit if the individual has legal ownership and the legal right to sell the asset, even if the person does not have physical access to it, or if there is no market for it. Any asset given away within the past 60 months may count and result in a transfer penalty being applied.

In addition to the allowable asset limit, an individual is allowed to set aside up to \$1,500 or \$10,000 to pay for funeral expenses, depending on the category. This money must be separately identifiable and cannot be used for any other purpose. Cemetery lots are not counted and an individual can own a pre-paid funeral contract in any amount, which will not be counted.

Individuals with total gross monthly income less than the federal benefit rate who wish to apply for Medicaid will be referred to the Social Security Administration to apply for Supplemental Security Income (SSI). This is a financial assistance program. If an individual is eligible for SSI, he or she qualifies for Medicaid automatically. For 2011, the monthly income maximum is \$674 for an individual and \$1,011 for a couple.

WHAT IS COVERED BY THE ABD PROGRAM?

Institutionalized — Includes nursing home, hospice, and hospital stays of 30 days or more; Community Care Services; the Mental Retardation Waiver program; and Community Habilitation Support Services.

The income limit for an individual is \$2,022 gross total income per month, or income less than the cost of the nursing home for individuals whose income is more than \$2,022 who live in a nursing home.

Qualified Medicare Beneficiaries (QMB) — Coverage pays an individual's Medicare premium, Medicare coinsurance and deductibles. Prescription drugs are not covered under this COA.

The income maximum for QMB is \$908 for an individual and \$1,226 for a couple.

Specified Low-Income Medicare Beneficiaries (SLMB) — Program pays the monthly premium for Medicare Supplemental Medical Insurance (Part B). This COA offers no Medicaid benefits.

The income maximum for SLMB is \$1,089 for an individual and \$1,471 for a couple.

Public laws — Through the years Congress has passed six public laws that provide continued Medicaid coverage for people who have been terminated from Social Security Income (SSI). Each public law has different financial criteria.

Adult Medically Needy — 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 MNIL is \$317 for an individual and \$375 for a couple. Medically Needy is calculated on a monthly basis, and only pays for medical bills incurred after the spend-down is met.

Deeming Waiver — Available to children under the age of 18 who are financially ineligible for SSI and determined to be in need of institutionalized care but have chosen to remain at home because they can be cared for at a lower cost.

The individual income limit is \$2,022 gross total income per month. The income and assets of the parent(s) are not considered.

HOW LONG CAN A FAMILY RECEIVE ABD?

There is no time limit for receiving ABD benefits; however, cases must be renewed each year for continued Medicaid eligibility.

HOW DO I RENEW MY BENEFITS?

A renewal letter will be mailed to each family or recipient that gives instructions on the renewal process. Families can renew their benefits at www.compass.ga.gov. In order to use the online renewal process, the family must know the client id of the head of the household and use it to create an online account prior to going to the '*renew my benefits*' section.