

**CONNECTICUT  
HOMECARE  
PROGRAM FOR  
ELDERS  
(CHCPE)**

# **CANOE BROOK CENTER**

## **INFORMATIONAL PACKET**



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## CONNECTICUT HOME CARE PROGRAM FOR ELDERS (CHCPE)

This program provides services to help eligible residents live in the community. Eligible applicants must be 65 years of age or older, be at risk of nursing home placement and meet the program's financial eligibility criteria. To be at risk of nursing home placement means that the applicant needs assistance with critical needs such as bathing, dressing, eating, taking medications and toileting. CHCPE helps clients continue living at home instead of going to a nursing home. Each applicant's needs are reviewed to determine if he/she may remain at home with the help of home care services.

### Community Options Unit

This area explains the CT Home Care Program for Elders (CHCPE), including who is eligible for the program, what services are available, how to apply for services, and how to contact the program.

To be eligible, applicants must be 65 years of age or older, be a Connecticut resident, be at risk of nursing home placement and meet the program's financial eligibility criteria. To be at risk of nursing home placement means that the applicant needs assistance with critical needs such as bathing, dressing, eating, taking medications, toileting. The CHCPE helps eligible clients continue living at home instead of going to a nursing home. Each applicant's needs are reviewed to determine if the applicant may remain at home with the help of home care services. For more information on eligibility criteria, please see the link below.

### **Services may include:**

- Care Management Services
- Adult Day Health Services
- Companion Services
- Home Delivered Meals
- Homemaker Services

### **Making a Referral**

Referrals can now be accepted online

at: <https://www.ascendami.com/CTHomeCareForElders/default/Opens in a new window>

For more information, or to start the application process, please call 1-800-445-5394 (toll-free) or 860-424-4904 locally in the Hartford area and select option 4.

### **Fees / Payment**

#### **Co-Pay Requirement**

As of July 1, 2015 clients who are on the state-funded portion of the program are required to pay a 9% copay per Public Act 15-5. The care manager assigned to you can explain the process in detail. Failure to pay the copay will result in the termination of services under the CT Home Care Program for Elders.

## INCOME AND ASSET INFORMATION (2022)

**WHAT IS COUNTED FOR YOUR GROSS MONTHLY INCOME?** Your total income before any deductions including any deductions for Medicare premiums.

Count only your income and no one else's. (If married, do not count your spouse's income.)

Count all income you get on a regular basis like your wages, pension, Social Security, Veterans benefits, and Supplemental

Security Income. **WHAT ARE YOUR COUNTABLE ASSETS? DO NOT COUNT** your house, furnishings, personal belongings (clothes, jewelry) or the motor vehicle that is your essential means of transportation.

Also, do not count:

- **Burial Funds** - Irrevocable up to \$10,000 for each person OR Revocable up to \$1,800.
- **Burial Plots** - For single individuals, one plot. For married individuals, one plot for each spouse and certain other family members under certain conditions. A plot may include a casket, outer container and opening and closing of the grave.
- **Life Insurance Policies** - If the total face value of all policies does not exceed \$1,500.00. (Otherwise count total cash surrender value of all policies.) Term Life policies are excluded regardless of value.

**COUNT ASSETS OWNED BY YOU OR YOUR SPOUSE.** All jointly held assets must be counted in full as yours unless you can show they are owned by someone else (not your spouse). This includes things like: real estate not used as your home, non-essential motor vehicles, campers, boats, bank/credit union accounts (savings, checking, CD, IRA, Vacation or Christmas Club), stocks, revocable trust funds, bonds, U.S. Savings Bonds, total cash surrender value of life insurance with a total face value that exceeds \$1,500.00.

**MEDICAID WAIVER INCOME LIMIT** - \$2,523.00 per month or less

**STATE FUNDED INCOME LIMIT** - No Limit

<b><u>ASSET LIMITS</u></b> --	<b><u>MEDICAID WAIVER*</u></b>	<b><u>STATE FUNDED**</u></b>
Individual --	\$1,600.00	Individual -- \$41,220.00
Couple --	\$3,200.00 (both receiving services)	Couple Combined Assets -- \$54,960.00
Couple --	\$1,600.00* (one receiving services)	(one or both receiving services)

**\* A higher amount may be allowed if you have a spousal assessment done (see Notice to Married Couples).**

**\*\* Participation in program is based on availability of funds. State Funded clients are required to pay 4.5% of the cost of their services.**

*If your income and assets are within these amounts you may qualify for services.*

## ASSISTED LIVING SERVICES

Assisted Living Services are a combination of supportive services, personalized assistance and health care designed to respond to the individual needs of those who need help with activities of daily living such as bathing and dressing. Supportive services are available 24 hours a day to meet residents' needs.

Assisted living bridges the gap between independent living and nursing homes. Assisted living is designed for people who want to live in the community but who do not need as much care as they would receive at a nursing home.

*\*Personal Care Attendant Services - family members are NOT eligible to be paid for taking care of relatives with very rare exceptions.*

*\*Chore Assistance - only available as part of a package of services to applicants who meet all other eligibility criteria.*

Adult Family Living - Bill Payer - Support Broker - Care Transitions - Chronic Disease Self-Management - Assistive Technology

### Who is Eligible?

Applicants must:

- Be age 65 or older.
- Be referred to and become eligible for the CT Home Care Program for Elders by meeting functional and financial requirements.

*Depending on the applicant's income and assets, program participants may be required to pay a 9% cost share or applied income. Cost share and applied income payments are mandatory and required.*

***\* The CT Home Care Program for Elders (CHCPE) referral, application, screening and assessment process must be followed and completed before services can begin.***

### Who provides Assisted Living Services?

Assisted Living Services Agencies (ALSAs) provide nursing and personal care to individuals living in Managed Residential Communities (MRC). The MRCs provide core services such as housekeeping, laundry, meals, 24-hr. security, one main meal per day, light housekeeping, "expanded core services" such as: a Residential Service Coordinator, emergency transportation, and wellness/prevention services.

The Assisted Living Services Agency (ALSA) provides personal care which includes hands-on assistance with daily activities including dressing, grooming, bathing, using the toilet, transferring, walking and eating. Personal Services may include changing bed linens in conjunction with incontinence care.

## **What Services are Included?**

There are four service packages based on the participant's functional needs.

### **Service Packages**

#### **Occasional Personal Service**

1 hour per week, up to 3.75 hours per week of personal services plus nursing visits as needed.

#### **Limited Personal Service**

4 hours per week, up to 8.75 hours per week of personal services plus nursing visits as needed.

#### **Moderate Personal Service**

9 hours per week, up to 14.75 hours per week of personal services plus nursing visits as needed.

#### **Extensive Personal Services**

15 hours per week, up to 25 hours per week of personal services plus nursing visits as needed

***The CT Home Care Program for Elders does not pay for room and board.***

### **Where are services provided?**

- State funded congregate housing facilities
- Federally funded HUD facilities
- Four affordable Assisted Living Demonstration Sites

There is a private assisted living pilot program with a limited number of slots. Interested parties may call to be placed on a waiting list.

Please see the list of participating assisted living sites <https://portal.ct.gov/DSS/Health-And-Home-Care/Connecticut-Home-Care-Program-for-Elders/Connecticut-Home-Care-Program-for-Elders-CHCPE/Documents>.

For more information:

800-445-5394 toll free

860-424-4904 locally

## **NATIONAL FAMILY CAREGIVER SUPPORT PROGRAM**

The National Family Caregiver Support Program provides a periodic break for caregivers to regroup both physically and emotionally. Funds are available for a variety of services to support family members and other unpaid caregivers caring for older individuals as well as grandparents and older relatives caring for grandchildren, or parents caring for an adult child with a disability.

### **Program Services:**

Services are arranged through Area Agency on Aging staff who assess each situation and helps determine eligibility and services that may be received through the NFCSP. Respite services and the purchase of items are prioritized based on several factors including social need and income of care recipient.

### **Services include**

Information and assistance to help connect caregivers to services to ease the burden of caregiving.

- Offers short-term respite services so that caregivers can get the time and the rest they deserve.
- Training opportunities for caregivers to equip them with technical skills to provide needed care.
- Connecting caregivers to area support groups.
- Purchasing items and services not covered by other sources, as determined by the case manager.

### **Eligibility**

To be eligible for assistance a caregiver must meet specific requirements for program participation. Care recipients (person requiring care) must have an identified caregiver in order to receive services and met one of the following criteria:

- Adult family members or other informal caregivers, age 18 and older, providing care to individuals 60 years of age and older.
- Adult family members or other informal caregivers, age 18 and older, providing care to individuals of any age with Alzheimer's disease and related disorders.
- Grandparents and other relatives 55 years of age and older providing care to children under the age of 18.
- Grandparents and other relatives 55 years of age and older providing care to adults age 18-59 with disabilities.

**Contact** the Area Agency on Aging in your area either by calling 1-800-994-9422 (in CT) or by visiting their website.

## CONNECTICUT STATEWIDE RESPITE CARE PROGRAM

This program offers relief to stressed caregivers by providing information, support, the development of an appropriate plan of care, and services for the individual with Alzheimer's Disease or related dementias. Clients may receive care through the delivery of services through agencies (traditional care option) or caregivers may hire someone of their choice to provide care (self-directed care option). The program may subsidize the cost of services not to exceed an amount up to \$7,500 per year; however, this funding is contingent upon available funding and subject to the applicant's level of need as determined by the Care Manager, and a maximum of 30 days of out of home respite care services (excluding Adult Day Care) available per year to each applicant. This program is a joint partnership between the Alzheimer's Association Connecticut Chapter, the Area Agencies on Aging, and the Connecticut Department of Aging and Disability Services - State Unit on Aging.

### The eligibility criteria are as follows:

**Applicants (individuals with Alzheimer's or a related dementia) must have an income of \$48,266 a year or less, liquid assets of \$128,321 or less, and cannot be enrolled in the Connecticut Homecare Program for Elders. Effective July 1, 2022 these limits will change to \$51,114 and \$135,892, respectively.** Income is considered to be Social Security (minus the Medicare Part B premiums), Supplemental Security Income, Railroad Retirement Income, veterans' benefits, and any other payments received on a one-time or recurring basis. Liquid assets include checking and savings accounts, stocks, bonds, IRAs, certificates of deposit, or other holdings that can be converted into cash.

A Co-payment of 20% of the cost of services is required unless waived by the Agency on Aging Care Manager due to financial hardship.

An application must be completed which includes a Physician's statement certifying the condition of the individual with Alzheimer's disease or a related dementia.

For more information on the CT Statewide Respite Program, call 1-800-994-9422 to be directed to your nearest Area Agency on Aging or contact the Care Manager directly:

Joan Marshall Senior Resources (Eastern CT) (860) 887-3561	<b>Beverly Kidder</b> <b>Agency on Aging of South Central CT</b> <b>(203) 785-8533</b>	Katie Regan Southwestern CT Agency on Aging (203) 333-9288
Jessica Warner Western CT Area Agency on Aging (203) 757-5449	Lee Morgan North Central CT Area Agency on Aging (860) 724-6443	



**For more information on Alzheimer's disease**, as well as counseling and support groups, call the Connecticut Chapter of the Alzheimer's Association at 1-800-272-3900 or (860) 828-2828.

### **Additional links to Alzheimer's Disease and supports:**

The Alzheimer's Association, Connecticut Chapter: [www.alz.org/ct](http://www.alz.org/ct)

- The Alzheimer's Association, National Office: [www.alz.org](http://www.alz.org)
- The National Plan to Address Alzheimer's Disease <https://aspe.hhs.gov/national-plan-address-alzheimers-disease>
- The National Institute on Aging's Alzheimer's Disease Education and Referral Center: <https://www.nia.nih.gov/alzheimers>
- The National Alzheimer's Contact Center is a free tool for caregivers available 24 hours/day, 365 days/year. It offers an integrated network of information specialists and clinicians who can provide you with free consultation and support by phone or online. A senior housing finder, group calendars, message boards and other free online tools are accessible at the website: [http://www.alz.org/we\\_can\\_help\\_caresource.asp](http://www.alz.org/we_can_help_caresource.asp) or call the 24-hour helpline toll free # at 1-800-272-3900.

### **For more information on caregiver supports, the following websites are available:**

- The National Alliance for Caregiving: [www.caregiving.org](http://www.caregiving.org)
- The National Family Caregiver Association: [www.nfcacares.org](http://www.nfcacares.org)

If you have any questions concerning this program or related services, feel free to contact Cynthia Resto at (860) 424-5279 or [Cynthia.Resto@ct.gov](mailto:Cynthia.Resto@ct.gov).

The National Family Caregiver Support Program provides a periodic break for caregivers to regroup both physically and emotionally. Funds are available for a variety of services to support family members and other unpaid caregivers caring for older individuals as well as grandparents and older relatives caring for grandchildren, or parents caring for an adult child with a disability.



## **Program Services:**

Services are arranged through Area Agency on Aging staff who assess each situation and helps determine eligibility and services that may be received through the NFCSP. Respite services and the purchase of items are prioritized based on several factors including social need and income of care recipient.

## **Services include**

- Information and assistance to help connect caregivers to services to ease the burden of caregiving.
- Offers short-term respite services so that caregivers can get the time and the rest they deserve.
- Training opportunities for caregivers to equip them with technical skills to provide needed care.
- Connecting caregivers to area support groups.
- Purchasing items and services not covered by other sources, as determined by the case manager.

## **Eligibility**

To be eligible for assistance a caregiver must meet specific requirements for program participation. Care recipients (person requiring care) must have an identified caregiver in order to receive services and met one of the following criteria:

- Adult family members or other informal caregivers, age 18 and older, providing care to individuals 60 years of age and older.
- Adult family members or other informal caregivers, age 18 and older, providing care to individuals of any age with Alzheimer's disease and related disorders.
- Grandparents and other relatives 55 years of age and older providing care to children under the age of 18.
- Grandparents and other relatives 55 years of age and older providing care to adults age 18-59 with disabilities.

## **Contact**

Contact the Area Agency on Aging in your area either by calling 1-800-994-9422 (in CT) or by visiting their website.

## **MONEY FOLLOWS THE PERSON**

Money Follows the Person is a Federal demonstration project dedicated to assuring Connecticut residents access to a full range of high quality, long-term care options that maximize autonomy, choice and dignity.

Money Follows the Person (MFP) helps Medicaid eligible individuals currently living in long-term care facilities – such as nursing homes, hospitals and other qualified institutions – successfully transition back into the community.

**Who is eligible?** To participate in the program, you must be eligible for Medicaid and living in a long-term care or hospital setting for at least 3 months. You should have an interest in living in the community & be eligible for one of the community service packages.

**How does it work?** Based on your individual needs, MFP provides the funds, services and support you need for a successful transition into the community. In addition to returning to your own home, housing options include individual apartments, assisted living and group homes. Your Transition Coordinator will be your advocate in the transition process, working with you and your care team on a one-to-one basis to develop a plan that's right for you.

**How does the money follow me?** The cost of your current nursing home care is the dollar limit for your services in the community. Your actual budget, however, will be determined by your needs. You do not automatically get the dollar limit if you don't need it. Note: MFP does not give money directly to you.

**What does the program pay for?** MFP pays for your care in the community as well as various expenses that come when a person moves into a more independent situation. Based on circumstances & needs, you may be eligible to receive help w/home modifications, rent & security deposits, along w/ 1-time setup costs for a new apartment.

**What kind of support can I expect?** Your Transition Coordinator will work with you and your care team to help find a place for you to live and identify service providers such as nurses, physical therapists or home health aides in your community.

**How long does it take?** The first step of the process is the development of a transition plan. While the goal is to move as quickly as possible, each plan is based on individual needs, and therefore each timeline to transition is different. Your Transition Coordinator will advise you what to expect in your particular situation.

**How much care can I receive?** Your care plan is dependent on your situation. The care management team will help assess what level of care will help provide a safe and successful transition to the community. The assessment also looks at how many hours need to be covered in any given day.

**Do I have a say?** You are the most important person in the transition process. If you are happy in your current situation, you can choose to stay where you are. At each stage of the transition process, you have the choice of whether or not to continue.

**How do I learn more?** This brochure is designed to provide a brief outline of the Money Follows the Person program. There are more details to think about in order to decide if it is right for you. To find out more, talk to your transition team. Or visit the [Department of Social Service MFP Site](#).



## Overview of Medicaid Waiver Programs in Connecticut

### *Department of Social Services (DSS) Waivers*

**Connecticut Home Care Program for Elders** - Serves elders (65 years of age and older) who are either at risk of institutionalization or meet nursing home level of care. Clients must meet functional and financial eligibility criteria. Services include homemaker, companion, personal emergency response system, meals on wheels, adult day care, chore, mental health counseling, assisted living, personal care attendant, assistive technology, adult family living, care management, minor home modifications. For more information and to apply, please visit [www.ct.gov/dss/chcpe](http://www.ct.gov/dss/chcpe) or [www.ct.gov/dss/apply](http://www.ct.gov/dss/apply) (scroll to Medicaid Long-Term Services and Supports).

**Katie Beckett Waiver** - Serves children and young adults with severe disabilities under age 22. Services include case management and Medicaid coverage aimed at keeping the child or young adult in the community instead of an institutionalized setting. The Home and Community-Based Services that allow the enrollee to remain in the community are provided under the Medicaid state plan. A maximum of 300 slots is funded under legislation. Parents' income and assets are not factored into the initial eligibility. This offers families of all income levels the opportunity to access services they otherwise may not be able to afford. Waiting list applies. For more information, please contact the DSS Alternate Care Unit at 1-800-445-5394 (toll-free); or 860-424-5582 (Hartford area).

**Personal Care Attendant (PCA) Waiver** – Provides personal care assistance services included in a care plan to maintain adults with chronic, severe, and permanent disabilities in the community. Without these services, the adult would otherwise require institutionalization. The care plan is developed by a Department social worker, in partnership with the adult. Effective January 1, 2015, the plans are developed with the consumer by an Access Agency care manager. Adults must be age 18-64 to apply, must have significant need for hands on assistance with at least two activities of daily living (eating, bathing, dressing, transferring, toileting), must lack family and community supports to meet the need, and must meet all technical, procedural and financial requirements of the Medicaid program. Medicaid for Employees with Disabilities is an option. Eligible adults must be able to direct their own care and supervise private household employees, or have a Conservator to do so. An adult deemed eligible for the PCA Waiver is

eligible for all Medicaid-covered services. A waiting list applies. The first step in applying is to fill out and return a PCA Waiver Request Form. To download a copy of the form, please click here: [www.ct.gov/dss/lib/dss/pdfs/W-982.pdf](http://www.ct.gov/dss/lib/dss/pdfs/W-982.pdf).

**Acquired Brain Injury (ABI) Waivers** – There are two ABI Waiver programs, known as ABI Waiver I and ABI Waiver II. Both employ the principles of person-centered planning to provide a range of non-medical, home and community-based services, to help maintain adults who have an acquired brain injury (not a developmental or degenerative disorder), in the community. Without these services, the adult would otherwise require placement in institutional settings. Adults must be age 18-64 to apply, must be able to participate in the development of a service plan in partnership with a Department social worker, or have a Conservator to do so, and must meet all technical, procedural and financial requirements of the Medicaid program. Medicaid for Employees with Disabilities is an option. An adult deemed eligible for the ABI Waiver is eligible for all Medicaid-covered services. A waiting list applies. The first step in applying is to fill out and return an ABI Waiver Request Form. To download a copy of the form, please click here: [www.ct.gov/dss/lib/dss/pdfs/w1130ABIREquestForm.pdf](http://www.ct.gov/dss/lib/dss/pdfs/w1130ABIREquestForm.pdf). Please note that the correct address to send the form to is DSS, Social Work Services, 55 Farmington Avenue, Hartford, CT 06105.



### **Department of Developmental Disabilities (DDS) Waivers**

**Comprehensive Waiver** - Provides services for participants with intellectual and/or developmental disabilities that have significant physical, behavioral or medical support needs. Provides adult day health, community companion homes/community living arrangements, group day supports, live-in caregiver, respite, supported employment, independent support broker, adult companion, assisted living, behavioral support, continuous residential supports, environmental modifications, health care coordination, individual goods and services, individualized day supports, individualized home supports, interpreter, nutrition, parenting support, personal emergency response systems, personal support, senior supports, specialized medical equipment and supplies, transportation and vehicle modifications.

**Individual and Family Supports Waiver** - Designed to support individuals who live in their own homes or in their family homes and need less extensive supports than individuals on the Comprehensive Waiver. Provides adult day health, community companion homes (formerly community training homes), group day supports, individual supported employment (formerly

supported employment), live-in companion, prevocational services, respite, independent support broker, behavioral support, companion supports (formerly adult companion), continuous residential supports, environmental mods, group supported employment (formerly supported employment), health care coordination, individualized day supports, individualized home supports, individually directed goods and services, interpreter, nutrition, parenting support, personal emergency response systems, personal support, senior supports, specialized medical equipment and supplies, transportation and vehicle modifications.

**Employment and Day Supports Waiver** - Targets young adults transitioning from school to work with similar services as the other DDS waivers. Provides adult day health, community based day support options, respite, supported employment, independent support broker, behavioral support, individual goods and services, individualized day support, interpreter, specialized medical equipment and supplies and transportation.

**Early Childhood Autism Waiver** - Serves three- and four-year-olds with autism. Services provided are an ABA-certified clinician and a life skills coach.

**Autism Waiver** - Serves individuals ages three and older with an IQ of greater than 70. Services are provided in the person's own home or family home. Provides community companion homes, live-in companion, respite, assistive technology, clinical behavioral support, community mentor, individuals good and services, interpreter, job coaching, life skills coach, non-medical transportation, personal emergency response systems, social skills group and a specialized driving assessment for individuals.

For more information about DDS waivers, please visit:

[www.ct.gov/dds/cwp/view.asp?a=2042&q=332294](http://www.ct.gov/dds/cwp/view.asp?a=2042&q=332294)



**Department of Mental Health and Addiction Services (DMHAS) Waiver**

Serves persons with serious mental illness who otherwise require nursing facility level of care with the goal of keeping the person in the community rather than a nursing home. Waiver services complement and/or supplement services available to participants through the Medicaid State Plan and other federal, state and local public programs, as well as natural supports that families and communities provide.

For more information about the DMHAS waiver, please visit:

[www.ct.gov/dmhas/cwp/view.asp?a=2902&q=423430](http://www.ct.gov/dmhas/cwp/view.asp?a=2902&q=423430)

## **Medicaid Waiver Financial Eligibility**

### **Income**

All of the Medicaid waivers have a gross income limit of 300% of the base Supplemental Security Income (SSI) rate. The 300% amount of SSI, effective January 1, 2015, is \$2,199 a month for a single individual. This figure is a gross income-eligibility test. No adjustment to income is allowed. If gross income is less than the limit, the requirement is met. If income exceeds the limit, the client is ineligible for a Medicaid waiver.

### **Assets**

Medicaid waivers have two asset limits, dependent on the age and disability status of the applicant. If the client has eligibility based on elder status (over 65), disability (age 18 - 64), or blindness, the asset limit is \$1,600. If the client is a child (under 18), the asset limit of \$1,000 is used. Only the recipient's assets are considered. Clients with excess assets are ineligible for services until the month that assets are reduced to within the asset limit.

### **Assets and the Community Spouse**

The spouse of a client approved for a Medicaid waiver program becomes what is called the Medicare Catastrophic Care Act (MCCA) Community Spouse. As part of the initial eligibility determination, any assets held either individually or jointly are deemed to be available using the criteria below. Once eligibility is established for the institutionalized (waiver) spouse, the deeming ceases. The MCCA Community Spouse is allowed half of all assets, subject to a minimum and maximum. For 2014, the minimum amount protected for the community spouse was \$23,448 and the maximum is \$117,240. These amounts increase to \$23,844 and \$119,220 for 2015.

[updated 1-6-15, CT DSS]





W-1487  
(Rev 1/17)

# STATE OF CONNECTICUT

## Department of Social Services

### CONNECTICUT HOME CARE PROGRAM FOR ELDERLY (CHCPE) REQUEST FOR REFERRAL

The Connecticut Home Care Program for Elders (CHCPE) provides assistance to adults who are 65 years and older with difficulty in performing some Activities of Daily Living (ADL). This program provides many of the services you will need to remain in your home instead of going to a long-term care facility or nursing home.

#### Eligibility for CHCPE is a two part process:

**Part 1: Functional:** You ***must have a need*** for these services. Specifically, you must physically demonstrate that you have ***need*** for hands-on assistance in performing some **Activities of Daily Living**.

- Bathing – need help to properly bath yourself?
- Eating/Feeding – need help to properly feed yourself? (This does not mean making or preparing meals.)
- Toileting – need help going to/from toilet and/or properly clean yourself afterwards?
- Transfer – need help to safely transfer in and out of chairs / bed?
- Medication – need help preparing and/or taking your daily medications?
- Behavioral – need daily supervision to keep from harming yourself or others?

**Part 2: Financial:** You must meet either the Medicaid or State Funded (Waiver) financial criteria to receive services under CHCPE. You will be expected to apply for Medicaid if you meet the financial criteria. If you do not meet the financial criteria for Medicaid, you may be eligible for State-Funded Home Care Services.

#### INCOME AND ASSET INFORMATION

MONTHLY INCOME LIMITS <sup>1</sup>	MEDICAID INCOME LIMIT	STATE FUNDED INCOME LIMIT
	\$2,205.00 per month	No Limit
Asset Limits <sup>2</sup>	MEDICAID (WAIVER) <sup>3</sup>	STATE FUNDED <sup>4</sup>
Individual -	\$1600.00	\$36,270.00
Couple -	\$3,200.00	<b>(Both receiving services) \$48,360.00 - Combined Assets (One or both receiving services)</b>
Couple -	\$25,780.00 <sup>3</sup>	
	<b>(One receiving services) \$48,360.00 - Combined Assets (One or both receiving services)</b>	

<sup>3</sup> A higher amount may be allowed if you have a spousal assessment done (see Notice to Married Couples next page).

<sup>4</sup> Participation is based on availability of funds. **State Funded clients must pay 9% of the cost of their services.**

<sup>1</sup> **Income - How DSS Counts Your Monthly Income:** We count your total (gross) monthly income, *before any deductions, including any deductions for Medicare premiums*. This includes all income you get on a regular basis, like wages, pension, Social Security, Veteran's benefits and Supplemental Security Income. We count only your income, not your spouse's or anyone else's income. List only your income and no one else's.

<sup>2</sup> **Assets - How DSS Counts All of Your Assets:** We count all assets owned by you and your spouse. This includes, but is not limited to, real estate not used as your home, non-essential motor vehicles, campers, boats, bank/credit union accounts (savings, checking, CD, IRA, Vacation or Christmas Club), stocks, revocable trust funds, bonds, U.S. Savings Bonds, total cash surrender value of life insurance with a total face value that exceeds \$1,500.00.

**We do NOT count the following:** Your house that you use as your home and its furnishings, your personal belongings (clothes, jewelry) or the vehicle that you use for transportation. Certain burial funds - irrevocable up to \$8,00.00 for each person OR revocable up to \$1,800.00. Burial plots - For single individuals, one plot. For married individuals, one plot for each spouse and certain other family members under certain conditions. A plot may include a casket, outer container and opening and closing of the grave. Life insurance policies if the total face value of all policies does not exceed \$1,500.00. (Otherwise count total cash surrender value of all policies.)

**Please Note:** If your income is below the program limit, but your counted assets exceed the asset limit, you may be screened for CHCPE when you reduce your assets to the limit. You are not required to spend your excess assets on health care. You may spend them on any goods or services for yourself or your spouse, as long as you receive fair market value in exchange for your excess assets and keep all of your receipts. When you have reduced your assets to the limit, you may reapply to CHCPE.

DSS may pursue legally liable relative contributions from spouses or recipients receiving services under CHCPE and has the right to recover monies from the sale of real estate and from the estates of individuals who received services under the CHCPE, including private insurance premiums paid on behalf of the individual.

**CAREFULLY READ THE NEXT PAGE AND ANSWER ALL OF THE QUESTIONS**

# CONNECTICUT HOMECARE PROGRAM FOR ELDERS (CHCPE) REQUEST FOR REFERRAL

<b>Section A</b>		<b>APPLICANT'S PERSONAL INFORMATION</b>	
Applicant's Last Name _____		First Name _____	
Date of Birth _____		Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
Social Security Number _____		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Address (of applicant) _____			
Phone _____		Medicaid Number (if you have one) _____	
I live: (check one) <input type="checkbox"/> Alone <input type="checkbox"/> With family <input type="checkbox"/> Group home <input type="checkbox"/> Assisted living			

<b>Section B</b>		<b>Financial Assessment</b>	
1. My monthly income is: \$ _____		2. My (total) assets are: \$ _____	
<b>Notice to Married Couples</b> – Under state and federal law, a married couple can protect assets for the spouse who is living at home while the other spouse is either in a nursing home or receiving nursing home level-of-care at home. This process is called a Spousal Assessment. You can request a Spousal Assessment before you apply for state or federal services.			
<input type="checkbox"/> Yes <input type="checkbox"/> No I would like a <b>Spousal Assessment</b> to see what I can protect for my spouse.			

<b>SECTION C</b>		<b>Functional Assessment</b>	
<b>1. Personal Needs:</b> Tell us if you need help with these tasks. (Write the number of help you need): <b>0 = No help    1 = Supervision / Reminders Needed    2 = Hands-on help    3 = Total dependence</b> Bathing _____ Dressing _____ Eating _____ Toileting _____ Transfer (in and out of bed/chairs) _____ Walking _____ Medications _____ (Do you need help taking your daily meds? If so, tell us how much help you need.) Continence (Bowel and/or Bladder Control) _____ Meal Preparation _____			
<b>2. Living Arrangements:</b> (Circle one) Homeless    Home with Family    Home Alone    Group Home    Shelter    Other _____ At home, does someone from your family or community (neighbors) help you whenever you need it? Yes    No			
<b>3. Behavioral Problems:</b> (Circle all that apply) Wandering    Abusive / Assaultive    Self Injurious    Verbally Aggressive    Unsafe / Unhealthy Habits Threats to safety			
<b>4. Medical Diagnosis or Condition:</b> (Write in below) _____ _____			

<b>Section D</b>		<b>Point of Contact</b>	
Please contact me instead of the applicant: Name _____		(I am the Point of Contact for the applicant)	
Phone _____		Relationship (family, friend, etc.) _____	
		<div style="border: 1px solid black; padding: 5px;"><b>I am the:</b><ul style="list-style-type: none"><li>• Power-of-Attorney</li><li>• Conservator</li><li>• Guardian</li></ul>(Circle if appropriate)</div>	

X \_\_\_\_\_  
**Applicant's signature or mark (X)**                      **Date**                      **Witness' signature if signed with an X**

<b>Person completing form on applicant's behalf</b>	<b>Relationship</b>	<b>Phone Number</b>
<b>FACILITY STAFF ONLY:</b> Please complete if the person is in a hospital or a nursing home. (Not needed if a health screen is attached.)		
Name of facility: _____		
Staff Member / Date _____		Phone # _____

**Mail to: Department of Social Services, Community Options, 9<sup>th</sup> floor, 55 Farmington Ave, Hartford, CT  
06105-3725 or Fax to 860 424-4963**

**REMEMBER! A fully completed form will prevent delays in processing your application.**

Persons who are deaf or hard of hearing and have a TDD/TTY device can contact DSS at 1-800-842-4524. Persons who are blind or visually impaired, can contact DSS at 1-860-424-5040.