

Public Initiatives That Help Elders and Individuals With Disabilities Remain at Home

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Agency on Aging of South Central Connecticut
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Acquired Brain Injury Waiver

Waiver Information:

Waiver Type: 1915(c)
Enrollment Capacity: 369
Current Enrollment: 359
Year First Approved: 1997 (authorized in 1995 by C.G.S. Section 17b-260a)
Waitlist Status: 20 individuals are waitlisted

Eligibility Criteria:

Age Range: 18 and older (2006 legislation removed upper age limit)

Functional status: must have acquired brain injury (developmental and degenerative disorders do not qualify) and meet the “level of care” requirement of otherwise needing care in a nursing facility, chronic disease hospital or ICF

Income limits effective January 1, 2009: **Asset limits effective January 1, 2009:**

<p>Individual: \$2,022 (300% SSI) Couple: based on applicant’s income Comments: can use a special needs trust; those eligible for Medicaid for Working Disabled not subject to income and asset restrictions</p>	<p>Individual: \$1,600 Couple: MCCA rules apply Exemptions: MCCA rules apply (ex. primary residence, vehicle needed for employment or medical visits or modified for use of individual with disability)</p>
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Service Delivery Method(s) (X indicates available):

METHOD		COMMENTS
Agency-Based		
Agency + Choice		
Self-Direct	X	Caregiver must be 18 or older, and may not be 1) spouse of client; 2) parent of client (if client is age 21 or younger); 3) the conservator of the client; or 4) related to a client’s conservator.
Other		

Covered Services: case management, personal care assistance, homemaker, chore services, companion, home-delivered meals, respite care, vocational supports, housing supports, home and/or vehicle modification, personal emergency response systems, transportation, supported employment, specialized medical equipment and supplies

Cost Caps/Cost Effectiveness Standards: waiver pays up to 200% of average monthly Medicaid nursing facility cost (in 2009, \$11,360.00) depending on the level of institutional care the individual would otherwise require

Cost Sharing Requirements: Effective April 1, 2008, participants must pay applied income over \$1,734 (200% FPL), adjusted for medical expenses; legally liable relative may have obligation to contribute

To Apply: Contact Warren Goess at DSS 1-860-424-5388 for application materials.

CT Home Care Program for Elders Elder Waiver

Waiver Information:

Waiver Type: 1915(c)
Current Enrollment: 9,386
Year First Approved: 1987 (authorized by C.G.S. Section 17b-342)
Waitlist Status: no wait list for waiver or state-funded personal care assistance pilot; wait list exists for state-funded pilot that funds ALSA services in private MRC's

Eligibility Criteria:

Age Range: 65+
Functional status: must be in need of nursing facility care and evidence at least three "critical needs" (critical needs include bathing, dressing, toileting, transferring, eating/feeding, meal preparation, and medication administration)

Income limits effective January 1, 2009:	Asset limits effective January 1, 2009:
Individual: \$2,022 per month (300% SSI)	Individual: \$1,600
Couple: based on applicant's income	Couple: starts at \$23,512 (minimum CSPA of \$21,912 + applicant's \$1,600); MCCA rules apply
Comments: may use a pooled trust; VA "homebound" benefit to surviving spouses is excluded	Exemptions: MCCA rules apply

Service Delivery Method(s) (X indicates available):

METHOD		COMMENTS
Agency-Based	X	Majority of clients receive services via agencies
Agency + Choice		
Self-Direct	X	Where client does not require care management
PCA	X	A state-funded pilot option for waiver and state-funded clients (2007 legislation removed the 250-person cap).
Other	X	Services can also be provided to 1) residents of state-funded congregate housing; 2) residents of assisted living pilot projects; and 3) up to a statewide total of 75 residents of private managed residential communities who spend down to program limits and require assisted living services

Covered Services: adult day care, care management, chore, companion, home health aide, homemaker, home-delivered meals, laundry, mental health counseling, minor home modifications, respite, personal emergency response systems, skilled nursing visits, transportation

Cost Caps/Cost Effectiveness Standards: Waiver can pay no more than \$5,680.00 per month per individual (100% of the average monthly Medicaid cost). Within that cap, program can pay for no more than \$3,972.48 per month per individual for social services (all services other than skilled nursing visits and home health aide – the "medical services" covered by Medicaid).

Cost Sharing Requirements: Effective April 1, 2008, participants must pay applied income over \$1,734 (200% FPL), adjusted for medical expenses (e.g. Medicare Part B premium of \$96.40, medical insurance premiums); legally liable relative may have obligation to contribute

To Apply: Contact DSS Alternate Care Unit at 860-424-4904 and choose option #4 for initial screening and referral to regional Access Agency.

CT Home Care Program for Elders State-Funded Levels 1 & 2

Waiver Information:

Waiver Type: N/A
Current Enrollment: 5,342
Year First Approved: authorized by C.G.S. Section 17b-342
Waitlist Status: no wait list for Levels 1 or 2 or state-funded personal care assistance pilot; wait list exists for state-funded pilot that funds ALSA services in private MRC's

Eligibility Criteria:

Age Range: 65+
Functional status: **Level 1:** must be at risk of hospitalization or short-term nursing facility placement and evidence one or two "critical needs"; **Level 2:** must be in need of short or long-term nursing facility care and evidence three or more "critical needs" (critical needs include bathing, dressing, toileting, transferring, eating/feeding, meal prep, and med. admin.).

Income limits effective January 1, 2009:

Individual: none
Couple: none
Comments:

Asset limits for Levels 1 & 2 effective January 1, 2009:

Individual: \$32,868
Couple: \$43,824
Exemptions: UPM 8040.35 follows MCCA rules but does not require spousal assessment.
Comments: Note that as of April 1, 2007, the asset limit for an individual increased to 150% of the minimum CSPA and for a couple to 200% of the minimum CSPA.

Service Delivery Method(s) (X indicates available):

METHOD		COMMENTS
Agency-Based	X	Majority of clients receive services via agencies
Agency + Choice		
Self-Direct	X	Available where a client does not require care management
PCA	X	A state-funded pilot option for waiver and state-funded clients (2007 legislation removed the 250-person cap).
Other	X	Services can also be provided to 1) residents of state-funded congregate housing; 2) residents of assisted living pilot projects; and 3) up to a statewide total of 75 residents of private managed residential communities who spend down to program limits and who require assisted living services

Covered Services: adult day care, care management, chore, companion, home health aide, homemaker, home-delivered meals, laundry, mental health counseling, minor home modifications, respite, personal emergency response systems, skilled nursing visits, transportation

Cost Caps/Cost Effectiveness Standards: Level 1 can pay no more than \$1,420.00 per month per individual (25% of average monthly Medicaid cost). Level 2 can pay no more than \$2,840.00 per month per individual (50% of average).

Cost Sharing Requirements: Effective April 1, 2008, participants must pay applied income over \$1,734 (200% FPL), adjusted for medical expenses (e.g. Medicare Part D premium, medical insurance premiums); legally liable relative may have obligation to contribute.

To Apply: Contact DSS Alternate Care Unit at 860-424-4904 and choose option #4 for initial screening and referral to Access Agency.

**DEPARTMENT OF SOCIAL SERVICES
CONNECTICUT HOME CARE PROGRAM FOR ELDER (CHCPE)
Effective January 1, 2009**

<u>Service Level</u>	<u>Description</u>	<u>Functional Need</u>	<u>Financial Eligibility</u>	<u>Care Plan Limits</u>	<u>Funding Source</u>
Category 1	Limited home care for moderately frail elders	At risk of hospitalization or short term nursing home placement (1 critical need deficit)	Individual Income = no limit Assets: Individual = \$32,868 Couple = \$43,824	<25% NH Cost (\$1,420.00/mo)	STATE
Category 2A	Intermediate home care for very frail elders with some assets above the Medicaid limits	In need of short or long term nursing home care	Individual Income = no limit Assets: Individual = \$32,868 Couple = \$43,824	<50% NH cost (\$2,840.00/mo)	STATE
Category 2B	Same as 2A	Same as 2A	Same as 2A	<80% NH cost (\$4,544.30/mo)	STATE
Category 3	Extensive home care for very frail elders who would otherwise be in a nursing home on Medicaid	In need of long term nursing home care (deficits in 3 critical need areas or ADLs)	Individual Income = \$2,022/month Assets: Individual = \$1,600 Couple = (both as clients) = \$3,200 (one as client) = \$23,512	100% NH Cost (\$5,680.00/mo) (Social Services cap = \$3,972.48)	MEDICAID (state/federal)

Notes:

1. Clients with incomes of \$1,734.00 (this changes April 1 of each year) and above are required to contribute to the cost of their care.
2. There is no income limit for the State-Funded levels. The Medicaid Waiver income limit equals 300% of SSI.
3. Services in all categories include the full range of home health and community-based services.
4. Care plan limits in all categories are based on the total cost of all state-administered services.
5. Some individuals may be functionally eligible for either category 1 or 2 services and financially eligible for Medicaid. In such cases, home health services will be covered by Medicaid and other community-based services covered through state funds.
6. Married couples who are over the \$23,512 asset limit for category 3 may still be eligible based on spousal asset protection rules.
7. Functional need is a clinical determination by the Department concerning the applicant's critical need for assistance in the following areas: bathing, dressing, toileting, transferring, eating/feeding, meal preparation and medication administration.
8. Care plan cost limits are for CHCPE fee-for-service only.

CHCPE ALSA Options:

I. Moderate and Low-Income ALSA Demonstration Project – C.G.S. Section 17b-347e

First authorized through Public Act 98-239, and then expanded to 300 units by Public Act 99-279, the Moderate and Low-Income ALSA Demonstration Project has underwritten construction of new, stand-alone Managed Residential Communities (MRC's) through which residents who 1) are age 65 and older; 2) are at risk of nursing home placement; and 3) meet CHCPE financial eligibility criteria receive ALSA services. This project is a partnership involving the Department of Social Services (DSS), the Department of Economic and Community Development (DECD) and the Connecticut Housing Finance Authority (CHFA). Please see table for a listing of the involved sites.

Site Name	Address	Telephone:	# of Units	ALSA
Herbert T. Clarke House	25 Risley Road Glastonbury	860-652-7623	45	Utopia
The Retreat	90 Retreat Avenue Hartford	860-560-2273	95	Community Outreach Program for Elders
Smithfield Gardens	32 Smith Street Seymour	203-888-4579	56	Utopia
Luther Ridge at Middletown	628 Congdon Street Middletown	860-347-7144	45	Employs own staff

II. ALSA in State-Funded Congregate Housing – C.G.S. Sections 8-119m & 17b-342(c)

In 2000, the Legislature extended the CHCPE to residents of state-funded congregate housing. This project also represents a partnership between DSS and DECD. The sites that are participating include: Augustana Homes Bishop Curtis (Bethel), Bacon Congregate (Hartford), D.J. Komanetsky Estates (Bristol), Ella B. Scantlebury Senior Residence (New Haven), Herbert T. Clark House (Glastonbury), Mount Carmel Congregate (Hamden), Luther Manor (Middletown), Mystic River Homes (Noank), Ludlow Commons (South Norwalk), Prospect Ridge (Ridgefield), Seeley Brown Village (Pomfret), Silverbrook Estates (Orange), Virginia Connolly Congregate (Simsbury), St. Jude Common (Norwich), The Marvin (Norwalk), and F.J. Pitkat Congregate Living (Rockville). Utopia is providing assisted living services at most of these sites.

III. State Assisted Living Demonstration in Federally Funded Elderly Housing – C.G.S. 8-206e(d)

Authorized by Public Act 00-2, then expanded in scope by Public Act 01-2, the Demonstration provides assisted living services to residents of certain designated buildings.

Site Name	Address	Telephone:	ALSA
Immanuel House	15 Woodland Street Hartford	(860) 525-4228	Utopia
Juniper Hill Village	1 Silo Circle Storrs/Mansfield	(860) 429-9933	Utopia
Tower One/Tower East	18 Tower Lane New Haven	(203) 772-1816	Utopia

IV. Private Assisted Living Pilot – C.G.S. Sections 17b-365 & 17b-366

This pilot is intended to assist a limited number of individuals who have spent down resources while living in private managed residential care (MRC's) with payment for assisted living services (this excludes payment for room & board). Initially authorized by Public Act 02-7 for 50 individuals eligible for the Medicaid Waiver, and 25 individuals eligible for the state-funded levels of the CHCPE, Public Act 04-258 made it available to 75 individuals without respect to level of care. There is currently a substantial wait list. DSS indicates that MRC participation is very changeable.

Department of Developmental Services Comprehensive Supports Waiver

Waiver Information:

Waiver Type: 1915(c) – for individuals who live in community living arrangements, community training homes, and managed residential communities
Enrollment Capacity: 6,700
Current Enrollment: approximately 4,450
Year First Approved: 2005
Waitlist Status: approximately 630 individuals are currently on the residential wait list (this includes applicants for both DDS waivers)

Eligibility Criteria:

Age Range: 18+
Functional status: Individual must have been assessed to have 1) mental retardation as defined in C.G.S. Section 1-1g; or 2) Prader-Willi Syndrome. Further, must have need for ICF/MR level of care and show need for at least one of the waiver services.

Income limits effective January 1, 2009: **Asset limits effective January 1, 2009:**

Individual:	\$2,022 (300% SSI)	Individual:	\$1,600
Couple:	based on applicant's income	Couple:	
Comments:	can use a special needs trust; those eligible for Medicaid for Working Disabled not subject to income and asset restrictions	Exemptions:	MCCA rules apply

Service Delivery Method(s) (X indicates available):

METHOD		COMMENTS
Agency-Based	X	Services must be provided by "qualified vendors"
Agency + Choice	X	Agency offers the individual a choice of providers
Self-Direct	X	Individual hires and manages caregivers
Other		Waiver permits a blend of the above options

Covered Services: licensed residential services (community living arrangements, community training homes, assisted living), residential and family supports (supported living, personal support, adult companion, respite, personal emergency response systems, home and vehicle modifications), vocational and day services (supported employment, group day activities, individualized day activities), specialized and support services (behavior and nutritional consultation, specialized equipment and supplies, interpreters, transportation, family consultation and support)

Cost Caps/Cost Effectiveness Standards: certain services come attached with specific, annual cost caps (e.g. specialized equipment has a cap of \$750 per year; physical modifications to home can cost no more than \$10,000 over three-year waiver term); cannot replace services already being provided by family members

Cost Sharing Requirements: Effective April 1, 2008, participants must pay applied income over \$1,734 (200% FPL), adjusted for medical expenses

To apply: Call DDD Eligibility Unit at 1-866-433-8192 to request eligibility determination documents.

Department of Developmental Services Individual and Family Support Waiver

Waiver Information:

Waiver Type: 1915(c) – for individuals who live in their own or family homes
Enrollment Capacity:
Current Enrollment: approximately 3,300
Year First Approved: 2005/three years
Waitlist Status: approximately 630 individuals are currently on the residential wait list (this includes applicants for both DDS waivers)

Eligibility Criteria:

Age Range: 18+
Functional status: Individual must have been assessed to have 1) mental retardation as defined in C.G.S. Section 1-1g; or 2) Prader-Willi Syndrome. Further, must have need for ICF/MR level of care and show need for at least one of the waiver services.

Income Limits effective January 1, 2009: **Asset Limits effective January 1, 2009:**

Individual:	\$2,022 (300% SSI)	Individual:	\$1,600
Couple:	based on applicant's income	Couple:	
Comments:	can use special needs trust; those eligible for Medicaid for Working Disabled not subject to income and asset restrictions	Exemptions:	MCCA rules apply

Service Delivery Method(s) (X indicates available):

METHOD		COMMENTS
Agency-Based	X	Services must be provided by "qualified vendors"
Agency + Choice	X	Agency offers the individual a choice of providers
Self-Direct	X	Individual hires and manages caregivers
Other		Waiver permits a blend of the above options

Covered Services: residential and family supports (supported living, personal support, adult companion, respite, personal emergency response systems, home and vehicle modifications), vocational and day services (supported employment, group day activities, individualized day activities), specialized and support services (behavior and nutritional consultation, specialized equipment and supplies, interpreters, transportation, family consultation and support)

Cost Caps/Cost Effectiveness Standards: waiver generally will not spend more than \$50,000 per year per individual; certain services come attached with specific, annual cost caps (e.g. specialized equipment has a cap of \$750 per year; physical modifications to home can cost no more than \$10,000 over three-year waiver term); cannot replace services already being provided by family members

Cost Sharing Requirements: Effective April 1, 2008, participants must pay applied income over \$1,734 (200% FPL), adjusted for medical expenses

To Apply: Call DDD Eligibility Unit at 1-866-433-8192 to request eligibility determination documents.

Katie Beckett Waiver

Waiver Information:

Waiver Type: 1915(c)
Enrollment Capacity: 200 (current funding only supports 180 slots)
Current Enrollment: 180
Year First Approved: 1983 (authorized by C.G.S. Section 17b-283)
Waitlist Status: over 100 individuals are currently wait listed

Eligibility Criteria:

Age Range: no limit, but most participants are children

Functional status: severe disability

Income limits effective January 1, 2009: **Asset limits effective January 1, 2009:**

Individual: \$2,022 (300% SSI)	Individual: \$1,600
Couple: based on applicant's income	Couple: MCCA rules apply
Comments: can use a special needs trust	Exemptions:

Service Delivery Method(s) (X indicates available):

METHOD		COMMENTS
Agency-Based	X	
Agency + Choice		
Self-Direct		
Other		

Covered Services: case management, home health services

Cost Caps/Cost Effectiveness Standards: waiver care plan costs cannot exceed average monthly Medicaid nursing facility cost (in 2009, \$5,680 per month)

Cost Sharing Requirements: not applicable unless applicant's income exceeds \$1,734 (200% FPL)

To apply: Contact Ivonne Jakes at DSS at 860-424-5187 for application materials.

Medicare Home Care Benefit

Eligibility Criteria:

Age Range: N/A

Functional status: Physician must sign a plan of care for an individual who 1) has need for at least one skilled service (intermittent skilled nursing care, physical or occupational therapy, speech/language therapy); and 2) is homebound (an individual is considered homebound if leaving home requires a “considerable and taxing effort”, and if the absences are infrequent or of relatively short duration)

Service Delivery Method(s)

METHOD		COMMENTS
Agency-Based	X	Agency must be Medicare certified
Agency + Choice		
Self-Direct		
Other		

Covered Services: Part-time or intermittent skilled nursing care by RN or LPN; part-time or intermittent home health aide services (personal care) only where also receiving nursing care; physical, speech/language or occupational therapy; medical social work; durable medical equipment.

Cost Caps/Hour Limits/Cost Effectiveness Standards: An individual can receive no more than 8 hours per day or 28 hours per week of nursing care and home health visits, combined, unless the doctor indicates that there is need for up to 35 hours and there is a “finite and predictable end” to the need for the additional hours.

Cost Sharing Requirements: N/A (except for DME)

Practice Tips: For consult on eligibility or denials, call the Center for Medicare Advocacy at 1-860-456-7790

Money Follows the Person Program

Waiver Information:

Waiver Type:	N/A – this is a federal grant of enhanced Medicaid match funds
Enrollment Capacity:	5,000 over three years
Current Enrollment:	0 - in process of accepting applications
Year First Approved:	2008 (authorized in 2006 by Section 44 of Public Act 06-188; maximum participation expanded from 100 to 700 by Section 5 of Public Act 07-2; maximum participation expanded from 700 to 5,000 by Public Act 08-180)
Waitlist Status:	N/A

Eligibility Criteria:

Age Range:	18 and older
Other criteria:	individual must have resided in a nursing home or other health care facility for six months or more, must wish to live in a community-based setting, and must meet functional/diagnostic criteria for the Medicaid waiver (e.g. ABI, CHCPE, DDS, PCA) that will provide services ongoing (e.g. an individual age 65 who meets financial eligibility criteria must evidence three “critical needs” for services)

Income limits effective January 1, 2009:

Individual:	\$2,022 (300% SSI)
Couple:	based on applicant’s income
Comments:	can use a special needs trust; those eligible for Medicaid for Working Disabled not subject to income and asset restrictions

Asset limits effective January 1, 2009:

Individual:	\$1,600
Couple:	MCCA rules apply
Exemptions:	MCAA rules apply

Service Delivery Method(s) (X indicates available): service delivery method depends on the Medicaid waiver for which the individual qualifies

Covered Services: The list of covered services is governed by the Medicaid waiver for which the individual qualifies. MFP can assist individuals with certain costs of transitioning from a nursing facility to a community-based living situation, including rental assistance and home adaptation.

Cost Caps/Cost Effectiveness Standards: The maximum dollar amount of services per month is governed by the Medicaid waiver for which the individual qualifies.

Cost Sharing Requirements: Effective April 1, 2008, participants must pay applied income over \$1,734 (200% FPL), adjusted for medical expenses; legally liable relative may have obligation to contribute

To apply: Call 1-888-99-CTMFP (1-888-992-8637) to apply.

Personal Care Assistance Waiver

Waiver Information:

Waiver Type: 1915(c)
Enrollment Capacity: 748
Current Enrollment: 748
Year First Approved: 1996 (authorized in 1995 by C.G.S. Section 17b-605a)
Waitlist Status: 24 individuals are waitlisted

Eligibility Criteria:

Age Range: 18 and older (2006 legislation removed upper age limit)
Functional status: chronic, severe, permanent disability that results in limitations in at least two activities of daily living (bathing, dressing, eating, transferring, management of bowel and bladder); those with mental illness, mental retardation or dementia do not qualify on that basis; DSS either accepts Social Security disability determination or performs analogous review of disability status; must wish to and be able to self-direct care

Income limits effective January 1, 2009:

Individual: \$2,022 (300% SSI)
Couple: based on applicant's income
Comments: can use a special needs trust; those eligible for Medicaid for Working Disabled not subject to income and asset restrictions

Asset limits effective January 1, 2009:

Individual: \$1,600
Couple: MCCA rules apply
Exemptions: MCCA rules apply (ex. primary residence, vehicle needed for employment or medical visits or modified for use of individual with disability)

Service Delivery Method(s) (X indicates available):

METHOD		COMMENTS
Agency-Based		
Agency + Choice		
Self-Direct	X	PCA must be 18 or older, and may not be either 1) the spouse of the client; 2) the conservator of the client; or 3) related to the conservator.
Other		

Covered Services: Personal care assistance (bathing, dressing, companion)

Cost Caps/Cost Effectiveness Standards: Waiver pays up to a percentage of the average monthly Medicaid nursing facility cost, depending on level of ADL impairment: 1) 60% of cost for those with fewer than 3 ADL impairments; 2) 80% of cost for those with impairments in all ADL areas. Average monthly care plan cost per individual in 2005 was \$1,735. Currently cannot hire PCA for more than 25.75 hours per week.

Cost Sharing Requirements: Effective April 1, 2008, participants must pay applied income over \$1,734 (200% FPL), adjusted for medical expenses; legally liable relative may have obligation to contribute

To apply: Contact Warren Goess at DSS at 1-860-424-5388 for application materials.

Statewide Respite Program

Eligibility Criteria:

Age Range: N/A

Functional status: diagnosed with an irreversible and deteriorating dementia (dementias may include, but are not limited to: Alzheimer's Disease, multi-infarct dementia, Parkinson's Disease with dementia, Lewy Body dementia, Huntington's Disease, normal pressure hydrocephalus and Pick's Disease)

Annual Income Limits:

Asset Limits:

Individual: \$30,000

Individual: \$80,000 (liquid assets)

Couple: based on applicant's income

Exemptions: home

Please note: Individuals who are eligible for the Connecticut Home Care Program for Elders are not eligible for services under this program. 2007 legislation removed the prior restriction on serving Medicaid-eligible individuals under the age of 65.

Service Delivery Method(s) (X indicates available):

METHOD		COMMENTS
Agency-Based	X	
Agency + Choice		
Self-Direct		
Other		

Covered Services: adult day care, home health aide support, homemaker, companion, skilled nursing visits and/or short-term stays in a nursing or assisted living facility

Cost Caps/Cost Effectiveness Standards: total grant may not exceed \$3,500 per calendar year

Cost Sharing Requirements: Eligible individuals must pay a 20% co-payment of the cost of each service received under the program. Where a hardship can be demonstrated, this co-pay can be waived.

To apply: Contact the Area Agencies on Aging at 1-800-994-9422 for application materials. This number automatically directs the caller to the AAA in greatest geographic proximity. AAA staff review and approve applications, and conduct in-home visits to assess the needs of both the caregiver and care recipient.

Practice Tip: Advocates should also explore whether clients are eligible for the \$500 per family annual benefit from the Alzheimer's Association Connecticut Chapter's Respite Fund. The fund, originally established by a \$50,000 bequest, makes grants for purchase of respite services including adult day programs, home health aides, homemaker/companion, skilled nursing care or short-term nursing home care. There is no age limit with respect to the diseased person or caregiver. Applications are available by calling 1-800-356-5502. A doctor's certificate and medical release are required.

Veterans Administration Aid & Attendance Benefit

Eligibility Criteria:

Age Range: N/A

Functional status: a veteran or the surviving spouse of a veteran who meets certain service requirements and 1) is determined by a physician to need “aid and attendance” with activities of daily living (eating, dressing, toileting); 2) is blind; or 3) is, by reason of having a physical or mental disability, a resident of a nursing facility

Income Limits effective January 1, 2009:

Asset Limits effective January 1, 2009:

Individual veteran: \$1,644 per month

Individual: \$50,000

Surviving spouse: \$1,056 per month

Couple: \$80,000

Couple: \$1,949 per month

Exemptions: home

Comments: benefit is determined by deducting out-of-pocket medical expenses from income and then calculating the difference between that figure and the maximum income amount

VA does not review or penalize on basis of transfers of assets

Service Delivery Method(s) (X indicates available):

METHOD		COMMENTS
Agency-Based	X	
Agency + Choice		
Self-Direct		
Other		

Covered Services: Individuals can use benefit to pay for home care as well as assisted living services in a managed residential community.

Cost Caps/Cost Effectiveness Standards: capped by amount of benefit; must prove expenditures at each annual re-evaluation

Cost Sharing Requirements: N/A

Practice Tip: Contact the CT Department of Veteran’s Affairs at 860-594-6604 with questions.