

**DEPARTMENT OF SOCIAL SERVICES  
CONNECTICUT HOME CARE PROGRAM FOR ELDERS (CHCPE)  
Effective January 1, 2011**

<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 (\$1,398.00/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 (\$2,796.00/mo)	STATE
Category 2B	Same as 2A	Same as 2A	Same as 2A	<80% NH cost (\$4,473.60/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 (\$5,592.00/mo)  (Social Services cap = \$3,999.00)	MEDICAID  (state/federal)

**Notes:**

1. Clients with incomes of \$1,816.00 (this is updated March 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. **Effective July 1, 2011, based on Public Act 11-44, the \$23,512 asset limit reflects an assumption of minimum CSPA of \$21,912 plus applicant's \$1,600.**
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.