

**DEPARTMENT OF SOCIAL SERVICES
CONNECTICUT HOME CARE PROGRAM FOR ELDERS*
Effective July 1, 2015**

<u>Service Level</u>	<u>Description</u>	<u>Functional Need</u>	<u>Financial Eligibility</u>	<u>Care Plan Limits</u>	<u>Funding Source</u>	<u>Intake Status</u>
Category 1 CHCPE	Limited home care for moderately frail elders 65+	At risk of hospitalization or short term nursing home placement (1 OR 2 critical needs deficit)	Individual Income = No Limit* Assets: Individual = \$35,766 Couple = \$47,688	<25% NH Cost (\$1,445/mo)	STATE	2-year wait-list (except for those grandfathered in)
Category 2 CHCPE	Intermediate home care for very frail elders 65+ with some assets above the Medicaid limits	In need of short or long term nursing home care ("nursing facility level of care")	Individual Income = No Limit* Assets: Individual = \$35,776 Couple = \$47,688	<50% NH cost (\$2,889/mo) (NOTE: 9% co-pay)	STATE	OPEN
Category 3 CHCPE	Extensive home care for very frail elders 65+ 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; "nursing facility level of care")	Individual Income = \$2,199/Month* (or if more, diverted to pooled trust) Assets: Individual = \$1,600 Couple = (both as clients) = \$1,600 each (one as client) = \$5,444 (MCCA rules apply to possibly increase assets allowed**	a) 100% NH Cost (\$5,778/mo) b) 115% NH Cost (\$6,645/mo) c) 100% Subacute*** (\$10,325.48/mo) d) 115% Subacute*** (\$11,874/mo)	MEDICAID WAIVER (state/federal)	OPEN
Category 4 CHCPD (DISABLED, NOT ELDERLY)	Intermediate home care for individuals UNDER 65 with a degenerative neurological condition, <u>not eligible for Medicaid</u>	In need of short or long term nursing home care ("nursing facility level of care")	No income limit Asset: \$35,766/individual Couple: \$47,688	<50% NH cost (\$2,889/mo)	STATE	Wait-list, limited to 100 slots
Category 5	Same as #1; also active on Husky C; must be age 65 or older	At risk of hospitalization or short term nursing home placement (1-2 critical needs)	Individual income: \$1,472 Assets: \$1,600		50% federal reimbursement	OPEN

CT Home Care Plan for Elderly / Disabled - Notes:

1. Clients in the higher income range (\$1,962+) are required to contribute the excess as "applied income" to the cost of their care.

*2. There is no income limit for the State Funded portion. The Medicaid Waiver income limit remains at 300% of SSI.

3. CHCPE Services available at all categories include the full range of home health and community based services.

*1915(i) State Plan Option has limited PCA services to 14 hours weekly and homemaking services are limited to 6 hours weekly.

4. Care plan limits at all categories are based on the total cost of all state-administered services.

5. 1915(i) State Plan option covers individuals on Medicaid but who qualify for category 1 services. CT will claim 50% reimbursement from the federal government for home and community based services not reimbursable under Medicaid.

6. Some individuals under category 2 may become financially eligible for the Medicaid Waiver. In these cases, the client must apply for Medicaid and cooperate with the application process.

** 7. Married couples who are over this asset limit for category 3 may be eligible based on the special spousal asset protection rule.

8. Functional need is a clinical determination by the Department about the applicant's critical need for assistance in the following areas / Activities of Daily Living (ADLs): Bathing, Dressing, Toileting, Transferring, Eating/Feeding. Needs factors: 1. Behavioral Need - requires daily supervision to prevent harm. 2. Medication supports - Requires assistance for administration of physician-ordered daily medications, includes supports beyond set-up.

9. "Nursing facility level of care" or NF LOC is defined as:

1. Supervision or cueing for 3 or more ADLs + a needs factor
2. Hands-on assistance with 3 or more ADLs
3. Hands-on assistance with 2 or more ADLs + a needs factor
4. A cognitive impairment which requires daily supervision to prevent harm.

***10. Subacute LOC is defined as:

1. Participant requires comprehensive medical monitoring but does not require intensive diagnostic and/or invasive procedures
2. Participant requires intense medical supervision and therapy such as nursing intervention intermittently throughout the day and/or the need for ancillary or technological services (such as laboratory, pharmacy, nutrition, diagnostic)
3. Participant may require services such as brain injury rehabilitation, high intensity stroke or orthopedic programs, ventilator programs, complex wound care or specialized infusion therapy.

11. Care Plan limits are for CHCP fee for service only.

12. For contracted Access Agencies use only.