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**Information on the Assessment of Spousal Assets for Long Term Services**

**And Supports (LTSS) Medicaid Eligibility**

Under state and federal law, a married couple may protect a certain amount of its assets for the spouse living in the community when the other spouse is institutionalized and is applying for Long Term Services and Supports Medicaid. The purpose of this form is to provide a couple with information about Medicaid eligibility for long-term services and supports when there is a community spouse.

**What does it mean to be institutionalized?**

The Department of Social Services (DSS) considers a person to be institutionalized if there is a continuous stay in a medical or long-term care facility lasting 30 or more consecutive days. The date of institutionalization is the date of admission to a medical or long term care facility or the date the DSS determines the applicant to be in medical need of community based services.

**When is an institutionalized individual eligible for long-term care services paid by Medicaid?**

To be eligible for Medicaid in Connecticut, the institutionalized individual's countable assets cannot exceed $1,600.00. However, if the institutionalized individual has a spouse who lives in the community, a portion of the couple’s countable assets may be kept by the community spouse and this amount will not affect Medicaid eligibility for the institutionalized individual.

**How does DSS determine the amount that may be kept by the community spouse?**

To determine the amount of assets that the community spouse may keep without it counting toward Medicaid eligibility for the institutionalized individual, DSS does an assessment of spousal assets as of the date of institutionalization. If applying for community based services, it will usually increase the amount of assets the community spouse may keep if an assessment is asked for as soon as the services are needed.

First, DSS adds together the counted assets of both spouses and divides that amount in half to establish the spousal share.

Next, DSS establishes the Community Spouse Protected Amount (CSPA). The CSPA is that portion of the spousal share that the community spouse may keep and that will not be counted toward eligibility for the institutionalized individual. This amount may go from a minimum of $23844.00 up to a maximum of $119,220.00. The minimum and maximum amounts are set by federal law and the state is required to update the amounts yearly. The CSPA cannot exceed the maximum amount, except by decision of a hearing officer or possibly by a court order.

**What happens if the community spousal share is greater than the maximum CSPA?**

Remember that the institutionalized individual’s countable assets may not exceed $1,600**.** If the institutionalized individual and the spouse have assets that are more than $1,600 plus the amount established as the CSPA, the excess assets are considered to be available to the institutionalized individual. This is true regardless of which spouse is the owner of the assets. The institutionalized individual is not eligible for Medicaid until the couple’s combined assets are reduced to the total of the $1,600 asset limit plus the CSPA .

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**What does a couple do if the combined assets are greater than the CSPA and the $1,600 limit?**

As long as fair market value is received, the excess assets may be spent in any way the couple wishes. The couple is not required to use the excess assets to pay for the institutionalized individual’s medical expenses, although that is certainly an acceptable way to spend the excess assets.

**When should a couple request an assessment of spousal assets?**

An assessment of spousal assets may be completed at the request of either spouse any time prior to application for Medicaid when there is an institutionalized individual. If requested prior to the application for Medicaid, there is a fee of $50.00 for the assessment of spousal assets. This fee must be paid before the assessment can be completed. DSS will notify the applicant, in writing, of the results of the assessment. These results will be retained by DSS and used to determine eligibility if the person later applies for Medicaid.

If an assessment of spousal assets is not completed prior to a Medicaid application, DSS will do one at the time the Medicaid application is filed. There is no fee for the assessment of spousal assets when it is done as part of the Medicaid application.

To request a spousal assessment of assets, please either send in a Home Care Request Form

(**W-1487**) to DSS (form may be found on the DSS website, [**www.ct.gov/dss**](http://www.ct.gov/dss)or call DSS’s toll free number, **1-800-445-5394**.

The Department has a TDD/TTY hotline number for persons who are deaf or hearing impaired.  If you have a TDD/TTY, you can call 1-800-842-4524.  The Department also has auxiliary aids for the blind or visually impaired. Please call your local Department of Social Services for more information.