STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

UNIFORM POLICY MANUAL

Claudette J. Beaulieu, Deputy Commissioner

July 1, 2011
Effective Date

POLICY TRANSMITTAL NO.: UP-11-10

SUBJECT: 1. Increase in the Standards Used to Calculate the Community Spouse Allowance (CSA) and the Community Family Allowance (CFA).

2. Personal Needs Allowance (PNA) Decrease for Residents of Long Term Care Facilities.

3. New Average Cost of Long Term Care for Transfers of Assets.

Increase in the Standards Used to Calculate the CSA and the CFA

This transmits new procedure pages to reflect changes in the calculation of the Community Spouse Allowance (CSA) and the Community Family Allowance (CFA). These changes are necessitated by an increase in the Federal Poverty Level (FPL). The new amounts are the correct figures based on 150% of the annual FPL for two persons which is $22,065.00. The new figures to be used in the calculation of the CSA and CFA are as follows:

1. Use $1,838.75 to calculate the Minimum Monthly Needs Allowance (MMNA). This figure is equal to 150% of the FPL for two people.

2. Use $551.63 to calculate the MMNA excess shelter amounts. This figure is equal to 30% of the 150% of the FPL for two people.

Post-eligibility applied income should be recalculated using the new standards at the next contact with the assistance unit. However, these standards should be applied retroactively to July 1, 2011.

Personal Needs Allowance Decrease for Residents of Long Term Care Facilities

This transmits procedures to decrease the personal needs allowance of Medicaid recipients who reside in long term care facilities from $69 to $60 per month pursuant to Public Act 11-44. Public Act 11-44 required the department to reduce the personal needs allowance for residents of long term care facilities beginning July 1, 2011.

The decrease in the personal needs allowance also affects long term care facility residents who receive Improved Pensions from the Veterans' Administration. These pensions are limited to $90 per month and are paid to institutionalized veterans (or their surviving spouses) without dependents. Effective July 1, 2011, these recipients will be afforded the $60 personal needs allowance in addition to the amount of their Improved Pensions for a total of $150 per month.

Nursing facility residents receiving reduced SSI benefits of $30 are entitled to receive $30 per month in State Supplement benefits effective July 1st. Recurring State Supplement special benefits were decreased by $9 by the EMS mass modification on June 11, 2011.

New Average Cost of Long Term Care for Transfers of Assets

This transmits the new average cost of long-term care for calculating and imposing the transfer of asset penalty period. The average cost of care at the private rate has been increased from $10,366.00 to $10,586.00 per month. This new amount should be used to determine the penalty period for individuals who apply on or after July 1, 2011 and for recipients who became institutionalized on or after July 1, 2011.

Included with this transmittal, for use as a desk guide, is a table listing pertinent long term care amounts.

INSTRUCTIONS FOR UPDATING THE UPM:

Remove and Recycle	Insert
P-3028.30	P-3028.30
P-3029.30	P-3029.30
P-4520.05	P-4520.05
P-5035.10	P-5035.10
P-5035.20	P-5035.20
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DISPOSITION: This policy transmittal may be recycled once the UPM has been updated.

DISTRIBUTION: UPM list

RESPONSIBLE UNIT: Adult Support Unit – Telephone (860) 424-5250

Date Issued: 9-28-11

SM

LONG TERM CARE AMOUNTS

Effective Date	Ave. Cost of Care	Minimum CSPA	Maximum CSPA	Min. MMNA	Base Shelter	Utility Allowance	Max. MMNA
10/1/11	$10,586.00	$21,912.00	$109,560.00	$1,838.75	$551.63	**$683.00**	$2,739.00
7/1/11	$10,586.00	$21,912.00	$109,560.00	$1,838.75	$551.63	$662.00	$2,739.00
4/1/11	$10,366.00	$21,912.00	$109,560.00	$1,821.25	$546.37	$662.00	$2,739.00
7/1/10	$10,366.00	$21,912.00	$109,560.00	$1,821.25	$546.37	$720.00	$2,739.00
7/1/09	$9,959.00	$21,912.00	$109,560.00	$1,821.25	$546.37	$720.00	$2,739.00
1/1/09	$9,464.00	$21,912.00	$109,560.00	$1,750.00	$525.00	$720.00	$2,739.00
10/1/08	$9,464.00	$20,880.00	$104,400.00	$1,750.00	$525.00	$720.00	$2,610.00
7/1/08	$9,464.00	$20,880.00	$104,400.00	$1,750.00	$525.00	$522.00	$2,610.00
1/1/08	$9,096.00	$20,880.00	$104,400.00	$1,711.25	$513.37	$522.00	$2,610.00
10/1/07	$9,096.00	$20,328.00	$101,640.00	$1,711.25	$513.37	$522.00	$2,541.00
7/1/07	$9,096.00	$20,328.00	$101,640.00	$1,711.25	$513.37	$517.00	$2,541.00
1/1/07	$8,646.00	$20,328.00	$101,640.00	$1,650.00	$495.00	$517.00	$2,541.00
10/1/06	$8,646.00	$19,908.00	$99,540.00	$1,650.00	$495.00	$517.00	$2,488.50
7/1/06	$8,646.00	$19,908.00	$99,540.00	$1,650.00	$495.00	$450.00	$2,488.50
2/1/06	$7,905.00	$19,908.00	$99,540.00	$1,603.75	$481.13	$450.00	$2,488.50
1/1/06	$7,905.00	$19,908.00	$99,540.00	$1,603.75	$481.13	$437.00	$2,488.50
10/1/05	$7,905.00	$19,020.00	$95,100.00	$1,603.75	$481.13	$437.00	$2,377.50
7/1/05	$7,905.00	$19,020.00	$95,100.00	$1,603.75	$481.13	$390.00	$2,377.50
1/1/05	$7,665.00	$19,020.00	$95,100.00	$1,561.25	$468.38	$390.00	$2,377.50
10/1/04	$7,665.00	$18,552.00	$92,760.00	$1,561.25	$468.38	$390.00	$2,319.00
7/1/04	$7,665.00	$18,552.00	$92,760.00	$1,561.25	$468.38	$378.00	$2,319.00
1/1/04	$7,417.00	$18,552.00	$92,760.00	$1,515.00	$454.50	$378.00	$2,319.00

Amounts in ***BOLD ITALICS*** are the most recent changes

October 2011

Date: 7-1-11	**Transmittal: UP-11-10**	**P-3028.30**
Section: Technical Eligibility Requirements		**Type:** PROCEDURES
Chapter: Transfer of Assets		**Program:** MA
Subject: Calculating and Imposing the Penalty Period		

P-3028.30

1. Calculate the penalty period using the steps that follow.

2. Start with the fair market value of the transferred asset.

3. Deduct from the fair market value any compensation received which is acceptable per policy.

4. Divide the remainder by the average monthly cost of care to a private patient in a LTCF. This figure is $9,096.00 from 7/1/07 – 6/30/08, $9,464.00 from 7/1/08 – 6/30/09, $9,959.00 from 7/1/09 – 6/30/10, $10,366.00 from 7/1/10 – 6/30/11, and $10,586.00 on or after 7/1/11.

   ° For applicants, base the cost on the appropriate figure as of the month of application;

   ° For recipients, base the cost on the appropriate figure as of the month of institutionalization, if the transfer occurred while the individual was receiving Medicaid in the community, and the transfer did not affect eligibility at that point in time;

   ° For recipients, base the cost on the appropriate figure as of the month of the transfer, if the transfer involves either the home transferred by the spouse while the institutionalized individual is receiving Medicaid, or any asset transferred by an institutionalized individual while receiving Medicaid.

5. The result of the calculation above will be a whole number representing the number of whole months of the penalty period and/or a fraction representing a partial month.

6. Use the partial amount to determine the last day of the penalty period by the following method:

   ° multiply the fraction that represents the partial month described in step 5 by the number of days in the month in which the penalty period expires;

   ° the resulting whole number is the day of the month on which the penalty period expires.

Section:
Technical Eligibility Requirements

Type:
PROCEDURES

Chapter:
Transfer of Assets

Program: MA

Subject:
Calculating and Imposing the Penalty Period

P-3029.30

1. Calculate the penalty period using the steps that follow.

2. Start with the fair market value of the transferred asset.

3. Deduct from the fair market value any compensation received which is acceptable per policy.

4. Divide the remainder by the average monthly cost of care to a private patient in a LTCF. This figure is $9,096.00 from 7/1/07 – 6/30/08, $9,464.00 from 7/1/08 – 6/30/09, $9,959.00 from 7/1/09 – 6/30/10, $10,366.00 from 7/1/10 – 6/30/11, and $10,586.00 on or after 7/1/11.

   - For applicants, base the cost on the appropriate figure as of the month of application;

   - For recipients, base the cost on the appropriate figure as of the month of institutionalization, if the transfer occurred while the individual was receiving Medicaid in the community, and the transfer did not affect eligibility at that point in time;

   - For recipients, base the cost on the appropriate figure as of the month of the transfer, if the transfer involves either the home or proceeds from a home equity loan transferred by the spouse while the institutionalized individual is receiving Medicaid, or any asset transferred by an institutionalized individual while receiving Medicaid.

5. The result of the calculation above will be a whole number representing the number of whole months of the penalty period and/or a fraction representing a partial month.

6. Use the partial amount to determine the last day of the penalty period by the following method:

   - multiply the fraction that represents the partial month described in step 5 by the number of days in the month in which the penalty period expires;

   - for penalties beginning as of the first day of a month (for persons receiving LTC Medicaid at the time of the transfer), the resulting whole number is the day of the month on which the penalty period expires;

   - for penalties beginning as of the first date the individual would otherwise be eligible (for persons not receiving LTC Medicaid at the time of the transfer), the resulting whole number represents the additional number of days the individual is ineligible.

CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL

Date: 7-1-11	**Transmittal: UP-11-10**	**P-4520.05**
Section: Standards of Assistance		**Type:** PROCEDURES
Chapter: Basic Needs		**Program:** AABD
Subject: Determining Basic Needs		

P-4520.05

1. Based on circumstances of the assistance unit, determine if the assistance unit member resides in a rated housing facility, in non-rated housing or in a long term care facility.

   - If the assistance unit member has resided in both rated and non-rated housing during the month, determine the number of days spent in rated housing.

   - If the assistance unit member resides in a rated facility, determine the type of facility in which he or she resides.

   - If the assistance unit member resides in a non-rated facility, determine if the housing unit is shared or occupied solely by the assistance unit member.

2. Based on the living arrangement of the assistance unit, authorize the appropriate personal needs standard. For assistance units residing in long term care facilities, the personal needs standard is $60 per month.

3. Based on the living arrangement of the assistance unit authorize the appropriate shelter standard up to the maximum allowable.

   - If two spouses are sharing a living arrangement solely by themselves, presume they are each sharing the costs equally and allow each spouse of the total cost, or $200.00, whichever is lower.

   - If the two spouses share their living arrangement with others, determine the amount each spouse is obligated to pay.

   - If each spouse pays an actual obligated amount, allow each spouse his or her obligated amount or $200, whichever is lower.

   - If there is no actual amount obligated for each spouse, consider that they are sharing the costs equally and allow each spouse of the total obligation that they pay or $200, whichever is less.

   - If the other persons who share the couple's living arrangement comprise an AFDC unit, do not determine the couple's obligation by automatically presuming that anything over the AFDC shelter component constitutes the AABD couple's shelter obligation.

4. There is no shelter standard for an assistance unit residing in a long term care facility.

Date: 7-1-11	**Transmittal: UP-11-10**	**P-5035.10**

Section: **Treatment of Income**

Type: **PROCEDURES**

Chapter: **Income Deductions**

Program: **MAABD**

Subject: **Minimum Monthly Needs Allowance (MMNA)**

P-5035.10

1. Calculate the shelter costs of the community spouse by adding:

   - rent costs or mortgage payments; and
   - real estate taxes; and
   - real estate insurance; and
   - the Food Stamp Standard Utility allowance (SUA).

2. Determine the excess shelter allowance by subtracting $551.63 from the amount calculated in step 1 ($551.63 is 30% of $1,838.75 which is 150% of the poverty level for two) (Cross-Reference: 5035.30).

3. If the amount calculated in step 2 is greater than zero, go to step 5.

4. If the amount calculated in step 2 is zero or less, use $1,838.75 as the MMNA.

5. Add the amount calculated in step 2 to $1,838.75 (Cross-Reference 5035.30).

6. If the amount calculated in step 5 is $2,739.00 or less, use the actual amount as the MMNA.

7. If the amount calculated in step 5 is greater than $2,739.00, use $2,739.00 as the MMNA.

8. If a Fair Hearing decision requires a figure higher than those referred to in Steps 6 and 7, use the amount decided upon from the Fair Hearing decision.

Date: 7-1-11	Transmittal: UP-11-10	P-5035.20
Section: Treatment of Income		**Type:** PROCEDURES
Chapter: Income Deductions		**Program:** MAABD
Subject: Community Family Allowance (CFA)		

P-5035.20

1. Determine if there is a community spouse.
2. If there is no community spouse stop here. Go to "Calculating Applied Income for LTCF Units Without Community Spouses" (Cross Reference: P-5045.25).
3. If there is a community spouse, determine if there are any family members living with the community spouse who are eligible for a CFA.
4. Determine the eligible family member's monthly gross income.
5. Subtract the gross monthly income of the eligible family member from $1,838.75 (150% of the monthly poverty level for two) (Cross Reference: 5035.35).
6. Divide the amount calculated in step 5 by 3 to determine the CFA.

Date: 7-1-11	**Transmittal: UP-11-10**	**P-5045.25**
Section: **Treatment of Income**		**Type:** **PROCEDURES**
Chapter: **Applied Income**		**Program: MA**
Subject: **Calculating Applied Income for LTCF Units Without Community Spouses**		

P-5045.25 When To Recalculate Amount of Applied Income

1. Start the calculation of applied income with the month in which the thirtieth day of continuous care in an LTCF is provided.

2. At intake, calculate the applied income for the months prior to the month of grant.

3. At intake, calculate the applied income for the six month period which begins with the month of grant.

4. Recalculate the applied income when a change of any amount occurs in any deduction.

5. Recalculate when a change occurs which will result in a difference of at least $15.00 in the applied income.

6. For subsequent six month periods, recalculate applied income when information is received on actual income for the prior six month period.

General Principles for Calculating Applied Income

1. Determine amount of income to be considered from fixed income sources.

2. Determine amount of income to be considered from variable income sources.

3. Add the figures from steps 1 and 2, above.

4. Deduct a personal needs allowance of $150.00 per month from the amount derived in step 3 for veterans whose pension is reduced to $90.00 pursuant to P.L. 101-508.

5. Deduct a personal needs allowance of $150.00 per month from the amount derived in step 3 for spouses of deceased veterans whose pension is reduced to $90.00 pursuant to P.L. 101-508 as amended by Section 601 (d) of P.L. 102-568.

P-5045.25 General Principles For Calculating Applied Income (Continued)

6. To determine the amount of the personal needs allowance to deduct for all other clients, go to step 7.

7. Deduct a personal needs allowance of $60.00 per month from the amount derived in step 3 for all other clients.

8. Deduct an amount diverted to meet the needs of eligible family members who are in the home to the extent of increasing their income to the MNIL which corresponds to the number of members.

9. Deduct Medicare and other health insurance premiums.

10. Deduct costs for medical treatment approved by a physician, which are incurred subsequent to the effective date of eligibility, and which are not covered by Medicaid.

11. Deduct expenses for services provided by a licensed medical provider in the six month period immediately preceding the first month of eligibility providing the following conditions are met:

    a. the expenses were not for LTCF services, services provided by a medical institution equivalent to those provided in a long term care facility, or home and community-based services, when any of these services were incurred during a penalty period resulting from an improper transfer of assets; and

    b. the recipient is currently liable for the expenses;

    c. the services are not covered by Medicaid in a prior period of eligibility.

12. Deduct the cost of maintaining a home in the community, subject to the following conditions:

    a. the amount is not deducted for more than six months;

    b. the likelihood of the institutionalized individual's returning to the community within six months is certified by a physician;

Date: 7-1-11	**Transmittal: UP-11-10**	**P-5045.30**
Section: Treatment of Income		**Type:** PROCEDURES
Chapter: Applied Income		**Program:** MA
Subject: Calculating Applied Income for LTCF Units With Community Spouses		

P-5045.30 When To Recalculate Amount of Applied Income

1. Start the calculation of applied income with the month in which the thirtieth day of continuous care in an LTCF is provided.

2. At intake, calculate the applied income for the months prior to the month of grant.

3. At intake, calculate the applied income for the six month period which begins with the month of grant.

4. Recalculate the applied income when a change of any amount occurs in any deduction.

5. Recalculate when a change occurs which will result in a difference of at least $15.00 in the applied income.

6. For subsequent six month periods, recalculate applied income when information is received on actual income for the prior six month period.

General Principles for Calculating Applied Income

1. Determine amount of income to be considered from fixed income sources.

2. Determine amount of income to be considered from variable income sources.

3. Add the figures from steps 1 and 2, above.

4. Deduct a personal needs allowance of $60.00 per month from the amount derived in step 3.