

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

UNIFORM POLICY MANUAL

Claudette . Beau

. Beaulieu, Deputy Commissioner

July 1, 2012
Effective Date

POLICY TRANSMITTAL NO.: 12-02

SUBJECT: Long Term Care Medicaid – Increase to the Community Spouse Minimum Monthly Needs Allowance (MMNA), Base Shelter Amount and Average Cost of Long Term Care.

This transmits new amounts for the MMNA, Base Shelter and average cost of long term care. The MMNA and Base Shelter amount are used to compute Community Spousal and Family Allowances for long term care Medicaid clients. The average cost of long term care is used to compute transfer of asset penalty periods.

Effective July 1, 2012, the amount of the MMNA is \$1,891.25. The Base Shelter amount is \$567.38. The community spouse's minimum and maximum protected amounts and the limit on the community spouse's MMNA are increased on January 1 of each year to reflect the increase in the Consumer Price Index. We will notify you of the new amounts for 2013 in the fall of 2012.

The average cost of care at the private rate has increased from \$10,586.00 to \$11,183.00 per month. This new amount should be used to determine penalty periods for individuals who apply on or after July 1, 2012 and for recipients who became institutionalized on or after July 1, 2012.

INSTRUCTIONS FOR UPDATING THE UPM:

Remove and Recycle	<u>Insert</u>
P-3029.30	P-3029.30
P-5035.10	P-5035.10
P-5035.20	P-5035.20

<u>DISPOSITION</u>: This Policy Transmittal may be recycled once the UPM has been updated.

DISTRIBUTION: UPM List

RESPONSIBLE UNIT: Adult Services (860) 424-5250

Date Issued: 8-1-2012

MJB

CONNECTICUT DEPARTMENT OF SOCIAL SERVICES UNIFORM POLICY MANUAL

Date: 7-1-12	Transmittal: UP-12-02		P-3029.30
Section: Technical Eligibi	lity Requirements	Type: PROC	EDURES
Chapter: Transfer of Asset	s	Program:	MA
Subject: Calculating and l	mposing 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, \$10,586.00 from 7/1/11 6/30/12 and \$11,183.00 on or after 7/1/12.
 - 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;
 - of or 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;
 - o 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:	7-1-12		Transmittal: UP-12-02		P-5035.10
Sectio		nent (of Income	Type:	CEDURES
Chapt		e Ded	luctions	Program:	MAABD
Subje		um N	Monthly Needs Allowance (MMNA)		
P-5035	5.10	1.	Calculate the shelter costs of the community spous	se by adding:	
			 rent costs or mortgage payments; and 		
			• real estate taxes; and		
			• real estate insurance; and		
			• the Food Stamp Standard Utility allowance (S	U A).	
		2.	Determine the excess shelter allowance by subtrac amount calculated in step 1 (\$567.38 is 30% of \$1 the poverty level for two) (Cross-Reference: 5035.	,891.25 which	
		3.	If the amount calculated in step 2 is greater than ze	ero, go to step :	5.
i		4.	If the amount calculated in step 2 is zero or less, us MMNA.	se \$1,891.25 as	the
		5.	Add the amount calculated in step 2 to \$1,891.25 (5035.30).	Cross-Referen	ce
		6.	If the amount calculated in step 5 is \$2,841.00 or lamount as the MMNA.	ess, use the act	ual
		7.	If the amount calculated in step 5 is greater than \$2 as the MMNA.	2,841.00, use \$	2,841.00
		8.	If a Fair Hearing decision requires a figure higher steps 6 and 7, use the amount decided upon from the steps 6 and 7.		

CONNECTICUT DEPARTMENT OF SOCIAL SERVICES UNIFORM POLICY MANUAL

Date: 7-1-12	Transmittal: UP-12-02		P-5035.20
Section: Treatment of Income		Type:	CEDURES
Chapter: Income Deductions		Program:	MAABD
Subject: Community Family Allow	ance (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 \$1,891.25 (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.

LONG TERM CARE AMOUNTS

Effective Date	Ave. Cost of Care	Minimum CSPA	Maximum CSPA	Min. MMNA	Base Shelter	Utility Allowance	Max. MMNA
7/1/12	\$11,183.00	\$22,728.00	\$113,640.00	\$1,891.25	\$567.38	\$683.00	\$2,841.00
1/1/12	\$10,586.00	\$22,728.00	\$113,640.00	\$1,838.75	\$551.63	\$683.00	\$2,841.00
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