



STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL


Raymond Singleton, Deputy Commissioner

January 1, 2014
Effective Date

POLICY TRANSMITTAL NO.: UP-14-01

- SUBJECT:
1. Cost of Living Allowance (COLA) Increase in SSI (Supplemental Security Income), OASDI (Social Security) and Railroad Retirement Benefits (RRB).
 2. Increase in the Unearned Income Disregards used in the State Supplement and related Medicaid programs.
 3. Increase in the Excess Home Equity Limits.
 4. Increase in the Threshold Figure for Severely Impaired Individuals.
 5. Other January 2014 Increases.
 6. Long Term Care Medicaid updates (effective July 1, 2014) – Increase to the Community Spouse Minimum Monthly Needs Allowance (MMNA), Base Shelter Amount and Average Cost of Long Term Care.

Cost of Living Adjustments

The Social Security Administration announced a 1.5% cost-of-living increase effective January 1, 2014 for all OASDI and Railroad Retirement beneficiaries. The SSI benefit amount for individuals living independently increased to \$721.00 or \$741.00 for an individual receiving a combination of SSI/SSA benefits. A couple living independently now receives an SSI benefit amount of \$1,082.00 or \$1,102.00 if they receive a combination of SSI/SSA benefits.

The increased SSI benefit amount of those living in the home of another is \$480.67 for an individual and \$721.34 for a couple. The increased SSI/SSA combination benefit is \$500.67 for an individual and \$741.34 for a couple.

The cost of Medicare Part B coverage remains \$104.90 per month, as in 2013.

Unearned Income Disregards

This transmits revised procedures increasing the unearned income disregards used in the State Supplement and related Medicaid programs. The increases are being made pursuant to Public Act 05-243 and are effective January 1, 2014. The increased unearned income disregard for those living in the community is \$325.00, for those living in a licensed boarding home the disregard is \$232.70 and for those living and sharing with a non-relative the disregard is \$392.90. The July 2014 increases in the Personal Needs Allowances will be issued in a future transmittal.

Excess Home Equity Limits

Under section 6014 of the Deficit Reduction Act of 2005 (DRA), Medicaid will not pay for long-term care services for individuals whose home equity exceeds the home equity limit. These limits increase yearly consistent with increases in the Consumer Price Index for All Urban Consumers (CPI-U). Effective January 1, 2014 the excess home equity limit is \$814,000.

Threshold Figure for Severely Impaired Individuals

The Social Security Administration has established the latest yearly gross earnings limit for individuals eligible for Medicaid under 1619(b) or 1905(q) status, as described at UPM 2540.76 and UPM 2540.77 respectively. Effective January 1, 2014, the yearly gross earnings limit is \$68,340.00.

Other January 2014 Increases

1. The Community Spouse Protected Amount (CSPA) for institutionalized applicants applying for Medicaid as a MCCA spouse increased due to a change in the Consumer Price Index (CPI) to a minimum of \$23,448.00 and a maximum of \$117,240.00.
2. The maximum Minimum Monthly Needs Allowance (MMNA) for institutionalized individuals with a spouse living in the community increased due to a change in the CPI to \$2,931.00.
3. The special Categorically Needy Income Limit (CNIL) for institutionalized applicants and recipients increased to \$2,163.00 per month for an assistance unit of one and \$4,326.00 per month for an assistance unit of two. The special CNIL for Connecticut Home Care (CHC) applicants and recipients increased to \$2,163.00.
4. The asset limit for an individual in the state-funded portion of the Connecticut Home Care Program for Elders increased to \$35,172.00 for a single individual and to \$46,896.00 for a married individual due to the increase in the CSPA.

Effective July 1, 2014 - New Amounts for the MMNA, Base Shelter 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 compare 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, 2014, the amount of the MMNA is \$1,966.25. The Base Shelter amount is \$589.88. The community spouse's minimum and maximum protected amounts and the limit in 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 2015 in the fall of 2014.

The average cost of care at the private rate has increased from \$11,581.00 to \$11,851.00 per month. This new amount should be used to determine penalty periods for individuals who apply on or after July 1, 2014 and for recipients who became institutionalized on or after July 1, 2014.

LONG TERM CARE AMOUNTS

| Effective Date | Ave. Cost of Care | Minimum CSPA | Maximum CSPA | Min. MMNA | Base Shelter | Utility Allowance | Max. MMNA |
|----------------|--------------------|--------------------|---------------------|-------------------|-----------------|-------------------|-------------------|
| 7/1/2014 | \$11,851.00 | \$23,448.00 | \$117,240.00 | \$1,966.25 | \$589.88 | \$694.00 | \$2,931.00 |
| 1/1/2014 | \$11,581.00 | \$23,448.00 | \$117,240.00 | \$1,938.75 | \$581.63 | \$694.00 | \$2,931.00 |
| 10/1/2013 | \$11,581.00 | \$23,184.00 | \$115,920.00 | \$1,938.75 | \$581.63 | \$694.00 | \$2,898.00 |
| 7/1/2013 | \$11,581.00 | \$23,184.00 | \$115,920.00 | \$1,938.75 | \$581.63 | \$668.00 | \$2,898.00 |
| 1/1/2013 | \$11,183.00 | \$23,184.00 | \$115,920.00 | \$1,891.25 | \$567.38 | \$668.00 | \$2,898.00 |
| 10/1/2012 | \$11,183.00 | \$22,728.00 | \$113,640.00 | \$1,891.25 | \$567.38 | \$668.00 | \$2,841.00 |
| 7/1/2012 | \$11,183.00 | \$22,728.00 | \$113,640.00 | \$1,891.25 | \$567.38 | \$683.00 | \$2,841.00 |
| 1/1/2012 | \$10,586.00 | \$22,728.00 | \$113,640.00 | \$1,838.75 | \$551.63 | \$683.00 | \$2,841.00 |
| 10/1/2011 | \$10,586.00 | \$21,912.00 | \$109,560.00 | \$1,838.75 | \$551.63 | \$683.00 | \$2,739.00 |
| 7/1/2011 | \$10,586.00 | \$21,912.00 | \$109,560.00 | \$1,838.75 | \$551.63 | \$662.00 | \$2,739.00 |
| 4/1/2011 | \$10,366.00 | \$21,912.00 | \$109,560.00 | \$1,821.25 | \$546.37 | \$662.00 | \$2,739.00 |
| 7/1/2010 | \$10,366.00 | \$21,912.00 | \$109,560.00 | \$1,821.25 | \$546.37 | \$720.00 | \$2,739.00 |
| 7/1/2009 | \$9,959.00 | \$21,912.00 | \$109,560.00 | \$1,821.25 | \$546.37 | \$720.00 | \$2,739.00 |
| 1/1/2009 | \$9,464.00 | \$21,912.00 | \$109,560.00 | \$1,750.00 | \$525.00 | \$720.00 | \$2,739.00 |
| 10/1/2008 | \$9,464.00 | \$20,880.00 | \$104,400.00 | \$1,750.00 | \$525.00 | \$720.00 | \$2,610.00 |
| 7/1/2008 | \$9,464.00 | \$20,880.00 | \$104,400.00 | \$1,750.00 | \$525.00 | \$522.00 | \$2,610.00 |
| 1/1/2008 | \$9,096.00 | \$20,880.00 | \$104,400.00 | \$1,711.25 | \$513.37 | \$522.00 | \$2,610.00 |
| 10/1/2007 | \$9,096.00 | \$20,328.00 | \$101,640.00 | \$1,711.25 | \$513.37 | \$522.00 | \$2,541.00 |
| 7/1/2007 | \$9,096.00 | \$20,328.00 | \$101,640.00 | \$1,711.25 | \$513.37 | \$517.00 | \$2,541.00 |
| 1/1/2007 | \$8,646.00 | \$20,328.00 | \$101,640.00 | \$1,650.00 | \$495.00 | \$517.00 | \$2,541.00 |
| 10/1/2006 | \$8,646.00 | \$19,908.00 | \$99,540.00 | \$1,650.00 | \$495.00 | \$517.00 | \$2,488.50 |
| 7/1/2006 | \$8,646.00 | \$19,908.00 | \$99,540.00 | \$1,650.00 | \$495.00 | \$450.00 | \$2,488.50 |
| 2/1/2006 | \$7,905.00 | \$19,908.00 | \$99,540.00 | \$1,603.75 | \$481.13 | \$450.00 | \$2,488.50 |

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

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

INSTRUCTIONS FOR UPDATING THE UPM:

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DISPOSITION: This policy transmittal may be recycled once the UPM has been updated.

DISTRIBUTION: UPM list

RESPONSIBLE UNIT: Eligibility Policy and Program Support
(860) 424-5250 or email address: EligPolicy.DSS@ct.gov

Date Issued: 8/26/2014

MS/vsb

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 1-1-14

Transmittal: UP-14-01

P-2540.60

Section:
Categorical Eligibility Requirements

Type:
PROCEDURES

Chapter:
Medical Coverage Groups

Program: FMA-CN

Subject:
Establishing Eligibility for Residents of Long Term Care Facilities

- P-2540.60
1. Start by determining if the age or caretaker relative provisions apply to the institutionalized person.
 2. If the individual is neither under 21 nor considered by the Department to be a caretaker relative as described in policy, nor pregnant, go to the MAABD coverage group for residents of an LTCF (2540.88).
 3. If the individual is under 21 or is considered by the Department to be a caretaker relative, go on.
 4. Determine the individual's monthly gross income.
 5. Compare the individual's monthly gross income to the special CNIL for one person, which is currently \$2,163.00.
 6. If the individual's gross income equals or exceeds the special CNIL, go to step 12.
 7. If the individual's gross income is less than the special CNIL, go on.
 8. Compare the individual's total assets to the AFDC asset limit.
 9. If the individual's assets exceed the AFDC asset limit, go to step 12.
 10. If the individual passes the financial tests above, take the following actions:
 - authorize FMA to the individual, using the NF program code for a child and the NC code for a caretaker;
 - make the effective date the first day of the 30 continuous days of residence.
 11. Determine the amount of the individual's income to be applied to the cost of care. (cross reference: 5035)
 12. If the individual does not meet the financial tests of this coverage group, determine eligibility as medically needy by comparing applied income to the cost of care.

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Date: 1-1-14

Transmittal: UP-14-01

P-2540.88

Section:
Categorical Eligibility Requirements

Type:
PROCEDURES

Chapter:
Medicaid Coverage Groups

Program:
MAABD-CN

Subject:
Establishing Eligibility for Residents of Long Term Care Facilities

- P-2540.88
1. Determine if the individual meets the requirements of age, blindness or disability.
 2. Determine the individual's monthly gross income.
 3. Compare the gross income to the special CNIL for one person, which is currently \$2,163.00.
 4. If the individual's gross income equals or exceeds the Special CNIL, go to step 10.
 5. If the individual's gross income is less than the Special CNIL, go on.
 6. Compare the individual's assets to the AABD asset limit.
 7. If the assets exceed the AABD limit, go to step 10.
 8. If the individual passes the financial steps above, take the following actions:
 - authorize MAABD to the individual, using the NA, NB or ND program codes, as appropriate;
 - make the effective date the first day of the 30 continuous days of residence.
 9. Determine the amount of the individual's income to be applied to the cost of care. (Cross reference: 5035)
 10. If the individual does not meet the financial tests of this coverage group, determine eligibility as medically needy by comparing applied income to the cost of care.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
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Date: 7-1-14

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P-3029.30

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, \$10,586.00 from 7/1/11-6/30/12, \$11,183.00 from 7/1/12-6/30/13, \$11,581.00 from 7/1/13-6/30/14 and \$11,851.00 on or after 7/1/14.
 - 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
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Date: 1-1-14

Transmittal: UP-14-01

P-4022.05

Section:
Treatment of Assets

Type:
PROCEDURES

Chapter:
Asset Disregards

Program: MAABD

Subject:
CSD - Determining Initial Eligibility

- P-4022.05
1. Do not calculate a CSD if an assessment of spousal assets has not been completed.
 2. Determine if the CSD is being calculated as part of an initial eligibility determination.
 3. If the CSD is being calculated as part of an initial eligibility determination go to step 5.
 4. If the CSD is not being calculated as part of an initial eligibility determination, stop here. Go to CSD - Redetermination of Eligibility (Cross Reference P-4022.10).
 5. Calculate the CSPA in accordance with policy using the value of the spousal share determined by the spousal assessment, regardless of what may have happened to the assets since the assessment. Currently, the minimum CSPA is \$23,448.00 and the maximum CSPA is \$117,240.00.
 6. Determine the community spouse's total available non-excluded assets (Cross Reference 4020.10).
 7. Compare the community spouse's total available non-excluded assets determined in step 6 to the CSPA calculated in step 5.
 8. If the community spouse's total available non-excluded assets determined in step 6 are greater than the CSPA calculated in step 5, stop here and go to Deemed Assets (Cross Reference 4025.67).
 9. If the community spouse's total available non-excluded assets determined in step 6 are equal to the CSPA calculated in step 5, stop here.
 10. If the community spouse's total available non-excluded assets determined in step 6 are less than the CSPA calculated in step 5, disregard the amount from the institutionalized spouse's assets when determining eligibility.
 11. Ask the institutionalized spouse to transfer the amount of the CSD to the sole ownership of the community spouse as soon as possible.
 12. If the CSPA amount is based on a probate court order which states the higher amount is needed to generate income, allow the amount specified but refer the case to the Attorney General as soon as assistance is granted for a possible appeal of the court order.

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Date: 1-1-14

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P-4025.67

Section:
Treatment of Assets

Type:
PROCEDURES

Chapter:
Deemed Assets

Program:
MAABD

Subject:
MCCA Spouses

- P-4025.67
1. Establish that the applicant or recipient is a MCCA spouse. If not, go to P-4025.65 - "Spouses."
 2. If undue hardship exists, stop here. (Cross Reference 4025.68)
 3. Calculate the CSPA in accordance with policy using the value of the total available non-excluded assets determined by the spousal assessment for both spouses, regardless of what may have happened to the assets since the assessment. Currently, the minimum CSPA is \$23,448.00 and the maximum CSPA is \$117,240.00.
 4. Determine the community spouse's total available non-excluded assets (Cross Reference 4020.10).
 5. Compare the community spouse's total available non-excluded assets determined in step 4 to the CSPA calculated in step 3.
 6. If the community spouse's total available non-excluded assets determined in step 4 are less than the CSPA calculated in step 3, stop here and go to Community Spouse Disregard Assets (Cross Reference 4022.05).
 7. If the community spouse's total available non-excluded assets determined in step 4 are equal to the CSPA calculated in step 3, stop here.
 8. If the community spouse's total available non-excluded assets determined in step 4 are greater than the CSPA calculated in step 3, deem this amount of assets each month up to and including the initial month that the spouse is eligible for Medicaid as an institutionalized spouse.
 9. If the CSPA amount is based on a probate court order which states the higher amount is needed to generate income, allow the amount specified but refer the case to the Attorney General as soon as assistance is granted for a possible appeal of the court order.

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Date: 1-1-14

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P-4030.20 page 2

Section:
Treatment of Assets

Type:
PROCEDURES

Chapter:
Treatment of Specific Types

Program:
MA

Subject:
Home Property

P-4030.20 MA (continued)

4. Set a tickler for six months from the later of the following dates to reassess the individual's expectation to return home:
 - effective date of assistance; or
 - date of the individual's admission to the long-term care facility.

See step 6.

5. If the individual cannot reasonably be expected to return home, consider the property to be non-home property. Stop here, and follow the procedures describing the treatment of non-home property contained in this chapter.
6. Review the case every six months, or more frequently, if necessary, to reassess the individual's expectation to return to the home.
7. Continue to exclude the home as home property as long as the individual can reasonably be expected to return home.
8. If the individual cannot reasonably be expected to return home, refer to the procedures describing the treatment of non-home property.

MA – Effect of Substantial Home Equity on Payments for Nursing Facility and Other Long-Term Care Services for Applications Made on or after 1/1/06

1. An individual with an equity interest in their home of less than or equal to \$814,000. See steps 1-8 above.
2. Consider an individual with an equity interest in their home of greater than \$814,000 ineligible for the payment of nursing facility and other long-term care services unless any of the following persons is lawfully residing in the home:
 - a. the individual's spouse; or
 - b. the individual's child who is under 21; or
 - c. the individual's child who is considered blind or disabled under the criteria for SSI eligibility.

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Date: 1-1-14

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P-4030.20 page 3

Section:

Treatment of Assets

Type:

PROCEDURES

Chapter:

Treatment of Specific Types

Program:

MA

Subject:

Home Property

P-4030.20 MA – Effect of Substantial Home Equity on Payments for Nursing Facility and Other Long-Term Care Services for Applications Made on or after 1/1/06 (continued)

3. Disregard equity limit in step 2 if:
 - a. the individual can demonstrate, to the satisfaction of the Department, that they cannot obtain a reverse mortgage, home equity loan or similar instrument; or
 - b. the individual is eligible for a Long-Term Care Insurance disregard in an amount greater than or equal to the amount of home equity in excess of \$814,000, plus the amount of any other counted assets.
4. Consider an individual with an equity interest in his or her home of more than \$814,000 to be ineligible for the payment of nursing facility and other long-term care services and take the following steps:
 - a. grant assistance under an L01 or L99 AU and enter LTC payment authorization date of 12/31/60 on the INST screen to ensure denial of LTC services;
 - b. add text to the notice explaining the denial of LTC payments due to the equity interest in the home exceeding \$814,000. Advise the individual to contact his or her worker if the equity is reduced below \$814,000 or if he or she is unable to access the equity in the home using a reverse annuity mortgage, home equity loan or similar instrument;
 - c. review the equity interest in the home at each redetermination, if the equity interest is less than \$814,000, enter LTC payment authorization date equal to the day the equity interest became less than or equal to \$814,000 and follow steps 1-8 above;
 - d. If the individual verifies that he or she cannot access the equity in the home, disregard the home equity.
5. Waive application of the home equity provision if the denial of payment of nursing facility and other long-term care services would result in an undue hardship.
6. For individuals granted eligibility based on applications made on or after January 1, 2006, review the equity requirement at the time of their first redetermination.

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P-4030.40 page 2

Section:

Treatment of Assets

Type:

PROCEDURES

Chapter:

Treatment of Specific Types

Program:

MA

Subject:

Non-Home Property

- P-4030.40 | 9. If an individual applying for or receiving MAABD leaves his or her home and enters a long-term care facility, consider the home to be non-home property if:
- there are no relatives as described in policy who are lawfully residing in the home; and
 - the individual cannot reasonably be expected to return to the home.
10. For an individual who applies on or after January 1, 2014, with an equity interest in his or her home of greater than \$814,000, consider the individual ineligible for the payment of nursing facility and other long-term care services unless any of the following persons is lawfully residing in the home:
- a. the individual's spouse; or
 - b. the individual's child who is under 21; or
 - c. the individual's child who is considered blind or disabled under the criteria for SSI eligibility.
- The excess home equity limit is \$814,000 effective January 1, 2014- December 31, 2014, \$802, 000 effective January 1, 2013 – December 31, 2013, \$786,000 effective January 1, 2012 - December 31, 2012 and \$758,000 effective January 1, 2011 – December 31, 2011.
11. Disregard equity limit in step 10 if:
- a. the individual can demonstrate, to the satisfaction of the Department, that they cannot obtain a reverse mortgage, home equity loan or similar instrument; or
 - b. the individual is eligible for a Long-Term Care Insurance disregard in an amount greater than or equal to the amount of home equity in excess of \$814,000, plus the amount of any other counted assets.
12. Waive application of the home equity provision if the denial of payment of nursing facility and other long-term care services would result in an undue hardship.
13. Notify the individual in writing that a lien is being placed against all his or her real property if the individual is institutionalized, as described in step 9.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
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P-4530.10

Section:

Standards of Assistance

Type:

PROCEDURES

Chapter:

Medical Assistance Standards

Program:

MA

Subject:

Determining the Special CNIL

- P-4530.10
1. Determine if the assistance unit qualifies as a LTCF case or a Home and Community Based Services case.
 2. Document the case record accordingly.
 3. In either case, use \$2,163.00 as the special CNIL.
 4. Remember that the special CNIL is not used for individuals who are AABD cash recipients as they automatically qualify for PAS/CBS services.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
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P-5030.15

Section:
Treatment of Income

Type:
PROCEDURES

Chapter:
Income Disregards

Program: AABD
MAABD

Subject:
Disregarding Unearned Income

P-5030.15 Determine the appropriate amount of unearned income to be disregarded as described below:

1. Does the individual whose income is being considered:
 - reside in his own home in the community? or
 - reside as a roomer in someone else's home? or
 - reside in a long term care facility (LTCF)?
2. If the answer to any part of question #1 is "yes", subtract the standard disregard of \$325.00 from the individual's gross unearned income;
3. If the answer to all of the parts of question #1 is "no", does the individual whose income is being considered reside in a room and board basis in a licensed boarding home or an adult family living home?
4. If the answer to question #3 is "yes", subtract the Boarding Home Disregard of \$232.70 from the individual's gross unearned income;
5. If the answers to questions #1 and #3 are no, does the individual share his or her home in the community with at least one person who is not a parent, spouse or child?
6. If the answer to question #5 is "yes", subtract the Special Disregard of \$392.90 from the individual's gross monthly unearned income.
7. Does the person receive assistance under the QMB coverage group?
8. If the answer to question #7 is "yes", subtract the QMB disregard from the person's gross unearned income, in addition to subtracting one of the three disregards listed above. Note that the QMB disregard is deducted only for the months of January, February and March.
9. Income disregards are not used in determining AABD eligibility and benefit levels for individuals who are residents of long term care facilities.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
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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 \$589.88 from the amount calculated in step 1 (\$589.88 is 30% of \$1,966.25 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 \$1,966.25 as the MMNA.
 5. Add the amount calculated in step 2 to \$1,966.25 (Cross-Reference 5035.30).
 6. If the amount calculated in step 5 is \$2,931.00 or less, use the actual amount as the MMNA (this amount was effective 1/1/2014).
 7. If the amount calculated in step 5 is greater than \$2,931.00, use \$2,931.00 as the MMNA (this amount was effective 1/1/2014).
 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.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 7-1-14

Transmittal: UP-14-01

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 \$1,966.25 (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.

CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL

Date: 1-1-14

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P-5050.49

Section:
Treatment of Income

Type:
PROCEDURES

Chapter:
Treatment of Specific Types

Program: AABD
MAABD

Subject:
Income-in-Kind

- P-5050.49
1. Do not consider the individual to be receiving in-kind income in the form of shelter (with or without food) if the provider of the shelter states that the individual is paying him or her pursuant to a business arrangement.
 2. If in-kind income exists, determine if it is excluded, as described in policy. If it is, stop here. If not, continue to step 3.
 3. Based on the situation, use either the one-third reduction rule or the presumed value rule to compute a value to the in-kind income.
 - As of 1-1-12, one-third of the Federal Benefit Level (FBL) is \$240.33 (based on an FBL of \$721.00 per month).
 - For a married couple, one-third of the FBL is \$360.66 (based on an FBL of \$1,082.00 per month).
 4. If the presumed value rule applies, but the individual claims that the in-kind support and maintenance should be valued at a lesser amount, allow the individual to present evidence to justify the lower amount.
 - If the individual is able to demonstrate that the current market value of the support and maintenance (less any payments made by the individual in return for such in-kind income) is less than the presumed market value, compute the amount of the unearned income to be the lesser amount.
 5. Do not count the value of in-kind support and maintenance provided by a deemor to the individual if the individual is living in the deemor's household. Follow the deeming rules at Chapter 5025 to compute the amount of income to be deemed to the individual.
 6. Compute amounts for both in-kind income and deemed income if:
 - the individual is living in another person's household and receiving in-kind support and maintenance from that person **and** a deemor is also living in the household.
 7. Count all gross non-excluded income, including in-kind income, when evaluating whether the individual passes the gross income eligibility test for AABD or categorically needy Medicaid (cross reference: chapter 5520).
 8. If the individual passes the gross income eligibility test, disregard all in-kind income when computing applied income and determining the benefit amount.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

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P-5520.10

Section:
Income Eligibility

Type:
PROCEDURES

Chapter:
Income Eligibility Tests

Program:
AABD

Subject:
Determining Income Eligibility for AABD

- P-5520.10 To determine the assistance unit's income eligibility:
1. Calculate the total gross income of the applicant or recipient and his or her spouse if living together.
 2. Determine the size of the needs group.
 3. When the needs group consists of one person, compare the assistance unit's gross income to \$2,163.00.
 4. When the needs group consists of two persons, compare the assistance unit's gross income to \$4,326.00.
 5. If the gross income of the needs group:
 - exceeds the gross income limit, determine the assistance unit to be ineligible;
 - does not exceed the limit used, determine the unit to be eligible and proceed to the next step.
 6. Determine if the applicant or recipient is considered to be living with his or her spouse. (Cross Reference: 5020.70-Deemed Income)
 7. Calculate the applied income of the applicant or recipient including that income which is deemed from his or her spouse.
 8. Calculate the total needs of the needs group.
 9. Compare the assistance unit's monthly applied income to the needs group's total needs.
 10. When the total applied income equals or exceeds the needs group's needs, determine the assistance unit to be ineligible.
 11. When the total applied income is less than the needs group's needs, determine the assistance unit to be eligible for assistance.

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P-5520.15 page 2

Section:

Income Eligibility

Type:

PROCEDURES

Chapter:

Income Eligibility Tests

Program:

MA-CN

Subject:

Determining Eligibility For The Categorically Needy

P-5520.15 Residents of Long Term Care Facilities

Determine the income eligibility of units who reside in LTCF's in the following ways:

1. Calculate the unit's total monthly gross income.
2. Compare the total gross income to \$2,163.00.
3. If the gross income amount is less than \$2,163.00, determine the unit to be eligible.
4. If the gross income amount equals or exceeds \$2,163.00:
 - a. determine the unit to be ineligible as categorically needy; and
 - b. determine eligibility as medically needy.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

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P-5520.32

Section:

Income Eligibility

Type:

PROCEDURES

Chapter:

Income Eligibility Tests

Program:

MA-CN

Subject:

Test for Severely Impaired Non-SSI Recipients

P-5520.32 Determine the income eligibility for individuals who are severely impaired in the following way:

1. Determine the individual's yearly gross earned income.
2. Compare the total gross earned income to \$68,340.00.
3. If the gross earned income is less than \$68,340.00, determine that the individual is eligible.
4. If the gross earned income equals or exceeds \$68,340.00:
 - determine that the individual is ineligible under this coverage group; and
 - determine eligibility under the S05 group (cross reference:5520.33).

The state threshold figure for severely impaired individuals is decreased to \$68,340.00 effective January 1, 2014, \$72,805.00 effective January 1, 2013, \$68,132.00 effective January 1, 2012, \$56,502.00 effective January 1, 2011 – December 31, 2011, \$54,815.00 effective January 1, 2010 – December 31, 2010 and \$53,537.00 effective January 1, 2009 – December 31, 2009.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

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P-8040

Section:
Special Programs

Type:
PROCEDURES

Chapter:
Connecticut Home Care Program for Elders

Program:
CHC

Subject:
Referrals to the Resource Unit

- P-8040
1. The asset limit for a single individual is equal to or less than \$35,172.00. The asset limit for a married individual, counting both the individual's and the spouse's assets, cannot exceed \$46,896.00. If the value of the asset owned by the individual or the spouse cannot be determined by the Alternate Care Unit worker, the case is referred to the Resource Unit.
 2. The Alternate Care worker refers a case to the Resource Unit under the following conditions:
 - the applicant or his or her spouse indicates that he or she has transferred an asset and did not receive fair market value; or
 - the applicant indicates that he or she is married and the spouse is a potentially legally liable relative; or
 - the applicant indicates that he or she is estranged from his or her spouse and the estranged spouse is a potentially legally liable relative.
 3. The Resource worker must notify the Alternate Care field worker of the results of the investigation.
 4. The Alternate Care field worker cannot authorize services until notified of the investigation results.
 5. Examples of other types of assets which should be referred to the Resource Unit for valuation are as follows:
 - non-home property;
 - assets whose value is not evident;
 - an asset which is held in trust.
 6. Non-home property cases must be referred to the Resource Unit, but services are authorized before completion of the investigation.