

**Legislative Regulation  
Review Committee**

2011-007

Department of Social Services

**MEDICARE SAVINGS PROGRAM**

CONNECTICUT DEPARTMENT OF SOCIAL SERVICES  
UNIFORM POLICY MANUAL

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<b>Date:</b>	<b>Transmittal: UP-</b>	<b>2540.94</b>
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<b>Section:</b> Categorical Eligibility Requirements	<b>Type:</b> POLICY
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<b>Chapter:</b> Medicaid Coverage Groups	<b>Program:</b> MAABD-CN
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<b>Subject:</b> Qualified Medicare Beneficiaries	
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2540.94 A. Coverage Group Description

1. This group includes individuals who:
  - a. are entitled to hospital insurance benefits under part A of Title XVIII of the Social Security Act; and
  - b. [have income and assets equal to or less than the limits described in paragraph C and D.] meet the income and asset criteria described in subsections D and E of this section.
2. A Qualified Medicare Beneficiary (QMB) may be eligible for full Medicaid benefits under another coverage group during the same period [he or she] the individual is also eligible under the QMB coverage group.

B. Covered Benefits

An individual who qualifies for this coverage group may receive payment for:

1. Medicare Part A and B premiums; and
2. payment for coinsurance and deductible amounts for services covered under Medicare.

C. Duration of Eligibility

An individual qualifies for benefits under this coverage group starting the first day of the calendar month following the month in which an individual is determined eligible and continuing for every month thereafter in which the individual meets the criteria described in [paragraph A.] subsection A of this section.

D. Income Criteria

- [1. The Department uses AABD income criteria (Cross Reference: 5000), including deeming methodology, to determine eligibility for this coverage group except for the following:
  - a. the annual cost of living (COLA) percentage increase received by SSA and SSI recipients each January is disregarded when determining eligibility in the first three months of each calendar year;
  - b. for eligibility to exist income must be equal to or less than 100% percent of the Federal Poverty Level for the appropriate needs group size.

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Section: Categorical Eligibility Requirements Type: POLICY

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Chapter: Medicaid Coverage Groups Program: MAABD-CN

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Subject: Qualified Medicare Beneficiaries

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2540.94 D. Income Criteria (continued)

2. The income to be compared with the Federal Poverty Level is the applied income for MAABD individuals living in the community (cross reference: 5045). This is true whether the individual lives in an LTCF or in the community.]
1. For eligibility to exist, the applied income of the household must be equal to or less 100% percent of the Federal Poverty Level for the appropriate needs group size.
2. The Department uses the AABD income methodology in determining the applicant's or recipient's applied income to determine eligibility for this coverage group. The AABD deeming methodology includes the deeming of income of a spouse when the spouse lives with the applicant or recipient. (Cross Reference: 5020.70)
3. The Department deems the income from a sponsor of a non-citizen to an applicant or recipient as described in section 5020.60.
4. Notwithstanding subdivision D. 2. of this section, the Department does not use the AABD income methodology in determining the applicant's or recipient's income as follows:
  - a. the annual cost of living (COLA) percentage increase received by SSA and SSI recipients each January is disregarded until such time as the Department implements the increase in the Federal Poverty Level for that calendar year;
  - b. effective October 1, 2009, the total gross unearned income of the applicant's or recipient's spouse is deemed to the applicant or recipient, regardless of whether the spouse is applying or is eligible for assistance; or
  - c. effective October 1, 2009, the unearned income disregard is the difference between 100% of the Federal Poverty Level for the appropriate needs group size and the corresponding ConnPACE income limit, expressed as a percentage of the Federal Poverty Level minus 35% of the Federal Poverty Level. (Cross References: 5030.15 and 8075)
5. The applied income calculation described above is the same regardless of whether the individual lives in an LTCF or in the community.

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**Section:** **Categorical Eligibility Requirements** **Type:** **POLICY**

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**Chapter:** **Medicaid Coverage Groups** **Program:** **MAABD-CN**

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**Subject:** **Qualified Medicare Beneficiaries**

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2540.94 E. Asset Criteria

1. Prior to October 1, 2009, [The] the asset limit for this coverage group is twice the SSI asset limit. (Cross Reference: 4005.10)[.]
2. Effective October 1, 2009, there is no asset limit for this coverage group.

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<b>Section:</b>	<b>Type:</b>
<b>Categorical Eligibility Requirements</b>	<b>POLICY</b>

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<b>Chapter:</b>	<b>Program:</b>
<b>Medicaid Coverage Groups</b>	<b>MAABD-CN</b>

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<b>Subject:</b>
<b>Specified Low Income Medicare Beneficiaries</b>

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2540.95 A. Coverage Group Description

This group includes individuals who would be Qualified Medicare Beneficiaries described in section 2540.94, except that their applied income exceeds 100 percent of the Federal Poverty Level, but is less than 120 percent of the Federal Poverty Level.

B. Covered Benefits

An individual who qualifies for this coverage group receives payment of the Medicare Part B premium.

C. Duration of Eligibility

1. An individual may qualify for payment of the Medicare Part B premium under this coverage group during the three months immediately prior to the month of application, but in no case is there eligibility prior to January 1, 1993.

2. An individual qualifies for benefits under this coverage group for every month in which the individual meets the criteria described in [paragraph A.] subsection A. of this section.

D. Income Criteria

[1. The Department uses AABD income criteria (Cross Reference: 5000), including deeming methodology, to determine eligibility for this coverage group except for the following:

a. the annual cost of living percentage increase received by SSA and SSI recipients each January is disregarded when determining eligibility in the first three months of each calendar year;

b. for eligibility to exist income must be equal to or less than a percentage of the Federal Poverty Level for the appropriate needs group size, as described in paragraph A.

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**Section:** **Type:**  
**Categorical Eligibility Requirements** **POLICY**

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**Chapter:** **Program:**  
**Medicaid Coverage Groups** **MAABD-CN**

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**Subject:**  
**Specified Low Income Medicare Beneficiaries**

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2540.95 D. Income Criteria (continued)

2. The income to be compared with the Federal Poverty Level is the applied income for MAABD individuals living in the community (Cross Reference: 5045). This is true whether the individual lives in an LTCF or in the community.]
  1. For eligibility to exist, the applied income of the household must exceed 100% of the Federal Poverty Level, but be less than 120% percent of the Federal Poverty Level for the appropriate needs group size.
  2. The Department uses the AABD income methodology in determining the applicant's or recipient's applied income to determine eligibility for this coverage group. The AABD deeming methodology includes the deeming of income of a spouse when the spouse lives with the applicant or recipient. (Cross Reference: 5020.70)
  3. The Department deems the income from a sponsor of a non-citizen to an applicant or recipient as described in section 5020.60.
  4. Notwithstanding subdivision D. 2. of this section, the Department does not use the AABD income methodology in determining the applicant's or recipient's income as follows:
    - a. the annual cost of living (COLA) percentage increase received by SSA and SSI recipients each January is disregarded until such time as the Department implements the increase in the Federal Poverty Level for that calendar year;
    - b. effective October 1, 2009, the total gross unearned income of the applicant's or recipient's spouse is deemed to the applicant or recipient, regardless of whether the spouse is applying or is eligible for assistance; or
    - c. effective October 1, 2009, the unearned income disregard is the difference between 120% of the Federal Poverty Level for the appropriate needs group size and the corresponding ConnPACE income limit, expressed as a percentage of Federal Poverty Level, minus 15% of the Federal Poverty Level. (Cross References: 5030.15 and 8075)
  5. The applied income calculation described above is the same regardless of whether the individual lives in an LTCF or in the community.

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Chapter: Medicaid Coverage Groups Program: MAABD-CN

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Subject: Specified Low Income Medicare Beneficiaries

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2540.95 E. Asset Criteria

1. Prior to October 1, 2009, [The] the asset limit for this coverage group is twice the SSI asset limit. (Cross Reference: 4005.10)[.]
2. Effective October 1, 2009, there is no asset limit for this coverage group.



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2540.97 page 2

Section:  
Categorical Eligibility Requirements

Type:  
POLICY

Chapter:  
Medicaid Coverage Groups

Program:  
MAABD-CN

Subject:  
Additional Low Income Medicare Beneficiaries Under 135% of Poverty (Q04)

2540.97 D. Income Criteria (continued)

- b. for eligibility to exist the income must be less than a percentage of the Federal Poverty Level for the appropriate needs group size, as described in paragraph A.
2. The income to be compared with the Federal Poverty Level is the applied income for MAABD individuals living in the community (Cross Reference: 5045). This is true whether the individual lives in an LTCF or in the community.]
1. For eligibility to exist, the applied income of the household must be equal to or less than 135% percent of the Federal Poverty Level for the appropriate needs group size.
2. The Department uses the AABD income methodology in determining the applicant's or recipient's applied income to determine eligibility for this coverage group. The AABD deeming methodology includes the deeming of income of a spouse when the spouse lives with the applicant or recipient. (Cross Reference: 5020.70)
3. The Department deems the income from a sponsor of a non-citizen to an applicant or recipient as described in section 5020.60.
4. Notwithstanding subdivision D. 2. of this section, the Department does not use the AABD income methodology in determining the applicant's or recipient's income as follows:
  - a. the annual cost of living (COLA) percentage increase received by SSA and SSI recipients each January is disregarded until such time as the Department implements the increase in the Federal Poverty Level for that calendar year;
  - b. effective October 1, 2009, the total gross unearned income of the applicant's or recipient's spouse is deemed to the applicant or recipient, regardless of whether the spouse is applying or is eligible for assistance; or
  - c. effective October 1, 2009, the unearned income disregard is the difference between 135% of the Federal Poverty Level for the appropriate needs group size and the corresponding ConnPACE income limit expressed as a percentage of the Federal Poverty Level. (Cross References: 5030.15 and 8075)

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Section:  
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Chapter:  
Medicaid Coverage Groups

Program:  
MAABD-CN

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Subject:  
Additional Low Income Medicare Beneficiaries Under 135% of Poverty (Q04)

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2540.97 D. Income Criteria (continued)

5. The applied income calculation described above is the same regardless of whether the individual lives in an LTCF or in the community.

E. Asset Criteria

1. Prior to April 1, 2001, the asset limit for this coverage group is twice the SSI limit. (Cross Reference: 4005.10)[.]
2. Effective April 1, 2001 there is no asset limit for this coverage group.

F. Limitations

1. This coverage group is not an entitlement program.
2. Payment under this coverage group is made on a first come, first served basis and is contingent on the availability of funds.
3. Eligibility must be redetermined annually.
4. For calendar years after 1998, individuals who received assistance as QMB, SLMB, QDWI or [ALIMB] ALMB in the last month of the previous year are given preference for program participation for the next calendar year.
5. Individuals who qualify for this coverage group are those who are not otherwise eligible for Medicaid under any other coverage group.



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Section:  
Categorical Eligibility Requirements

Type:  
POLICY

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Chapter:  
Medicaid Coverage Groups

Program:  
MAABD-CN

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Subject:  
Additional Low Income Medicare Beneficiaries Under 175% of Poverty (Q05)

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2540.98 E. Asset Criteria

1. Prior to April 1, 2001, the asset limit for this coverage group is twice the SSI limit (Cross Reference: 4005.10).
2. Effective April 1, 2001 there is no asset limit for this coverage group.

F. Limitations

1. This coverage group is not an entitlement program.
2. Payment under this coverage group is made on a first come, first served basis and is contingent on the availability of funds.
3. Eligibility must be redetermined annually.
4. For calendar years after 1998, individuals who received assistance as a QMB, SLMB, QDWI or ALIMB in the last month of the previous year are given preference for program participation for the next calendar year.
5. Individuals who qualify for this coverage group are those who are not otherwise eligible for Medicaid under any other coverage group.]

Repealed by DSS Reg. No. 09-13

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Date: 8-1-10 Transmittal: UP- 4005.10

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Section: Treatment of Assets Type: POLICY

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Chapter: Asset Limits Program: AFDC  
AABD  
MA

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Subject: Asset Limits for All Programs

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4005.10 A. The asset limits for the Department's programs are as follows except as noted under subsection B. of this section:

1. AFDC and FMA - Categorically Needy

The asset limit is \$1,000 per needs group.

2. AABD and MAABD - Categorically and Medically Needy

(Except Qualified Medicare Beneficiaries, Specified Low Income Medicare Beneficiaries, Additional Low Income Medicare Beneficiaries, Qualified Disabled and Working Individuals, Working Individuals with Disabilities and Women Diagnosed with Breast or Cervical Cancer)

a. The asset limit is \$1,600 for a needs group of one.

b. The asset limit is \$2,400 for a needs group of two.

3. MAABD-QMB[,] and SLMB [and QDWI] Coverage Groups

a. Prior to October 1, 2009, the asset limit is:

[a.](1) [The asset limit is] \$4,000 for a needs group of one.

[b.](2) [The asset limit is] \$6,000 for a needs group of two.  
[(Cross References: 2540.94 and 2540.95).]

b. Effective October 1, 2009, there is no asset limit for these coverage groups. (Cross References: 2540.94 and 2540.95)

4. MAABD- [ALIMB] ALMB Coverage [Groups]Group

a. Prior to April 1, 2001, the asset limit is:

(1) \$4,000 for a needs group of one.

(2) \$6,000 for a needs group of two.

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Section:  
Treatment of Assets

Type:  
POLICY

Chapter:  
Asset Limits

Program:  
MA  
SNAP

Subject:  
Asset Limits for All Programs

4005.10 A. 4. MAABD- ALMB Coverage [Groups]Group (continued)

b. Effective April 1, 2001 there is no asset limit for [these] this coverage group.[s.] (Cross Reference[s]: 2540.97 [and 2540.98])

5. MAABD-Working Individuals with Disabilities

a. The asset limit is \$10,000 for a single individual.

b. The asset limit is \$15,000 for an individual living with his or her spouse. (Cross Reference: 2540.85)[.]

6. MAABD- Women Diagnosed with Breast or Cervical Cancer

There is no asset limit for this coverage group.  
(Cross Reference: 2540.74)

7. MAABD – QDWI Coverage Group

a. The asset limit is \$4,000 for a needs group of one.

b. The asset limit is \$6,000 for a needs group of two.  
(Cross Reference: 2540.90)

[7.]8. FMA- Medically Needy

a. The asset limit is \$2,000 for a needs group of one.

b. The asset limit is \$3,000 for a needs group of two.

c. The asset limit is increased by \$100 for each additional member of the needs group for groups of more than two.

[8.]9. Supplemental Nutrition Assistance Program

a. The asset limit is established by the USDA and shall be adjusted and rounded down to the nearest \$250 increment to reflect changes for the 12-month period ending the preceding June in the Consumer Price Index for All Urban Consumers published by the Bureau of Labor Statistics of the Department of Labor.

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Section:  
Treatment of Assets

Type:  
POLICY

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Chapter:  
Asset Limits

Program:  
MA  
SNAP

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Subject:  
Asset Limits for All Programs

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4005.10 A. 9. Supplemental Nutrition Assistance Program (continued)

b. There are two separate asset limits, one for households in which at least one member is age 60 or over or disabled, and a lower one for all other households.

B. The following Medicaid coverage groups are not required to pass an asset test:

1. Increased Earnings Extension;
2. Increased Support Extension;
3. Primary Work Transition Extension;
4. HMO Extension;
5. Pregnant Women Under 185% of the Poverty Level;
6. Pregnant Women Extension;
7. Children Under 185% of the Poverty Level (under age one);
8. Children Under 185% of the Poverty Level (between ages one and six);
9. Children Under 185% of the Federal Poverty Level (age six or over born after 9/30/83);
10. Qualified Medicare Beneficiaries effective October 1, 2009;
11. Specified Low Income Medicare Beneficiaries effective October 1, 2009;
- [10]12. Additional Low Income Medicare Beneficiaries effective April 1, 2001; and
- [11]13. Women Diagnosed with Breast or Cervical Cancer.

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<b>Date:</b>	<b>Transmittal: UP-</b>	<b>4030.65</b>
<b>Section:</b> Treatment of Assets		<b>Type:</b> POLICY
<b>Chapter:</b> Treatment of Specific Types		<b>Program:</b> AFDC FMA [FS] SNAP
<b>Subject:</b> Non-home Property		

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4030.65 A. [Food Stamp Program] SNAP

1. Under [the Food Stamp program] SNAP, non-home property is excluded if it is producing income consistent with its fair market value.
2. If the non-home property is not producing income, it is excluded for as long as the individual is making a bona fide effort to sell it.

B. AFDC and FMA

1. For all AFDC and FMA cases, the assistance unit's equity in any type of real property which is not home property, and which would cause the assistance unit to be ineligible, is excluded for a period of up to nine calendar months. The exclusion period begins with the first month in which the assistance unit is otherwise eligible and:
  - a. the assistance unit owns the property; [and]
  - b. the property is available to the assistance unit; [and]
  - c. the assistance unit is making a bona fide effort to sell the property; and
  - d. in AFDC, the assistance unit grants the Department a security mortgage on the property out-of-state pending the sale. In-state non-home owned property requires placement of a lien by the Department.
2. The number of months of the exclusion is cumulative for all months in which the person is otherwise eligible and receives assistance, and may not exceed a total of nine calendar months for each piece of property.
3. If the assistance unit has not sold the non-home property by the end of the ninth month:
  - a. the unit's equity in the property is considered a counted asset as of the tenth month; and
  - b. in AFDC, the amount of assistance received during the nine month disposal period is considered an overpayment.

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Section: Treatment of Assets Type: POLICY

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Chapter: Treatment of Specific Types Program: AFDC  
FMA

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Subject: Non-home Property AABD  
MAABD

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4030.65 B. AFDC and FMA (continued)

4. If the assistance unit does not comply with the procedural requirements listed above, the assistance unit's equity in non-home property is considered a counted asset.
5. If the assistance unit's equity in the non-home property, combined with the unit's other counted assets, would not cause the unit to be ineligible, the unit has the option of having such equity considered a counted asset. In such a case, the unit does not need to satisfy the procedural requirements described above.

C. AABD and Community MAABD

1. Non-home property of any type is excluded as long as the assistance unit is making a bona fide effort to sell it.
2. The exclusion period begins in the first month in which all of the following conditions are met:
  - a. the assistance unit is otherwise eligible for assistance;
  - b. the assistance unit owns the property;
  - c. the property is available to the assistance unit;
  - d. the assistance unit is making a bona fide effort to sell the property; and
  - e. in AABD, the assistance unit grants the Department a security mortgage on the property pending its sale for non-home owned property located out-of-state. In-state non-home owned property requires placement of a lien by the Department.
3. The Department does not place a lien on property in community MA cases. (Cross [reference] Reference: 7510)

D. Long Term Care MAABD

1. Property Previously Used as the Primary Residence
  - a. Property previously used as a primary residence becomes non-home property when the individual enters a long-term care facility and:
    - (1) no relative of acceptable relationship is lawfully residing in the home; and
    - (2) the individual cannot reasonably be expected to return to the home. (Cross Reference: 7510)

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<b>Section:</b> Treatment of Assets		<b>Type:</b> POLICY
<b>Chapter:</b> Treatment of Specific Types		<b>Program:</b> MAABD
<b>Subject:</b> Non-home Property		

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4030.65 D. 1. Long Term Care MAABD (continued)

- b. Non-home property that was the recipient's primary residence prior to entering the nursing home is excluded for as long as the individual is making a bona fide effort to sell it.
- c. The exclusion period begins with the first month of eligibility during which the person owns the property, and is cumulative for all months in which the person receives assistance.
- d. For an individual who applies on or after January 1, 2006, with an equity interest in his or her home of greater than \$750,000, the individual is 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:
  - 1. the individual's spouse; [or]
  - 2. the individual's child who is under 21; or
  - 3. the individual's child who is considered blind or disabled under the criteria for SSI eligibility.
- e. Beginning in the year 2011, the home equity limit will increase each year. The increase will be based on the percentage increase in the consumer price index for all urban consumers, rounded to the nearest \$1,000.
- f. The following individuals may be eligible to receive Medicaid payment for long term care services, notwithstanding possessing home equity in excess of \$750,000:
  - 1. individuals who demonstrate, to the satisfaction of the Department, that they cannot obtain a reverse mortgage, home equity loan or similar instrument; and
  - 2. individuals eligible for a Long-Term Care Insurance disregard in an amount greater than or equal to the amount of home equity in excess of \$750,000, plus the amount of any other counted assets. (Cross Reference: 4022.10)

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Section:  
Treatment of Assets

Type:  
POLICY

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Chapter:  
Treatment of Specific Types

Program: MAABD

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Subject:  
Non-home Property

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4030.65 D. 1. Long Term Care MAABD (continued)

- g. The Department may waive application of the property equity provision if the denial of payment for nursing facility and other long-term care services would result in an undue hardship. (Cross Reference: 3029.25)
- h. The Department places a lien against the property. (Cross Reference: 7510)

2. Other Non-home Property

- a. All other non-home property is excluded for as long as the individual is making a bona fide effort to sell it.
- b. The exclusion period begins with the first month in which all of the following conditions are met:
  - (1) the assistance unit is otherwise eligible for assistance;
  - (2) the assistance unit owns the property;
  - (3) the property is available to the assistance unit; and
  - (4) the assistance unit is making a bona fide effort to sell the property.

3. Recovery

The Department places a lien against all non-home property. (Cross Reference: [7510] 7510.05)

[E. Qualified Medicare Beneficiaries and Specified Low Income Medicare Beneficiaries

Non-home property of any type is excluded, for as long as the assistance unit is making a bona fide effort to sell the property.]

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<b>Date:</b>	<b>Transmittal: UP-</b>	<b>5030.15</b>
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<b>Section:</b>	<b>Type:</b>
<b>Treatment of Income</b>	<b>POLICY</b>

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<b>Chapter:</b>	<b>Program:</b>
<b>Income Disregards</b>	<b>AABD MAABD</b>

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<b>Subject:</b>
<b>Unearned Income Disregards</b>

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5030.15 A. Income From Which the Disregards [is] are Subtracted

Except as provided in [section] subsection 5030.15 D., unearned income disregards are subtracted from the assistance unit member's total gross monthly unearned income.

B. Amount and Duration of the Disregards

1. The Department uses the following unearned income disregards, as appropriate under the circumstances described:

a. Standard Disregard

The disregard is \$227.00 for those individuals who reside in their own homes in the community or who live as roomers in the homes of others and those who reside in long term care facilities, shelters for the homeless or battered women shelters. Effective January 1, 2008, and each January 1<sup>st</sup> thereafter, this disregard shall be increased to reflect the annual cost of living adjustment used by the Social Security Administration.

b. Boarding Home Disregard

The disregard is \$134.70 for those individuals who pay for room and board in licensed boarding homes or adult family living homes. Effective January 1, 2008, and each January 1<sup>st</sup> thereafter, this disregard shall be increased to reflect the annual cost of living adjustment used by the Social Security Administration.

c. Special Disregard

The disregard is \$294.90 for those individuals who share non-rated housing with at least one person who is not related to them as parent, spouse or child. This does not apply to individuals who reside in shelters for battered women or shelters for the homeless. Effective January 1, 2008, and each January 1<sup>st</sup> thereafter, this disregard shall be increased to reflect the annual cost of living adjustment used by the Social Security Administration.

d. QMB/SLMB/ALMB Disregards

(1) The QMB/SLMB/ALMB Cost of Living Allowance (COLA) disregard is the amount of additional benefits received from Social Security each year which result from the annual [Cost of Living Allowance (COLA)] COLA. This disregard is only allowed until such time as the department implements the

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Section: Treatment of Income Type: POLICY

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Chapter: Income Disregards Program: AABD  
MAABD

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Subject: Unearned Income Disregards

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5030.15 B. d. Amount and Duration of the Disregards (continued)

increase in the Federal Poverty Level for that calendar year.

- (2) The QMB unearned income disregard is the difference between 100% of the Federal Poverty Level for the appropriate needs group size and the corresponding ConnPACE income limit, expressed as a percentage of the Federal Poverty Level, minus 35% of the Federal Poverty Level. (Cross References: 2540.94 and 8075)
- (3) The SLMB unearned income disregard is the difference between 120% of the Federal Poverty Level for the appropriate needs group size and the corresponding ConnPACE income limit, expressed as a percentage of the Federal Poverty Level, minus 15% of the Federal Poverty Level. (Cross References: 2540.95 and 8075)
- (4) The ALMB unearned income disregard is the difference between 135% of the Federal Poverty Level for the appropriate needs group size and the corresponding ConnPACE income limit. (Cross References: 2540.97 and 8075)

e. In-Kind Income Disregard

In-kind income not otherwise excluded under chapter 5015 is counted in the gross income eligibility test, but is disregarded in calculating applied income in AABD with respect to the determination of eligibility and benefit amount.

- [2. There is no durational limit to the use of unearned income disregards, except that used for the QMB coverage group.
3. The QMB disregard is used only in the months of January, February, and March of each year.]

C. When the Disregard is Used

1. AABD

Except for determining AABD eligibility and benefit levels for assistance units residing in long term care facilities, all of the unearned income disregards, except for the QMB, SLMB and ALMB disregards, are used to determine eligibility and to calculate benefits for AABD.

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**Section:** \_\_\_\_\_ **Type:** \_\_\_\_\_  
**Treatment of Income** **POLICY**

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**Chapter:** \_\_\_\_\_ **Program:** AABD  
**Income Disregards** MAABD

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**Subject:** \_\_\_\_\_  
**Unearned Income Disregards**

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5030.15 C.1. When Disregard Used (continued)

Total gross monthly unearned income is counted in full in determining AABD eligibility and benefit levels for assistance units residing in long term care facilities.

2. MAABD

- a. All of the disregards used in the AABD programs are used to determine eligibility for MAABD.
- b. The QMB, SLMB and ALMB unearned income disregard is used to determine eligibility only for [the QMB] those Medicaid coverage groups.

D. Working Individuals with Disabilities

There are no unearned income disregards for persons applying for or receiving Medicaid under the coverage group for Working Individuals with Disabilities. Instead, there is a general income disregard of \$20.00 per month, as described at 5030.16. (Cross Reference: 2540.85)[.]

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<b>Date:</b>	<b>Transmittal: UP-</b>	<b>9015.05</b>
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<b>Section:</b> Special Benefits	<b>Type:</b> POLICY
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<b>Chapter:</b> Medicare A and B	<b>Program:</b> MA
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**Subject:**  
General Provisions

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9015.05 A. Part A Coverage

1. The Department pays for Medicare Part A coverage on behalf of an individual eligible as a Qualified Medicare Beneficiary if the individual is entitled to Part A coverage but would have to purchase the coverage privately. ([cross reference] Cross Reference: 2540.94)
2. The Department pays for Medicare Part A coverage on behalf of an individual who is eligible as a Qualified and Disabled Working Individual (QDWI). ([cross reference] Cross Reference: 2540.90)

B. Part B Coverage

1. The Department pays for Medicare Part B coverage on behalf of the following individuals whom the Social Security Administration has established as entitled to such coverage:
  - a. Medicaid recipients who also receive AFDC;
  - b. Medicaid recipients who also receive TFA;
  - c. Medicaid recipients who also receive AABD;
  - d. an MA only recipient if such recipient:
    - (1) is receiving SSI; [or]
    - (2) loses SSI eligibility because of OASDI cost-of-living increases received after April 1977; [or]
    - (3) loses SSI eligibility because [he or she] the recipient is performing Substantial Gainful Activity after January 1, 1981; or
    - (4) is eligible for MA as a Qualified Medicare Beneficiary, Specified Low Income Medicare Beneficiary or Additional Low Income Medicare [Beneficiaries] Beneficiary. (Cross References: 2540.94, 2540.95[,] and 2540.97 [and 2540.98.]
2. The amount of the Department's payment for Medicare Part B coverage made on behalf of eligible recipients is equal to the actual cost of the coverage. [, except in the case of certain Additional Low Income Medicare Beneficiaries, on whose behalf the Department pays for the transfer of Medicare's home health care costs from Part A to Part B (cross reference: 2540.98).]

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**Date:** 3-1-99

**Transmittal:** UP-99-4

**9015.05 page 2**

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**Section:**

Special Benefits

**Type:**

**POLICY**

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**Chapter:**

Medicare A and B

**Program:**

**MA**

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**Subject:**

General Provisions

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9015.05 B. Part B Coverage (continued)

3. Payment for Medicare Part B is made directly to the Social Security Administration on behalf of the eligible recipient.
4. If an individual qualifies for Medicaid both as a Qualified Medicare Beneficiary and under another coverage group, the Department pays for the Part B premium based on the individual's QMB eligibility.

*IMPORTANT: Read instructions on bottom of Certification Page before completing this form. Failure to comply with instructions may cause disapproval of proposed Regulations.*

# REGULATION

OF

NAME OF AGENCY

Department of Social Services

Concerning

SUBJECT MATTER OF REGULATION

Medicare Savings Program

SECTION \_\_\_\_\_

Statement of Purpose: The purpose of the proposed regulation is to amend sections 2500, 4000 5000 and 9000 of the UPM to adjust the income disregards and eliminate the asset limits used to determine eligibility under the Medicare Savings Programs in compliance with section 70 of Public Act 09-5, September Special Session and section 182 of Public Act 09-07, September Special Session.

The problems, issues or circumstances that the regulation proposes to address: Previously, an individual or married couple, although eligible for ConnPACE, may have been ineligible for one of the MSPs due to the amount of their income or assets. The proposed revision amends the UPM to provide MSP benefits to more individuals and married couples, including most individuals who receive ConnPACE, by equalizing the income levels used to determine eligibility for MSP with the income levels used to determine eligibility for ConnPACE and eliminating the asset level requirement for MSP.

(B) The main provisions of the regulation: (1) increase the income disregard for all three Medicare Savings Programs; (2) technical change to comport with the Social Security Act regarding the income disregard used as a result of the COLA increases for the Medicare Saving Programs; (3) remove the asset limits for the QMB and SLMB programs which will align the regulations with the ALMB program; (4) provide technical corrections to change "ALIMB" to "ALMB" and (5) provide technical corrections to change references of Food Stamps (FS) to SNAP.

(C) The legal effects of the regulation, including all of the ways that the regulation would change existing regulations or other laws: This change will allow more Connecticut residents to be eligible to receive reimbursement of their Medicare premium, which is currently \$96.40 per month for most individuals. In addition, there will be prescription drug savings as eligibility for MSP confers eligibility for the Medicare Part D Low Income Subsidy. The State of Connecticut will benefit from Medicare D Low Income Subsidy payments, which will supplant payments made by the state-funded ConnPACE prescription drug program.

The Department also proposes a technical correction to the UPM regarding the income disregard given to SSA and SSI recipients due to the annual cost of living (COLA) percentage increase received by SSA and SSI recipients each January.

In addition to other technical corrections, the proposed amendment changes references to the "Food Stamp" program to the "Supplemental Nutritional Assistance Program" (SNAP) in the affected sections of the UPM to comply with the changes made to the SNAP program by the Food, Conservation and Energy Act of 2008.

**CERTIFICATION**

R-39 REV. 1/77

Be it known that the foregoing:

Regulations       Emergency Regulations

Are:

Adopted       Amended as hereinabove stated       Repealed

By the aforesaid agency pursuant to:

Sections \_\_\_\_\_ of the General Statutes.

Section \_\_\_\_\_ of the General Statutes, as amended by Public Act No. \_\_\_\_\_ of the \_\_\_\_\_ Public Acts.

Public Act No. 09-07(182) of the Public Acts.

After publication in the Connecticut Law Journal on 8/17/10, of the notice of the proposal to:

Adopt       Amend       Repeal      such regulations

(If applicable):       And the holding of an advertised public hearing on \_\_\_\_\_ day of \_\_\_\_\_

WHEREFORE, the foregoing regulations are hereby:

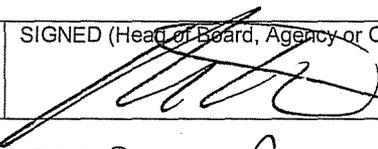
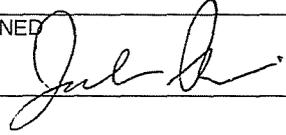
Adopted       Amended as hereinabove stated       Repealed

Effective:

When filed with the Secretary of the State.

(OR)

The \_\_\_\_\_ day of \_\_\_\_\_

In Witness Whereof:	Date <u>10/30/10</u>	SIGNED (Head of Board, Agency or Commission) 	OFFICIAL TITLE, DULY AUTHORIZED Commissioner
Approved by the Attorney General as to legal sufficiency in accordance with sec. 4-169, as amended C.G.S.	<u>12/21/10</u>	SIGNED 	OFFICIAL TITLE, DULY AUTHORIZED ASSOC. ATTY. GENERAL

- Approved
- Disapproved
- Disapproved in part, (Indicate Section Numbers disapproved only)
- Rejected without prejudice

By the Legislative Regulation Review Committee in accordance with Sec. 4-170, as amended, of the General Statutes.	Date	SIGNED (Clerk of the Legislative Regulation Review Committee)
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Two certified copies received and filed, and one such copy forwarded to the Commission in Official Legal Publications in accordance with Section 4-172, as amended, of the General Statutes.

DATE	SIGNED (Secretary of the State.)	BY
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**INSTRUCTIONS**

- One copy of all regulations for adoption, amendment or repeal, except emergency regulations, must be presented to the Attorney General for his determination of legal sufficiency. Section 4-169 of the General Statutes.
- Seventeen copies of all regulations for adoption, amendment or repeal, except emergency regulations, must be presented to the standing Legislative Regulation Review Committee for its approval. Section 4-170 of the General Statutes.
- Each regulation must be in the form intended for publication and must include the appropriate regulation section number and section heading. Section 4-172 of the General Statutes.

Indicate by "(NEW)" in heading if new regulation. Amended regulations must contain new language in capital letters and deleted language in brackets. Section 4-170 of the General Statutes.