



# OLR RESEARCH REPORT

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## **ELIGIBILITY FOR CERTAIN STATE ELDERLY PROGRAMS**

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You asked what the eligibility requirements are for the (1) Connecticut Homecare Program for Elders (CHCPE), (2) Statewide Respite Care program, and (3) Medicaid Personal Care Assistance (PCA) waiver program.

### **SUMMARY**

Applicants must meet certain eligibility requirements to participate in the (1) CHCPE, (2) Statewide Respite Care program, and (3) Medicaid PCA waiver program. All three programs are administered by the Department of Social Services (DSS) and impose income and asset limits. Under CHCPE, these limits differ depending on whether services are provided under the program's Medicaid- or state-funded components. CHCPE and the Medicaid PCA waiver program also require applicants to meet functional eligibility requirements.

### **CHCPE**

[CHCPE](#) has both Medicaid- and state-funded components that pay for home- and community-based services for eligible individuals age 65 and older who are at risk of nursing home care. The program operates under a three-tiered service structure that provides a range of services, depending on the applicant's condition. Two tiers are state-funded; the third is authorized under a Medicaid-waiver. Services include care management, adult day care, homemaker services, transportation,

meals-on-wheels, minor home modifications, and certain personal care assistant and assisted living services ([CGS § 17b-342](#)).

### ***Financial Eligibility***

Financial eligibility differs for the program's two portions. For the Medicaid-funded portion, the monthly income limit is currently \$2,094 for the individual who receives the services. Assets are limited to \$1,600 per individual, \$3,200 per couple if both receive services, and \$22,728 per couple, or higher if the couple undergoes a “community spousal assessment” if only one receives services. The state-funded portion currently has no income limit; asset limits are \$34,092 for an individual and \$45,456 for a couple, regardless of whether one or both are receiving services.

### ***Functional Eligibility***

DSS and the access agencies it contracts with assess clients' functional level to determine the most appropriate service plan. Clients fall into one of three categories, which determine the funding source for their services.

1. Category 1 provides limited, state-funded care for moderately frail people who are at risk of hospitalization or short-term nursing home placement. Per-client expenditures must be less than 25% of what nursing home care would cost.
2. Category 2 provides state-funded services for people who would otherwise need short- or long-term nursing home care. Per client expenditures for these clients must be less than 50% of the nursing home cost.
3. Category 3 uses Medicaid funds to pay for people who would otherwise be in a nursing home where Medicaid would pay for their care. Care costs cannot exceed 100% of the nursing home cost.

### ***Cost Sharing***

By law, state-funded participants must contribute to the cost of their care. Those with income up to 200% of the FPL must contribute 7%; those with income over 200% FPL must contribute 7% plus an applied income amount DSS determines. Certain people living in affordable housing under the state's assisted living demonstration program are exempt from the cost-sharing requirement.

## **STATEWIDE RESPITE CARE PROGRAM**

The Statewide Respite Care [program](#) provides respite for caregivers for people with Alzheimer's disease or related disorders, regardless of age, who are not enrolled in CHCPE. DSS administers the program in partnership with the state's five area agencies on aging (AAAs).

An individual is eligible to receive up to \$7,500 of services annually, depending on need. This includes up to 30 days of out-of-home respite care services. Respite services include homemaker services, adult day care, short-term medical facility care, home health care, and personal care assistant and companion services.

An eligible individual is a person with (1) physician-certified Alzheimer's disease or related dementia and (2) income that does not exceed \$41,000 and assets that do not exceed \$109,000. Income and asset limits are annually increased to reflect Social Security cost of living adjustments. There is no age requirement for eligibility, but these diseases primarily affect seniors.

Program participants must pay a 20% co-payment for all service costs, unless the AAA waives the payment on hardship grounds ([CGS § 17b-349e](#)).

## **MEDICAID PCA WAIVER PROGRAM**

The Medicaid PCA Waiver [program](#) provides PCA services to adults with severe disabilities age 18 and older who would otherwise require institutionalization. To qualify for the program, a person must:

1. need assistance with at least two activities of daily living (i.e., eating, bathing, toileting);
2. lack family and community supports to meet this need;
3. have a monthly income that does not exceed \$2,094 and assets that do not exceed \$1,600, unless he or she qualifies for the Medicaid for Employed Disabled program, which has higher income and asset limits; and
4. be able to direct his or her own care and supervise private household employees or have a conservator to do this.

2012 legislation requires program participants, once turning 65, to be transitioned to CHCPE to continue to receive these services ([CGS § 17b-605a](#); [PA 12-1, June Special Session](#)).

## **RESOURCES**

Connecticut Homecare Program for Elders website,  
<http://www.ct.gov/dss/cwp/view.asp?a=2353&q=305170>, last visited on July 18, 2012.

Medicaid PCA Waiver program website,  
<http://www.ct.gov/dss/cwp/view.asp?a=2353&q=305236>, last visited on July 18, 2012.

Statewide Respite Care program website,  
<http://www.ct.gov/agingservices/cwp/view.asp?a=2513&q=313026>, last visited on July 18, 2012.

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