OLR RESEARCH REPORT

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CONNECTICUT HOME CARE PROGRAM

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This report provides a brief overview of the Connecticut Home Care Program (CHCP), which includes (1) the Connecticut Home Care Program for Elders (CHCPE, CGS § 17b-342), (2) the Connecticut Home Care Program for Adults with Disabilities (CHCPD, CGS § 17b-617), and (3) the Medicaid § 1915i State Plan Option.

SUMMARY

The CHCP is the state's premier home- and community-based services program for its frail residents (primarily age 65 and older) who are institutionalized or at risk of being institutionalized. Its goal is to reduce the need for costly nursing home care by providing such people with home health care and assistance with activities of daily living. Program participants include individuals who have left nursing homes under the state's Money Follows the Person Demonstration program, a federal program designed to help states re-balance their long-term care systems by providing financial incentives for moving people out of institutional care and back into their communities.

The CHCP is funded with both Medicaid and state-only dollars. It (1) requires applicants to have functional limitations, (2) generally requires applicants to pass both income and asset tests, (3) requires participants in the state-funded portion of the program to pay a portion of the cost of services they receive, and (4) generally caps the level of services provided.

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The Department of Social Services (DSS) administers the program. It contracts with access agencies to (1) assess the care needs of program participants and (2) coordinate and manage the care provided.

CHCP - CHCPE AND RELATED PROGRAMMING

To help the state's frail seniors enjoy a more independent retirement, DSS, since the mid-1980s, has provided an array of home- and community-based services to such seniors, enabling some of them to delay or avoid the need for nursing home care. The main program for many years was the Connecticut Home Care Program for Elders (CHCPE). More recently, the state has begun offering a limited home care program for younger individuals with disabilities and has received approval to shift elders from the state-funded portion of the CHCPE into Medicaid. Thus, DSS now collectively calls all three components the Connecticut Home Care Program (CHCP).

The CHCP provides an array of services, which the access agency, in concert with the applicant and his or her family, determine during the assessment process. These services could include:

1. case management and coordination;
2. personal care;
3. respite;
4. companion services;
5. adult day care;
6. home and environmental modifications;
7. personal emergency response;
8. assisted living;
9. assistive devices;
10. chore services;
11. homemakers;

12. mental health counseling;

13. nutrition, including home delivered meals; and

14. transportation.

DSS uses state and federal Medicaid funding to pay for CHCP services. Federal law historically has had an institutional bias and only through "home- and community-based services waivers" (federal Medicaid rules requiring institutionalization are waived) have states been able to serve frail elders or younger individuals with disabilities and still receive federal matching Medicaid funds. Currently, both a home- and community-based services waiver and a newer Medicaid provision that does not require a waiver can be used; Connecticut uses both.

Eligibility for the CHCP depends on the level of care applicants need (i.e., their functional needs) and their financial circumstances. Functional eligibility is determined by assessing the applicant's need for help with activities of daily living, such as bathing or dressing.

Financial eligibility for the CHCP is quite complex and depends on the category of services for which someone qualifies and his or her marital status. For example, the state-funded portion of the CHCPE has an asset test but no income limit, while the Medicaid-funded portion has both income and asset limits. In general, to qualify for the Medicaid-waiver portion of the CHCPE, an applicant's income may not exceed 300% of the federal Supplemental Security Income (SSI) benefit ($2,130 monthly for a single person). Since early 2012, individuals with incomes up to 150% of the federal poverty level (FPL) have been able to get Medicaid-covered non-home health care community-based services under what is called a § 1915i Medicaid state plan amendment.

For purposes of administering the CHCP, DSS has established five categories. Once determined eligible, a participant is placed into one of these categories. Clients in the state-funded portion of the program (Categories 1, 2, and 4) must pay a portion of their care costs, while individuals in the Medicaid-funded portion (Categories 3 & 5) pay nothing. Service amounts are capped in all but Category 5. All categories except for Category 4 serve only elders.

Table 1 illustrates the program's eligibility rules, cost sharing requirements, service limits, and funding sources for the five categories.

Table 1: CHCP Eligibility, Cost Sharing, Service Limits (February 2013)

Category	*Functional Eligibility*	*Financial Eligibility*	*Amount that Clients Pay*	*Level of Services Provided*	*Source of Funding*
1 CHCPE (state-funded)	At risk of hospitalization or short-term nursing home placement if they do not receive a moderate amount of home care (one or two critical needs)	Income: No limit Assets: 150% of the Medicaid minimum community spouse protected amount (CSPA) ($34,776 for one person, $46,368 for a married couple)	7%, plus a percentage of applied income when income is above 200% of the FPL	Less than 25% of nursing home cost	State
2 CHCPE (state-funded)	In need of short- or long-term nursing home care (three critical needs)	Income: No limit Assets: 150% of the Medicaid minimum CSPA	7%, plus a percentage of applied income when income is above 200% of the FPL	Less than 50% of nursing home cost	State
3 CHCPE (Medicaid waiver)	In need of long-term nursing home care (three critical needs)	Income: $2,130 monthly for single person (300% of Supplemental Security Income benefit) Assets:Individual–$1,600 Couple–both as clients $3,200 ($1,600 x 2) One as client–$115,920 for non-client (plus $1,600 for client)	None	100% of nursing home cost; 60% cap on social services	Medicaid Section 1915 (c) of federal Social Security Act waiver—50% federal match)
4 [1] CHCPD (state-funded)	Adults under age 65 with degenerative, neurological conditions who need case management and other support services (one or two critical needs)	Income: No limit Assets: Same as state-funded portion of CHCPE	Once income reaches 200% of FPL, client must contribute percentage of applied income	Less than 50% of nursing home cost	State
5 [2] §1915i (Medicaid)	At risk of hospitalization or short-term nursing home placement if they do not receive a moderate amount of home care (one or two critical needs)	Income: 150% of FPL ($1,396.50 per month) Assets: $1,600	None	None	Federal—Section 1915i of Social Security Act—50% federal match

Source: DSS

[1] This is a 50-person pilot program and there is currently a waiting list.

[2] Effective February 1, 2012, DSS was able to claim federal matching funds for elders in this category who are financially eligible for Medicaid but whose non-medical services previously were state-funded only because they do not meet the Medicaid waiver's functional eligibility requiremen

Cost Sharing

The CHCPE requires participants in the state-funded portion of the program to pay 7% of the care costs. Additionally, participants with income above 200% of the FPL (currently $22,340 for one person) must contribute based on their "applied income." (Participants residing in affordable housing under the state's assisted living demostration project pay only the applied income above 200% of the FPL.) DSS calculates applied income by subtracting an individual's medical expenses from his or her gross income and compares this to 200% of the FPL. If the applied income is higher, the client pays the difference. (Medical expenses include Medicare Part B premiums and out-of-pocket medical expenses.)

CHCPD participants pay only the applied income amount.

Health Screen, Access Agencies and Self-Directed Care

DSS' Alternate Care Unit screens applicants deemed to be financially eligible for the CHCP to get information about their ability to perform basic activities of daily living and carry out more complex tasks like preparing meals and managing medications. If it determines that a need exists, it refers that person to an access agency care manager for further assessment of service needs.

Three access agencies contract with DSS to assess what services CHCP participants may need and develop individualized care plans with them and their families. These plans include social and medical services. The care plan specifies the type, frequency, duration, and cost of all services the client needs. The agencies' care managers arrange for and coordinate the care based on these plans and monitor clients to ensure they are getting the agreed-upon services. Direct client services, other than care management, are provided by agencies that contract with the access agencies and are registered with DSS.

A small percentage (1.5% of total caseload at the end of August 2012) of CHCPE participants does not need an access agency for ongoing care management (after first six months) as they are able to manage their own care.

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