

***DDS Maintaining Medicaid Eligibility equals Waiver Eligibility***

Updated August 2015

**Maintaining Medicaid Benefits is really Important!****You must complete your DSS redetermination of eligibility on time!****Your DDS Waiver services are at risk of being discontinued if Medicaid Eligibility is not maintained.**

Medicaid requires an annual redetermination application. **You must complete it as soon as you get it.** It is called a State Of Connecticut Department Of Social Services Renewal Of Eligibility W-1ER. It is due **6 weeks before your Medicaid expires** if you do not do this before the 6 weeks you will be discontinued from benefits and forced to reapply for Medicaid. If you are receiving any services from DDS such as; a day program, case management etc. These services are paid through the Medicaid system so it is really important to maintain that benefit.

Link to redetermination form: <http://www.ct.gov/dss/lib/dss/pdfs/w-1er.pdf> ENGLISHLink to redetermination form: <http://www.ct.gov/dss/lib/dss/pdfs/w-1ers.pdf> SPANISH**Medicare Savings Program**

If you have applied for the Medicare Savings benefit /waiver (aka QMB or Q01) you also have to do a redetermination application separately each year. If you do not do the application the benefit will be taken out of your monthly Social Security check.

**Medicare Savings program English-** <http://www.ct.gov/dss/lib/dss/pdfs/w-1qmb.pdf>**Medicare Saving program Spanish-** <http://www.ct.gov/dss/lib/dss/pdfs/w-1qmb.pdf>

## **To print off an application.**

Please follow the steps below to locate the appropriate form:

- 1. Click on the Applications above**
  - 2. Print out the application form.**
  - 3. Fill out the application form.**
  - 4. Make a copy for your records**
  - 5. Attach a coversheet –Fast Link–  
<https://connect.ct.gov/access/jsp/access/Home.jsp>**
6. Mail in the application and the required documentation to:

**DSS Connect Scanning Center  
PO Box 1320  
Manchester, CT 06045-9968**

## **Spend Down Information**

As of 9/20/12, people should call the HUSKY Spend-down Processing Center with questions regarding spend-downs (amounts, if an expense is acceptable, whether expenses were received/applied, etc.) As of 9/24/12, medical expenses submitted for spend-downs should be sent directly by the person, authorized representatives or providers to the HUSKY Spend-down Processing Center via mail or fax. Expenses should be submitted to:

**Husky Spend-down Processing Center  
PO Box 280747  
East Hartford, CT 06128-0747**

**Fax: 1-888-495-2897  
Phone: 1-877-858-7012**

## **What do we do if a person owes' a premium?**

**DSS Premium Payment Processing Center  
PO Box 842109  
Boston MA 02284-2109**



State of Connecticut  
Department of Social Services  
**FastLink**  
(General Cover Sheet)

Client ID:  
000000000

This address must display in window of return envelope.

DSS ConneCT SCANNING CENTER  
PO BOX 1320  
Manchester CT, 06045-9968

**IMPORTANT: YOU MUST FILL OUT AND SEND THIS COVER SHEET WITH ALL DOCUMENTS RETURNED TO DSS. FAILURE TO SEND COVER SHEET MAY RESULT IN SERVICE DELAY.**

**Instructions:**

1. Fill out the information below.

First Name: John

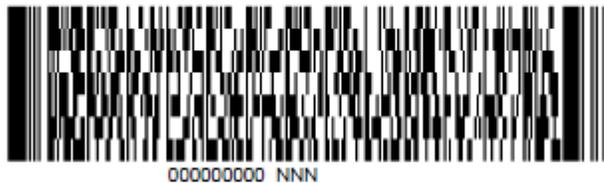
Last Name: Smith

Date:    /    /   

Number of Pages I am returning (including this cover sheet) :   

2. Fold this cover sheet so that the return address (above) shows through the return envelope window.

**Note: Please send photocopies of your documents. DO NOT send original documents.**



Questions? Visit <https://connect.ct.gov/> or please call the Benefit Center at 855-626-6632 for help.

## How Do I keep my Waiver services Active?

1. Maintain Medicaid Eligibility– do my redetermination each year. Send the information they request regarding pay stubs and savings accounts.
2. If DSS requests additional information send it in immediately for processing.
3. Participate in the updating of your Level of Need each year.
4. Participate in the development of your Individual Plan each year.

## What Can I do if I need help with Medicaid issues?

1. Designate a family member, case manager or provider as an Authorized Representative.
2. Talk to your case manager as they have access via email to DSS workers based at DDS.
3. Go to your local DSS office.
4. DSS has benefit center phone lines.

What if I have too much in my savings or make too much money?

1. Have you met with a Benefits counselor?

<http://www.ct.gov/brs/cwp/view.asp?a=3890&q=456890>

2. Have you set-up an irrevocable burial account?

[http://www.ct.gov/dds/lib/dds/aging/funeral\\_funds\\_for\\_dds\\_individuals\\_82610.pdf](http://www.ct.gov/dds/lib/dds/aging/funeral_funds_for_dds_individuals_82610.pdf)

3. Have you set-up a special needs trust?

<http://www.specialneedsalliance.org/>

<http://www.planofct.org/>

4. Have you set-up an ABLE account?

<http://www.ndss.org/Advocacy/Legislative-Agenda/Creating-an-Economic-Future-for-Individuals-with-Down-Syndrome/Achieving-a-Better-of-Life-Experience-ABLE-Act/>

If you need help doing this, work with your DDS Case Manager!

## How do I apply for Medicaid for someone receiving Waiver services for the first time or if they have lapsed and need to reapply?

### For Adults over 18

A W-1LTC application needs to be submitted, in order for DSS to enroll in the DDS waiver. Please send bank statements (if any) and any other pertaining documentation listed on the application. <http://www.ct.gov/dss/lib/dss/pdfs/applications/w-1ltc.pdf>

If asking for cash assistance or the person is working...

A W-1E application needs to be submitted with a month's worth of pay stubs. <http://www.ct.gov/dss/lib/dss/pdfs/applications/w-1e.pdf>

If there is a secondary (or primary) insurance other than Medicaid, (except Medicare) please have complete a w-1685 with a copy of the insurance card (front and back).

<http://www.ct.gov/dss/lib/dss/pdfs/w-1685.pdf>

**These are just documentations that will help facilitate the process.**

● If the person has Medicaid but is not going under the waiver at this time, please complete the W-1E application requesting Husky C. <http://www.ct.gov/dss/lib/dss/pdfs/applications/w-1e.pdf>

● If the person has not applied for SSI or is not eligible for SSI, please have complete the w-300 & W-303A packet in order for CCC (through DSS) to determine his disability.

<http://www.ct.gov/dss/lib/dss/pdfs/w-300.pdf>

<http://www.ct.gov/dss/lib/dss/pdfs/w-300a.pdf>

### H01– Child going on waiver under 18

The W-1LTC application needs to be completed (if they do have active Medicaid, then only Section N of the W-1LTC application needs to be submitted instead), you are requesting H01 in order for DSS to enroll in the DDS waiver.

<http://www.ct.gov/dss/lib/dss/pdfs/applications/w-1ltc.pdf>

Please have the parents complete and submit the w-849 (LLR form) and the most recent tax return. See attached

If the parents have a secondary (or primary) insurance other than Medicaid, (except Medicare) please have them complete a w-1685 with a copy of the insurance card (front and back).

<http://www.ct.gov/dss/lib/dss/pdfs/w-1685.pdf>

All of this information should be sent to: 3580 Main Street Hartford, CT 06120 Attn: LTSS Unit or you can scan it and send it to [DDS.Waiver@ct.gov](mailto:DDS.Waiver@ct.gov) and we can forward it to DSS directly.

**\*\*\* DSS will send a letter (w-1348) if any other information is required. Please feel free to email**

**Legally Liable Relative (LLR) Form  
for Institutionalized Children Receiving Medicaid Long Term Care Services or  
Medicaid Home and Community Based Waiver Services**

Applicant/Recipient Name \_\_\_\_\_

Parent(s) Name(s) \_\_\_\_\_ Phone # \_\_\_\_\_

Parent(s) Address \_\_\_\_\_

If your child is receiving Medicaid long term care services or Medicaid Home and Community Based Waiver Services, we may require you to contribute to your child's cost of care. This amount cannot exceed the amount of assistance paid to or on behalf of the child by the Department of Social Services.

In order for us to determine your share of the cost of your child's care, we need the following information:

1. The father's net adjusted taxable income for the last calendar year; if applicable: <i>(Attach a copy of your 1040 tax form to verify your net adjusted taxable income.)</i>	\$ _____
2. The mother's net adjusted taxable income for the last calendar year; if applicable: <i>(Attach a copy of your 1040 tax form to verify your net adjusted taxable income.)</i>	\$ _____
3. The joint net adjusted taxable income of the father and mother for the last calendar year; if applicable: <i>(Attach a copy of your 1040 tax form to verify your net adjusted taxable income.)</i>	\$ _____
4. If you are divorced or legally separated and are under a court order to pay support please indicate your monthly court ordered support payment: <i>(Attach a copy of your court order verifying the payment amount.)</i>	\$ _____
5. Any in-kind support provided by the parent(s) during the last calendar year while living with the child, along with verification of such support, which is over and above that provided to a healthy child. Examples of in-kind support include, but are not limited to, the following:	
• cost of medical supplies which are not covered by insurance or Medicaid;	\$ _____
• cost of special diet;	\$ _____
• cost of special transportation;	\$ _____
• cost of adaptations to a home to accommodate the special need of the child;	\$ _____
• other <i>(please indicate specific service)</i>	\$ _____

List below the people living in your household. Place a check mark ( 4 ) next to the names of those dependent on you for support.

4	Name of Household Members	Age	Relationship

**THE FOLLOWING WILL BE COMPLETED BY THE DSS WORKER**

1. Last year's net adjusted taxable income of the parent(s):		\$ _____
2. Subtract the state median income figure appropriate for the legally liable relatives family size. Table located in UPM Procedures.	-	\$ _____
3. The difference between line #1 and #2:	=	\$ _____
4. Multiply the amount on line #3 by 12% (If greater than zero)	=	\$ _____
5. Subtract any in-kind support:	-	\$ _____
<b>Balance:</b>	=	\$ _____
6. LLR Contribution equals the above balance if that balance is greater than zero.		
<b>OR</b>		
7. Use the amount of the monthly court ordered support payment as the LLR Contribution minus any in-kind support:	=	\$ _____
<b>OR</b>		
8. Use the divorced and remarried parent's contribution when not under a court ordered support payment obligation minus any in-kind support: (See UPM 7520.05 for this calculation)	=	\$ _____

Worker Name: \_\_\_\_\_

Date: \_\_\_\_\_

## DDS Waiver Contact Information

Waiver Specific Issues

DDS.Waiver@ct.gov

Medicaid Specific Issues

DDS-DSS.Issues@ct.gov

Siobhan.Morgan@ct.gov