

This information is a summary of the rules for an application for long-term medical care. It is not all the rules for eligibility. The complete rules are in the Department of Social Services Uniform Policy manual. If the information here is not the same as the information in the manual, we must follow the rules in the manual. If you have any questions about this information, call your DSS worker.

We must make a decision on your application within 45 days of your application date (90 days for disability applications). We can do this as long as we have all the information that we need. If you qualify, you will receive medical help back to the day that you applied. We may also be able to help as far back as three months before your date of application. We can do this as long as you need help and are eligible in those months. For example, if you make an application in April, we can check for eligibility as far back as January. When we look at these back months we consider each month separately and grant for each month that you qualify.

Forms we use:

W-1 “Application Part 1: Assistance Request Form” – this form lets you set your application date while you fill out the complete application form. The date that we receive this form with your signature is your application date.

W-1F “Application Part 2: Special Eligibility Determination Document: - Your answers on this form give us the

information we need to decide if you qualify for medical help.

W-300 “Medical Report”, **W-300A** “Medical Statement”, **W-303** “Client Supplement for Medical Information”, **W-303A** “Permission to Share Medical Information” – If you are applying for long-term care because you have a disability, you may need to have these forms filled out. We need these forms if you are at least 21 years old but not yet 65 and you do not receive federal disability benefits such as Social Security Disability or Supplemental Security Income (SSI). Your doctor completes the W-300 or the W-300A. The W-303 is for you to complete. You may also need to sign a form W-303A if your worker needs information from hospitals or other medical providers.

Qualifying for help:

Once we go over your application we will give you a list of anything that we need to make our decision. The list will tell you when we need to have the information. If you cannot get us the information on time, call your worker. He or she can give you more time to get it or tell you if we can use something else to give us what we need.

We must have proof of the information that you give us. Ask your worker for Publication 06-13 “Guide to Verification of Information for DSS Programs” for examples of different things you can use for the information we need.

Kinds of information we need:

The most common information we need includes:

- Social Security Number
- Citizenship
- Identity
- Conservator/Power of Attorney
- Income
- Assets

How we treat your income:

When you receive medical help you must begin to pay for the nursing home once you are there for thirty days. Generally, you must pay all of your income, after deductions, to the nursing home. We allow for the following monthly deductions:

You can keep a certain amount of money that we call a personal needs allowance. This amount changes periodically. As of July 1, 2011 that amount is \$60.00.

You can keep the amount of money that you use to pay for medical insurance. You can also keep money to pay for medical bills that insurance does not cover. These bills can be current or from up to six months before you become eligible for medical help. We need proof of these bills in order to use them.

You can keep an amount of money if you have a spouse or minor children who live in the community. Your worker will tell you how much your spouse or children can receive. This amount depends on your spouse’s income and shelter costs. We need proof of these in order to use them.

You can keep an amount of money to continue to keep a home in the community. You can do this if you were not living with a spouse and your doctor says that you may return home within six months.

How we treat your assets:

If you are age 65 and over, receive SSI or receive Medicare your total countable assets must be under our limits. You cannot have more than \$1600.00 in assets to be eligible for medical help for long-term care services. (If your application is for someone under 65 years old, the asset limit may be different. Call your worker for more information.)

If you do not spend your income in the month that you receive it, we count it as an asset in the next month.

Real property – We do not count the equity value of your home as long as

- Your spouse is living there, or
- Your child under age 21 lives there, or
- Your child with a disability lives there, or
- You are expected to return home, or
- In some cases, if your brother or sister live there, or
- You are trying to sell the property and you allow us to place a lien on it. We place a lien so that we may recover benefits that you receive from the department.

We may, however, count any equity above \$786,000 in some situations.

Life insurance policies – We may or may not count life insurance policies as assets. We look at the face value of your policies to decide if we have to count them. We add the face value of all your policies together. If the total is \$1,500 or less, we do not count the life insurance as an asset. If the total is more than \$1,500, we count the cash surrender value of the policies as an asset and you must give us proof of the value of the policies.

Funeral contracts – You may use some of your money to pay for funeral costs. You may put money into a contract with a licensed funeral home. There are two types of contracts that you can use. The first is a contract that lets you take the money out. It is called a revocable funeral contract. The second type is a contract that only pays out the money when the person dies. This is called an irrevocable funeral contract.

You can have up to \$1,800 in a revocable funeral contract. If you have life insurance policies that are excluded assets, we subtract the cash surrender amount from this \$1,800. If you have an irrevocable funeral contract, we also subtract the amount of that contract from the \$1800.

You can have up to \$5,400 in an irrevocable funeral contract with a Connecticut funeral home. We do not subtract the face value of your life insurance policies from this amount.

As long as the values of any funeral contracts are less than these amounts, we do not count them toward your asset limit.

We do not count the value of one burial plot per person when we look at eligibility. A burial plot includes a coffin or urn, vault headstone and gravesite, or a contract for these items.

Assets for your spouse in the community – If you have a spouse who is living in the community, your spouse may be able to keep some of the assets that are available. You need to give us information about the assets that belong to you and your spouse so that we can determine how much of the assets your spouse can keep.

If you are unhappy with our decision, you may ask for a hearing. At the hearing you can ask to have more of the assets set aside for your spouse in the community.

Transferring assets – if you receive long-term care medical services and apply for help with the bills, we look to see if you or your spouse gave away any assets in the 60 months before you apply for help. We call this the “look back period.” If you or your spouse gave away assets during the look back period, we may not pay your long-term care medical bills for a period of time. Ask your worker about this.

We must see proof of all your assets for the 60 months before the date you apply. We must also see proof of your spouse’s assets.

Important things to remember:

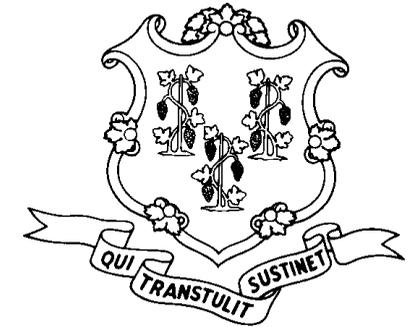
You will qualify for medical help only when your assets are under the \$1,600 limit.

You will not qualify for any month in which your assets are greater than \$1,600. Your medical help begins in the month that your assets meet this limit. You should be sure to pay the nursing home while we are making a decision on the application. If you keep this money in a savings, checking or patient account, we will have to count it as an asset. If counting it causes you to go over your asset limit, we will not be able to help for that month.

Once your application is granted, you need to carefully watch the interest that builds up in bank accounts and be sure to spend this and the personal needs allowance so that your assets stay below the limit.

If you think that we made a mistake with your application, you may ask for a hearing. You must ask for a hearing in writing. Send your letter to the Department of Social Services, Office of Legal Counsel, Regulations and Administrative Hearings, 25 Sigourney Street, Hartford, CT 06106-5033. For information about how hearings work, you can call (860) 424-5760 or toll free 1-800-462-0134.

Services are available to all applicants and recipients without regard to race, color, religious creed, sex, marital status, age, national origin, ancestry, criminal record, political beliefs, sexual orientation, mental retardation, mental disability, learning disability or physical disability including but not limited to blindness. Individuals who are deaf or hearing impaired and have a TDD/TTY can call us at 1-800-842-4524.



Applying for Medicaid to Pay for Long-Term Care

