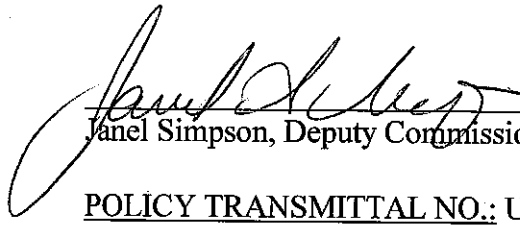




STATE OF CONNECTICUT
 DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL



 Janel Simpson, Deputy Commissioner

July 1, 2015
 Effective Date

POLICY TRANSMITTAL NO.: UP-15-03

SUBJECT: Long Term Services and Supports Medicaid Increase to the Community Spouse Minimum Monthly Needs Allowance (MMNA), Base Shelter Amount and Average Cost of Long Term Facility Care.

This transmits new amounts for the MMNA, Base Shelter amount and average cost of long term facility care. The MMNA and Base Shelter amount are used to compute Community Spousal and Family Allowances for Long Term Services and Supports Medicaid clients. The average cost of long term facility care is used to compute transfer of asset penalty periods.

Effective July 1, 2015 the amount of the MMNA is \$1991.71. The Base Shelter amount is \$597.31. The community spouse's minimum and maximum protected amounts and the limit to the community spouse's MMNA are increased on January 1 of each year to reflect the increase in the Consumer Price Index.

The average cost of long term care at the private rate increased from \$11,851.00 to \$12,170.00 per month. The new amount should be used to determine penalty periods for individuals who apply on or after July 1, 2015 and for recipients who became institutionalized on or after July 1, 2015.

INSTRUCTIONS FOR UPDATING THE UPM:

Remove and Recycle

P-3029.30
 P-5035.10
 P-5035.20

Insert

P-3029.30
 P-5035.10
 P-5035.20

DISPOSITION: This policy transmittal may be recycled once the UPM has been updated.

DISTRIBUTION: UPM list

RESPONSIBLE UNIT: Eligibility Policy and Program Support, Telephone (860) 424-5250

FK

Date Issued: 1/15/16

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 7-1-15

Transmittal: UP-15-03

P-3029.30

Section:

Technical Eligibility Requirements

Type:

PROCEDURES

Chapter:

Transfer of Assets

Program:

MA

Subject:

Calculating and Imposing the Penalty Period

- P-3029.30
1. Calculate the penalty period using the steps that follow.
 2. Start with the fair market value of the transferred asset.
 3. Deduct from the fair market value any compensation received which is acceptable per policy.
 4. Divide the remainder by the average monthly cost of care to a private patient in a LTCF. This figure is \$9,464.00 from 7/1/08 – 6/30/09, \$9,959.00 from 7/1/09 – 6/30/10, \$10,366.00 from 7/1/10 – 6/30/11, \$10,586.00 from 7/1/11-6/30/12, \$11,183.00 from 7/1/12-6/30/13, \$11,581.00 from 7/1/13-6/30/14, \$11,851.00 from 7/1/14-6/30/15 and \$12,170.00 on or after 7/1/15.
 - For applicants, base the cost on the appropriate figure as of the month of application;
 - For recipients, base the cost on the appropriate figure as of the month of institutionalization, if the transfer occurred while the individual was receiving Medicaid in the community, and the transfer did not affect eligibility at that point in time;
 - For recipients, base the cost on the appropriate figure as of the month of the transfer, if the transfer involves either the home or proceeds from a home equity loan transferred by the spouse while the institutionalized individual is receiving Medicaid, or any asset transferred by an institutionalized individual while receiving Medicaid.
 5. The result of the calculation above will be a whole number representing the number of whole months of the penalty period and/or a fraction representing a partial month.
 6. Use the partial amount to determine the last day of the penalty period by the following method:
 - multiply the fraction that represents the partial month described in step 5 by the number of days in the month in which the penalty period expires;
 - for penalties beginning as of the first day of a month (for persons receiving LTC Medicaid at the time of the transfer), the resulting whole number is the day of the month on which the penalty period expires;
 - for penalties beginning as of the first date the individual would otherwise be eligible (for persons not receiving LTC Medicaid at the time of the transfer), the resulting whole number represents the additional number of days the individual is ineligible.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 7-1-15

Transmittal: UP-15-03

P-5035.10

Section:
Treatment of Income

Type:
PROCEDURES

Chapter:
Income Deductions

Program:
MAABD

Subject:
Minimum Monthly Needs Allowance (MMNA)

- P-5035.10
1. Calculate the shelter costs of the community spouse by adding:
 - rent costs or mortgage payments; and
 - real estate taxes; and
 - real estate insurance; and
 - the Food Stamp Standard Utility allowance (SUA).
 2. Determine the excess shelter allowance by subtracting \$597.38 from the amount calculated in step 1 (\$597.38 is 30% of \$1,991.25 which is 150% of the poverty level for two) (Cross-Reference: 5035.30).
 3. If the amount calculated in step 2 is greater than zero, go to step 5.
 4. If the amount calculated in step 2 is zero or less, use \$1,991.25 as the MMNA.
 5. Add the amount calculated in step 2 to \$1,991.25 (Cross-Reference 5035.30).
 6. If the amount calculated in step 5 is \$2,980.50 or less, use the actual amount as the MMNA (this amount was effective 1/1/2015).
 7. If the amount calculated in step 5 is greater than \$2,980.50, use \$2,980.50 as the MMNA (this amount was effective 1/1/2015).
 8. If a Fair Hearing decision requires a figure higher than those referred to in Steps 6 and 7, use the amount decided upon from the Fair Hearing decision.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 7-1-15

Transmittal: UP-15-03

P-5035.20

Section:

Treatment of Income

Type:

PROCEDURES

Chapter:

Income Deductions

Program:

MAABD

Subject:

Community Family Allowance (CFA)

- P-5035.20
1. Determine if there is a community spouse.
 2. If there is no community spouse stop here. Go to "Calculating Applied Income for LTCF Units Without Community Spouses" (Cross Reference: P-5045.25).
 3. If there is a community spouse, determine if there are any family members living with the community spouse who are eligible for a CFA.
 4. Determine the eligible family member's monthly gross income.
 5. Subtract the gross monthly income of the eligible family member from \$1,997.71 (150% of the monthly poverty level for two) (Cross Reference: 5035.35).
 6. Divide the amount calculated in step 5 by 3 to determine the CFA.