

Medicaid (Title XIX)

Description:

The Medicaid program is designed to help persons who are age 65 years or older, persons, with disabilities between the ages of 18 and 65, those who are blind or who receive public assistance to pay medical expenses. Medicaid is funded by the Federal and State governments. There are different eligibility requirements for persons who live in the community and those who require long term care. Long term care is defined as either the admission to a long term care facility or the receipt of home and community based services.

Eligibility Requirements, Service Areas and Program Year:

Eligibility Requirements:

Persons Residing in the Community:

- Individuals' assets cannot exceed \$1,600; married couples living together may not have assets of more than \$2,400.
- The cash surrender value of life insurance is excluded if the face value of all such policies is less than \$1,500. If the face value exceeds the \$1,500 limit, the cash surrender value of the policy is counted toward the asset limit. Term Life Insurance is not counted.
- Up to \$1,800 of a burial fund is excluded as an asset.
- Up to \$5,400 of an irrevocable burial fund is excluded as an asset.
- Home property is totally excluded as an asset in the Medicaid Program.
- Income requirements are based on where applicants live within the community.
 - Single persons' monthly incomes cannot exceed:
 - Region A: \$610.61
 - Regions B and C: \$506.22
 - Couples' monthly incomes cannot exceed:
 - Region A: \$777.92
 - Regions B and C: \$672.10

Persons Requiring Long Term Care:

- Institutionalized individuals' countable assets cannot exceed \$1,600.
- The cash surrender value of life insurance policies is excluded as assets if the total face value of all such policies does not exceed \$1,500.
- Up to \$1,800 of a burial fund is excluded as an asset.
- Up to \$5,400 of an irrevocable burial fund is excluded as an asset. A burial plot

is defined as the purchase of a grave site, opening and closing of a grave site, cremation urn, casket, outer burial container and a headstone or marker, including a contract to provide the aforementioned items. A grave may include a crypt or mausoleum.

- Individuals who entered institutions on or after September 30, 1989 who have spouses living in the community are allowed to have a portion of the couple's combined assets protected for the use of the community spouse. The amount of the assets that is protected is called the Community Spouse Protected Amount (CSPA). The value of the protected assets is not counted when eligibility for the institutionalized individual is determined. The maximum and minimum amounts are set by Federal law. The State is required to update these amounts annually. Only a Fair Hearing Decision or Court Order can allow the CSPA to exceed the amount set by Federal law. When institutionalized individuals and their spouses have assets that exceed the amount established as the CSPA and the \$1,600 asset limit, the excess assets are considered to be available to the institutionalized spouse. This applies regardless of which spouse owns the assets. Institutionalized individuals are not eligible for Medicaid until the couple's assets are reduced to the total amount of the \$1,600 asset limit and the CSPA. Excess assets may be spent down in any way the couple wishes as long as fair market value is received.

When institutionalized individuals have spouses who live in the community, some of the institutionalized person's income can be used for the spouse's needs. This income is called a Community Spouse Allowance (CSA); it is determined by subtracting the community spouse's monthly gross income from the community spouse's Minimum Monthly Needs Allowance (MMNA). The MMNA is calculated according to a formula that uses the spouse's actual monthly shelter costs, which includes an allowance to cover monthly utility costs. The maximum and minimum MMNA amounts are set by Federal law; the State is required to update the amounts annually. The MMNA cannot exceed the maximum amounts set, except by a Fair Hearing decision.

When institutionalized individuals apply for Medicaid, DSS examines any transfers of assets made by these individuals and their spouses up to 60 months immediately before the date such persons applied for Medicaid and were institutionalized. Not all asset transfers are considered improper if an improper transfer is made, a penalty period is established during which time the Department will not pay for long term care or home care.

Service Areas:

Region A

Bethel	Darien	New Canaan
Bridgewater	Greenwich	Newtown
Brookfield	New Milford	Norwalk
Danbury	New Fairfield	Redding

Ridgefield
Roxbury
Sherman

Stamford
Washington
Weston

Westport
Wilton

Region B and C

All towns not listed in Region A should use the income limits shown for Regions B and C.

Program Year:
July 1 – June 30

Contact Information:

To apply for Medicaid contact the local DSS office, refer to [Appendix H](#).

Individuals who encounter problems obtaining Medicaid or who are denied benefits are entitled to a Fair Hearing. Local legal service offices can assist persons who need help pursuing a Fair Hearing. Consult [Legal Assistance for Older Persons](#) on page XIV - 20 for a listing of the nearest legal services office.

To request a Fair Hearing, you may contact:

State of Connecticut
Department of Social Services
Administrative Hearings and Appeals
25 Sigourney Street
Hartford, CT 06106-5033

Related Information:

[BenefitsCheckUp \(and BenefitsCheckUpRx\), refer to page XIII – 3.](#)