

**DEPARTMENT OF SOCIAL SERVICES**  
**CONNECTICUT HOME CARE PROGRAM & 1915(i) State Plan Option - FEE FOR SERVICE USE ONLY**  
 Effective 1/1/2014

rev:12/13

<u>Category Type</u>	<u>Description</u>	<u>Functional Need</u>	<u>Financial Eligibility</u>	<u>Care Plan Limits</u>	<u>Funding Source</u>	<u>Intake Status</u>
<b>Category 1 CHCPE</b>	Limited home care for moderately frail elders	At risk of hospitalization or short term nursing home placement ( 1 or 2 critical needs)	<b>Individual Income= No Limit*</b> <b>Assets:</b> <b>Individual = \$35,172.00</b> <b>Couple= \$46,896.00</b>	<25% NH Cost <b>(\$1450.00 Monthly)</b>	STATE	<b>OPEN</b>
<b>Category 2 CHCPE</b>	Intermediate home care for very frail elders with some assets above the Medicaid limits.	In need of short or long term nursing home care ( 3 critical needs)	<b>Individual Income= No Limit*</b> <b>Assets:</b> <b>Individual = \$35,172.00</b> <b>Couple= \$46,896.00</b>	<50% NH cost <b>(\$2900.00 Monthly)</b>	STATE	<b>OPEN</b>
<b>Category 3 CHCPE</b>	Extensive home care for very frail elders who would otherwise be in a nursing home on Medicaid.	In need of long term nursing home care ( 3 critical needs)	<b>Individual Income=\$2163.00/Mth</b> <b>Assets:</b> <b>Individual = \$1,600.00</b> <b>Couple:</b> <b>both as clients = \$1600.00 each</b> <b>one as client = \$25,048.00</b> <b>(\$1600.00 + \$23,448.00 CSPA)**</b>	100% NH Cost <b>(\$5800.00 Monthly)</b> <b>Social Services Cap=\$4,156.00</b>	MEDICAID WAIVER	<b>OPEN</b>
<b>Category 4 CHCPD</b>	Intermediate home care for individuals under age 65 with a degenerative neurological condition. ineligible for Medicaid	In need of short or long term nursing home care ( 3 critical needs)	<b>Individual Income= No Limit*</b> <b>Assets:</b> <b>Individual = \$35,172.00</b> <b>Couple= \$46,896.00</b>	<50% NH cost <b>(\$2900.00 Monthly)</b>	STATE	<b>CLOSED</b> limited to 50 slots
<b>Category 5 1915(i)</b>	<b>Same as category 1. Also active on categorically needy Medicaid S01, S02, S03, S04 Must be age 65 or older</b>	At risk of hospitalization or short term nursing home placement ( 1 or 2 critical needs)	<b>Individual Income - \$1,437</b> <b>Assets:</b> <b>Individual = \$1,600.00</b>		50% Federal Reimbursement	<b>OPEN</b>

- Notes:**
1. Clients in the higher income range are required to contribute to the cost of their care. Applied income starts at \$1,916.00.
  - \* 2. There is no income limit for the State Funded portion. The Medicaid Waiver income limit remains at 300% of SSI which is \$2,163.00.
  3. CHCPE Services available in all categories include the full range of home health and community based services.  
\*1915(i) State Plan Option has limited PCA services to 14 hours weekly and homemaking services are limited to 6 hours weekly.
  4. Care plan limits in all categories are based on the total cost of all state-administered services.
  5. 1915(i) State Plan option covers individuals on Medicaid but who qualify for category 1 services.  
CT will claim 50% reimbursement from the federal government for home and community based services not reimbursable under Medicaid.
  6. Some individuals under category 2 may become financially eligible for the Medicaid Waiver.  
In these cases, the client must apply for Medicaid and cooperate with the application process.
  - \*\* 7. Married couples who are over this asset limit for category 3 may be eligible based on the special spousal asset protection rule.
  8. Functional need is a clinical determination by the Department about the applicant's critical need for assistance in the following areas:  
Bathing, Dressing, Toileting, Transferring, Eating/Feeding, Meal Preparation and Medication Administration.
  9. Care Plan limits are for CHCP fee for service only
  10. For contracted Access Agencies use only.