

# Department of Social Services

## Long-Term Services and Supports





## **Care in a Skilled Nursing Facility (SNF)**

Provides high level medical care in a licensed facility.

For a client to be eligible for HUSKY C Long Term Care in a SNF, they must:

- have a 30-day SNF stay; **and**
- be 65 or older; **or**
- start Medicare parts A&B, **or**
- receive income 138% above FPL

For a client to be eligible for SNF room & board payment, they must have a level 2 level of care approval based on medical records and ADLs.



## **Care at Home, Living in the Community**

For more details contact Community Options at  
1-800-445-5394.

DSS Community Options also includes State Funded (non-Medicaid) CT Home Care Program for Elders.

Provides opportunities for Medicaid beneficiaries to receive a wide range of home health and non-medical services in their own home.

## Medicare

- If active Medicare; and
- Has a 3-day inpatient qualifying hospital stay; and
- SNF care is related to the condition treated during the hospital stay

Medicare will cover up to 100 days  
20-days at 100%, and 80-days at 80%

## HUSKY

- If active HUSKY (except for inactive Spenddowns, S-99); and
- Level of care is approved

HUSKY will cover up to the first 30 days  
Although some programs allow up 90 days

The amount of personal income that is contributed towards the cost of care.

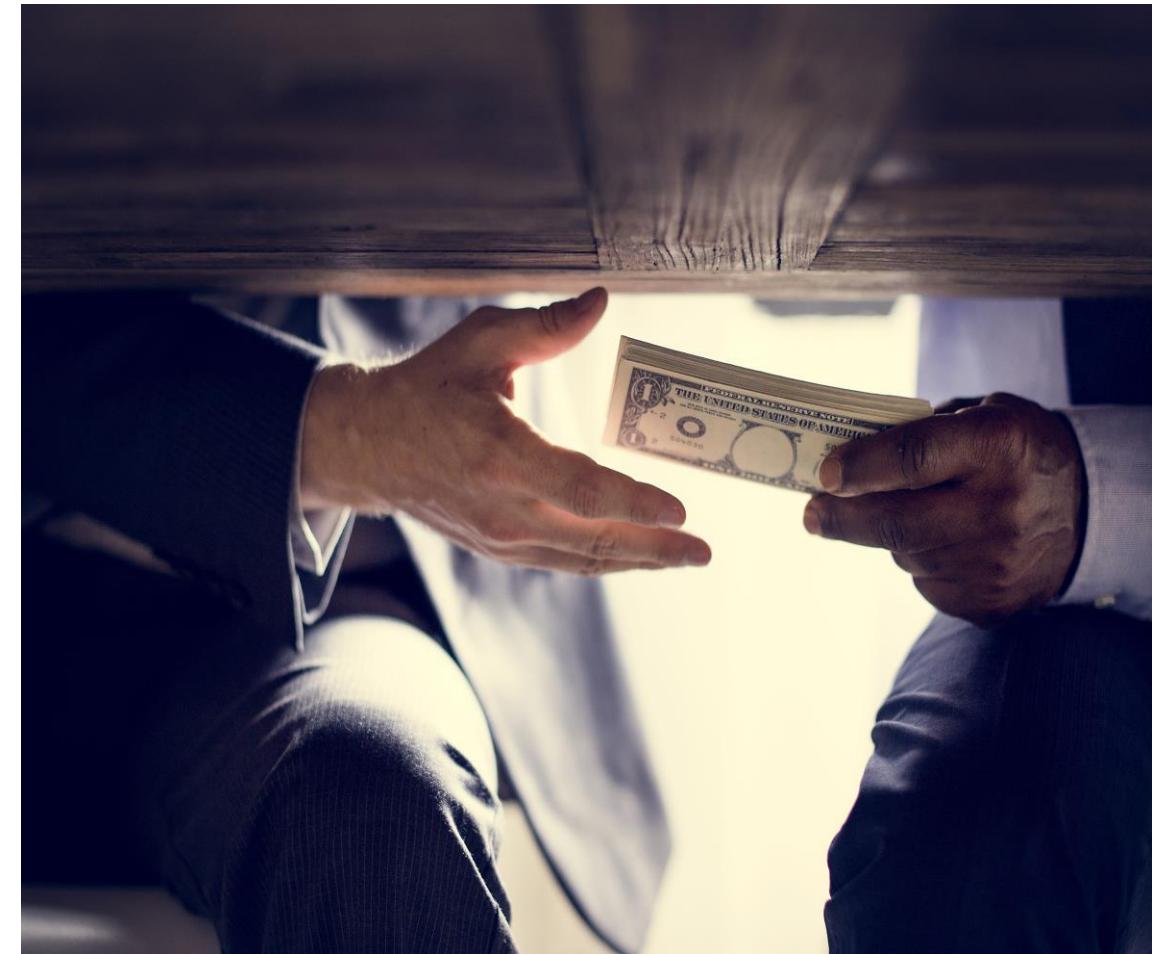
Clients may be required to pay a portion of their income towards their cost of care.

Patient liability is due in the month in which the individual's 30<sup>th</sup> consecutive day of long-term care services occurs.

PLA is determined by using total gross income minus total allowable deductions.



When applying for LTSS Medicaid, we look to see if the client or community spouse gave away any assets in the 60 months before they apply for help.

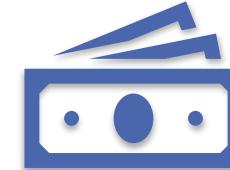
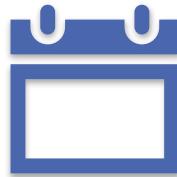


If your marriage ended during the 60 months before you applied for help, we will need this information.

Depending on how long ago you were legally separated, divorced, or widowed, we will need to collect information on the assets of your ex- or deceased spouse.

## Account Verification System (AVS)

- Banks respond directly to DSS with account information:
  - Names associated on the account
  - Account type
  - Account number
  - Monthly balances
  - Nationwide real estate
- Not all banks respond to AVS inquiry:
  - Some banks refuse to respond for a variety of reasons
  - Some banks do not respond at all
- AVS does NOT replace the 24 months of statements prior to application date



## Lookback Period (5 years)

HCBS and SNF includes monthly statements for the most recent 2 years and December statements for the outlying 3 years (at a minimum).

AVS may satisfy the outlying 3 years, if NO questionable activity is seen via AVS.

## Proof of Transactions

HCBS and SNF include transactions of \$5,000.00 or more

## Questionable Transactions

Anything outside of a typical pattern of spending

Not necessarily transaction amount



## **Penalties for improper transfers may occur if assets are given away**

There is NO penalty if assets are sold for fair market value, and the proceeds are spent on the client or spouse.

If assets are transferred or sold for less than fair market value, to someone other than their spouse, a blind or disabled child, or certain others described in DSS regulations, there will be a penalty period in which they are ineligible for payment or services.



## **Penalties begin the date the client is otherwise eligible for Medicaid**

The write off amount for an improper transfer is currently \$15,526 per month.

Example: an improper transfer of \$100,000 will result in a penalty lasting 6.44 months (6.44 months =  $\$100,000/\$15,526$ ).

The write off amount, or ave. cost of care, increases every July.

Social Security  
Benefits  
(Retirement,  
Survivors, Disability)

Supplemental  
Security Income  
(ssi)

Earned Income  
(Wages)

Private Pensions

Disability Insurance

Veteran's Benefits

Alimony

Workers  
Compensation

Annuities\*

Trusts\*

Dividends

Any other cash  
benefits issued by  
DSS

Bank Accounts  
(Checking, Savings,  
Certificate of Deposits,  
Money Market)

Investment Accounts

Stocks

Annuities\*

Savings Bonds

Life Insurance Policies

Trusts\*

Real Property

Vehicles

Burial Contracts

Crowdfunding  
Accounts



### **Who:**

Client, POA, Conservator and anyone associated with the accounts (joint owner)

### **How:**

Visit, call or send a letter to the Financial Institution and request the specific information

Make sure you have the Power of Attorney or Conservatorship Decree with the request

- Completed and Signed W-ILTSS Application Form
- Power of Attorney or Conservator appointment (with initial inventory and all other accountings filed in the look-back period) or guardianship
- W-298 Form, Authorization to Disclose Information
- Proof of Private Medical Insurance
- Proof of Gross Income
- History of Assets Held
  - By the client and spouse, if any
  - 5-years



- Long-term services and supports (Long-term services and supports?language=en\_UServices and supports)  
[https://portal.ct.gov/dss/financial-benefits-and-support/long-term-services-and-supports?language=en\\_UServices and supports](https://portal.ct.gov/dss/financial-benefits-and-support/long-term-services-and-supports?language=en_UServices and supports)
- W-1LTSS Application
- W-1659 Questions and Answers
- Long-Term Services and Supports -FAQ



## Online

Complete an application online at:  
[www.connect.ct.gov](http://www.connect.ct.gov)

## Mail

Download a W-1LTSS application at:  
<http://portal.ct.gov/DSS/Health-And-Home-Care/Medicare-Savings-Program/Medicare-Savings-Program/Apply>

and return the application form by mail to one of the four application offices, depending on if the application is for homecare or based on the town where the SNF is located.

## In Person

At any DSS Field Office, in person.

# After Application Submission

- Upon receipt, an application is screened in the ImpaCT system by designated staff and assigned to a caseworker.
- Assigned caseworker is notified that they have a new application and it is routed to them.
- Within 10 days of application date for waiver applications and 15 days for facility applications, the caseworker will complete a full review of the application, verifications, and recent information in ImpaCT and issue the initial request for additional information.
- This request is sent to the applicant and authorized representative(s) and includes the caseworker's name and direct contact information.

**For more information on our programs**  
**<https://portal.ct.gov/dss>**

**By phone**  
**Monday – Friday, 8:00 am – 4:30 pm**  
**855-626-6632**

**In Person at our 12 local resource centers**  
**Monday – Friday, 8:00 am – 4:30 pm**

**Online Portal**  
**<https://MyDSS.CT.GOV>**  
**For technical support 877-874-1612**

