

## **DESCRIPTION OF THE CT HOME CARE PROGRAM FOR DISABLED ADULTS (CHCPDAA)**

### **INTENT OF PROGRAM**

The CT Home Care Program for Disabled (CHCPDA) is a result of advocacy efforts by a number of groups to develop a program that would offer a package of services to persons with degenerative, neurological conditions who are in need of case management as well as an array of other supportive services and who are unable to qualify for other services because they do not meet the financial eligibility criteria for Medicaid. The target population includes those individuals who have cognitive impairments as a component of their disability.

### **WHO CAN BE CONSIDERED TO RECEIVE SERVICES UNDER THE PILOT**

1. Persons age 18-64 who but for their age would qualify for Category 2 services under the CT Home Care Program for Elders.
2. Persons whose primary diagnosis is a degenerative neurological condition including but not limited to Multiple Sclerosis, Alzheimer's Disease, Parkinson's, Huntington's, Amyotrophic Lateral Sclerosis, Pick's and Creutzfeldt-Jakob.
3. Must meet Nursing Facility Level of Care which is defined as;
  1. Supervision or cueing  $\geq$  3 ADLs + need factor
  2. Hands-on  $\geq$  3 ADLs
  3. Hands-on  $\geq$  2 ADLs + need factor

\*Need factors are:

  1. Behavioral Need: Requires daily supervision to prevent harm
  2. A cognitive impairment which requires daily supervision to prevent harm
  3. Medication supports: Requires assistance for administration of physician ordered daily medications. Includes supports beyond set up
4. Persons who would qualify for the Personal Care assistance Waiver are not eligible to participate in this pilot.
5. Persons whose primary disability is Mental Illness or Mental Retardation are not eligible to participate in this pilot.
6. Persons who are either Medicaid active or eligible for Medicaid are not eligible to participate in this pilot.

## **TECHNICAL AND FINANCIAL REQUIREMENTS**

- (1) Individuals with disabilities who are age 18 to 64 inclusive
  - (2) Who are not recipients of Medicaid or applicants who would qualify for Medicaid
  - (3) Who are inappropriately institutionalized or at risk of institutionalization
  - (4) Whose assets, if single, do not exceed the minimum community spouse protected amount (CSPA) pursuant to section 4022.05 of the Department of Social Services uniform policy manual or, if married, the couple's assets do not exceed 150% of said (CSPA).
- (5) The below asset limits are effective.

**Single \$ \$35,766.00**

**Couple= \$46,688.00**

- (6) Any person participating in the pilot program whose income exceeds 200% of the Federal Poverty Level (**FPL**), which changes each year, shall contribute to the cost of care in accordance with the methodology established for recipients of medical assistance pursuant to sections 5035.20 and 5035.25 of the department's uniform policy manual (UPM).

## **DETERMINATION OF SERVICES**

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The Access Agency performs a comprehensive assessment and develops a plan of care, if feasible.

## **SERVICES COVERED**

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This program offers an array of services similar to the Connecticut Home Care Program for Elders (CHCPE). Services covered include, but are not limited to, the following. Homemaker, visiting nurse, home health, occupational and physical therapy, chore, meals on wheels, care management, companion, adult day care, emergency response system, mental health counseling, adult foster care, minor home modifications, assisted living services in approved managed residential communities (MRC), Personal Care Assistance (PCA) services, highly skilled chore, transportation.

Any request to receive additional services that are not currently covered under the (CHCPE) and are necessary to allow such persons to avoid institutionalization will be reviewed by the manager of the Alternate Care Unit.

## **COST LIMITS**

The cost limits under the CHCPE fee for service are to be followed in order to determine the cost effectiveness of the CT Home Care Program for Disabled (CHCPDA) services.

The CT Home Care Program for Disabled (CHCPDA) is not a Medicaid Waiver service. This program is financed by state funds only. Since applicants must meet the functional criteria under the Connecticut Home Care Program for Elders category 2, the care plan cost may be adjusted annually.

For Category 4 (state-funded): the total care plan cost must not exceed 50% of the weighted average cost of care in nursing homes in the state which changes each year.

## **CT HOME CARE PROGRAM FOR DISABLED (CHCPDA) PROGRAM REFERRAL PROCESS**

Referrals to the CT Home Care Program for Disabled (CHCPDA) Program are accepted from any applicant with a neurodegenerative disease, an applicant's family member, home health agency, social worker, health care provider, or anyone who has permission to act on behalf of the applicant to make the referral. Referrals are accepted by telephone by calling 1-800-445-5394 (toll-free) or 860-424-4904, option 4, locally in the Hartford area. Applicants are processed on a first come, first served basis in the order the referrals are received.

All applicants must also be pre-screened for the program to ensure that they meet the eligibility criteria for the program.

Completion of the referral process is not a guarantee of program eligibility or service delivery but is a requirement to initiate services. Applicants who are found ineligible for program services will be notified in writing.

## **PROGRAM WAITING LIST**

Per P.A. 02-7, the pilot program has a maximum capacity of 75 clients based on available appropriations. When the number of eligible clients reaches 75 and/or if the allocated funds have been fully utilized, a wait list will be maintained based on a first come, first served basis for applicants who are potentially eligible for the pilot program. Alternate Care Unit staff will enter wait list entries in Ascend. Once a slot becomes available, DSS ACU Central Office staff will notify the Access Agency when an applicant on the waiting

list can be processed for the program. The applicant must be found eligible, based on the criteria established for this pilot program, before approval to commence services can begin.

Placing a person's name on the waiting list does not guarantee that the person will be approved for or receive services. The applicant must still meet financial and functional eligibility criteria and be willing to accept services.

The applicant's name can be removed from the waiting list:

- When a slot becomes available
- Upon request of the applicant or applicant's representative
- The applicant has entered a nursing facility as a permanent placement
- The applicant has moved out of state
- The applicant is deceased