

effective January 2021 is 1.3 %

2021 SSI Federal Payment Standard

\$794 (for one person) or \$1181 (couple)

Programs that Help Medicare Beneficiaries

1. Medicare Savings Program (MSP)

Effective March 1, 2021. No asset limits. No estate recovery since January 1, 2010

QMB (Q01) 211% Federal Poverty Level

Monthly Income Guidelines Single: \$2,265 Couple: \$3,064

SLMB (Q03) 231% Federal Poverty Level

Monthly Income Guidelines Single: \$2,480 Couple: \$3,354

ALMB (Q04) 246% Federal Poverty Level

Monthly Income Guidelines Single: \$2,641 Couple: \$3,572

If you qualify for MSP you are automatically enrolled into Extra Help or Low Income Subsidy at the full Low Income Subsidy level

2. Medicare Part D Low Income Subsidy (LIS) 2021 – also known as Extra Help

Pays full cost of Medicare Part D premium up to benchmark plan in CT, which is \$35.16 a month

Cost Sharing for medications on the Part D formulary with LIS in 2021

Full LIS Level 1 = Generic drugs: \$3.70 Brand Drugs: \$9.20

Full LIS Level 2 = Medicaid + income up to 100% FPL Generic drugs: \$1.30 Brand Drugs: \$4.00

Maximum out of pocket cost-sharing \$17 per month

Level 3 Full LIS = Medicaid Waiver or permanently skilled nursing resident \$0 co-pays for all medications

Connecticut residents should consider applying for LIS through MSP because MSP has no asset restrictions and higher income guidelines

Income and Assets Guidelines for Partial LIS For 2021 if you apply separately through Social Security Administration.

Income limits are based on the poverty levels as of March 2021. Assets levels are as of January 2021.

Income include \$20 disregard and assets include \$1500 for burial expenses

Partial Subsidy	Single: \$1,630	Assets under: \$14,790
Partial Subsidy	Couple: \$2,198	Assets under: \$29,520

Partial dual eligible individuals pay a deductible of \$92 and then 15% co-payment up to \$6,550. When this is reached, the individual pays \$3.70 for generic medication and \$9.20 for brand drugs on their plan's drug formulary.

Medicaid

Husky C – For those 65 years of age or older, blind or those with a disability as of July 2021

Includes January 1, 2021 single unearned disregard of \$362 and couple unearned disregard of \$724. The special shared disregard is \$429. Income is based on 143% of TFA.

Assets: Maximum \$1600 for single person and \$2,400 for a couple

Region A monthly Income	Single: \$1,005	Couple: \$1,542
Region B&C monthly Income	Single: \$894	Couple: \$1432

Medicaid Husky D – Medicaid Expanded Benefits as of March 2021

For those 18-64 without minor children or Medicare – apply through Access Health CT
Website for access health Ct is www.accesshealthct.com

Eligibility is based on Modified Adjusted Gross Income (MAGI) in the tax household

No spend down provision if you are over the income guidelines

There are no asset limit restrictions

Household Size of 1 MAGI monthly Income: \$1,482

Household Size of 2 MAGI monthly Income: \$2,004

Medicaid Husky A – Effective March 2021

Medicaid for caretakers with children under 19 years of age. Can be on Medicare.

Apply through Access Health CT. Based on Modified Adjusted Gross Income
160% of the federal poverty level.

Household of 2 MAGI monthly income: \$2,323

Supplemental Nutrition Assistance Program (SNAP) – effective October 1, 2020

Income guidelines are reviewed every October

No asset limit restrictions for those over age 60 or persons with a disability whose gross income is more than what is listed above (185% of the Federal Poverty Level). Asset limit over 185% is \$3,500

Effective 1/9/21, SNAP recipients receive an emergency COVID benefit of an additional 15% through September 2021

Information below is for individuals 60 years of age or older or a person with a disability

Single monthly income: \$1,968

Maximum benefit through June= \$234

Couple monthly income: \$2,658

Maximum benefit through June=\$430

Since March 2020, SNAP recipients have received the maximum allowable benefit. This is announced each month for the following month.

Husky C, MSP and SNAP benefit applications are mailed to:

DSS Connect Scanning Center, PO Box 1320, Manchester, CT 06045-1320

Or apply online at www.connect.ct.gov

DSS Benefits Telephone Line for questions only: 1-855-626-6632

CT Health Insurance Exchange for those without Medicare
Apply through Access Health CT

Open Enrollment: November 1, 2020 – January 15, 2021

Special Enrollment: May 1, 2021 – August 15, 2021

Access Health CT

www.accesshealthct.com

Benefits Enrollment Center: 1-855-805-4325

Connecticut Energy Assistance Program (CEAP) – Effective October 2020
www.ct.gov/staywarm or contact 211

Applications are currently being accepted - ([download & email/mail applications](#))

60% Medium Income

Eligible for winter protection shutoff: 11/1/20– 5/1/21 Renewed every October

Household Size of 1 person	\$37,645	First date of delivery: November 2, 2020
Household Size of 2 people	\$49,228	
Household Size of 3 people	\$60,811	
Household Size of 4 people	\$72,394	
Household Size of 5 people	\$83,977	
Household Size of 6 people	\$95,560	

Households (including renters) with up to 60% of the medium income can qualify if their rent is more than 30% of their gross income.

UPDATES – Liquid asset requirements are eliminated for the rest of the program year
Households with a member who is responsible for paying for rent and is receiving DSS cash or SNAP benefits are categorically eligible for CEAP The last day to apply is June 15, 2021.

Normal Asset limits: Homeowners: \$15,000 Renters: \$12,000

Normally, households with liquid assets that exceed these amounts may qualify if their gross income, when added to excess liquid assets, is within guidelines.

Individuals with a household member who is 60 and older, a person with a disability, or households with a child under the age of 6 are considered vulnerable and receive a higher basic benefit

Basic benefit is \$725 up to 100 percent of the FPG

\$190 basic benefit for renters up to 100% FPG

Crisis assistance for those unable to secure primary deliverable fuel may be eligible for up to an additional \$710

Deliverable fuel deliveries have been extended to Thursday, May 20, 2021

CT Home Care Program for Elders (CHCPE) – effective January 1, 2021

State Funded Level 1 – this is closed to new individuals effective July 1, 2017

Must have one critical need	no monthly income ceiling
Assets	\$39,114 single \$52,152 couple

State Funded Level 2

Must be functioning at skilled nursing home level of care	no monthly income ceiling
Assets	\$39,114 single \$52,152 couple
Individuals on the program pay 9% cost share for services	

Medicaid – Level 5 effective March 2021

Must have 1 or 2 critical needs but do not need to be at skilled nursing home level of care if they are categorically eligible for Medicaid
Eligible for Medicaid coverage groups: S01 through S04

Income \$1,611 single (calculated at 150% FPL)
Assets \$1600 single

Medicaid Waiver – Level 3

Only the individual’s income is counted towards eligibility. Must be at skilled nursing home level of care

Income up to \$2,382 monthly income, which is 300% of SSI
Assets \$1600 single
Assets \$3,200 couple if both receives services
Assets \$27,676 couple if one receives services

Effective March 2021, an applied income begins when monthly income is at \$2,148, which is 200% of the Federal Poverty Level

A higher asset amount may be allowed when a spousal assessment is completed
Excess home equity limit is \$906,000

Spousal Protections: Minimum protected amount is \$26,076 and the maximum is \$130,380.00 effective January 2021

Minimum monthly maintenance needs allowance is \$2,155 effective July 2020
Maximum Monthly Maintenance Needs Allowance: \$3,259.50 effective January 2021
Federal Poverty Levels are announced in March of each year

Medicaid looks back 5 years of assets for eligibility

Things not counted towards assets:

As of January 1, 2020, an irrevocable funeral service account of \$10,000
Face value of \$1500 life insurance policy
Term Life Insurance Policies

Definition of Skilled nursing facility care is supervision or cueing with at least 3 activities daily living with a need factor or hands on assistance with 3 or more activities of daily living or hands on care with 2 activities of daily living with a need factor.

Definition of Need factors are behavioral or cognitive impairments that require daily supervision to prevent harm or assistance with prescribed medications beyond setting up of pills.

CT Home Care Program for Elder REFERRALS: Call 1-800-445-5394 or go online:
<https://www.ascendami.com/cthomecareforelders/default>

Information for Persons with Disabilities

Medicaid Category	MedConnect also called Medicaid for the Employed Disabled
Description	Medicaid for persons with a disability who are working and have earned income. The person would need to show proof of disability if they are not receiving Social Security disability or still receiving Medicare following a loss of gainful employment. Individuals can be reviewed for disability by filling out form W-300MED (Voc. Med) or W-300T19 for medical review by DSS.
Income	A person can earn up to \$6,250/month or \$75,000 yearly. A premium for MedConnect would apply if their income is above 200% of the FPL. Questions about the premium can be forwarded to 1-800-656-6684
Assets	\$10,000 for an individual and \$15,000 for a couple DSS excludes a car used for medical or for work, a home, retirement accounts such as an IRA or 401K and approved DSS account for special employment expenses. Apply using W-1E form or online at www.connect.ct.gov

Bureau of Rehabilitation Services – referred to as BRS

Assists persons with disabilities who wish to return to work Call 1-800-537-2549

Benefits Counseling through BRS

Benefit Specialists explain how returning to work can benefit the person and what affect it will have on benefits
Call 1-800-774-4636
Contact www.portal.ct.gov/ADS

Ticket to Work

1-800-968-7842

Individuals receive a 9 month trial test period to return to work. Individuals receive their full Social Security benefits regardless of the money they earn during this period

Centers for Independent Living

These centers provide peer support, information and referral, independent skills and training to persons with disabilities www.cacil.net for contact information

ABLE Act Accounts 1-888-609-3268

<https://savewithable.com/ct/home.html>

Tax-free savings accounts for people with disabilities prior to age 26 to pay for qualified disability expenses. www.ablerc.org for resources and information

Senior Outreach and Engagement

Identify, engage, refer & link adults 55 years old+ adults to individually tailored community treatment options. <https://portal.ct.gov/DMHAS/Programs-and-Services/Older-Adult-Services>

Other Long Term Services and Supports Options

Community First Choice

Anyone functioning at skilled nursing home level of care who is also active on Medicaid through Husky A, Husky D, Husky C, Med-Connect can receive services to help them stay at home.

Services are self-directed by the individual and can include a personal care attendant the person selects and hires, who can be a family member or friend, but not a spouse. It may include home delivered meals, home modifications, assistive technology and/or support broker. The funding is based on the needs of the person identified in the assessment with the individual.

Call 2-1-1 or go to portal.ct.gov/DSS/Community-First-Choice for a referral

MY PLACE CT is Connecticut's website for information on long term services and support options www.myplacect.org

Long-Term Care Medicaid Applications

Individuals requiring long term care in a nursing facility or at home will need to submit a W-1LTC application along with supporting documentation going back 5 years.

Applications are forwarded to one of five locations based on geographic region. They are not sent to the DSS Scanning unit.

- 1) Waterbury Office, 249 Thomaston Ave., Waterbury, CT 06702
- 2) Bridgeport Office, 925 Housatonic Avenue, Bridgeport, CT 06606
- 3) New Haven Office, 50 Humphrey St., New Haven, CT 06513
- 4) Greater Hartford Office, 20 Meadow Rd., Windsor, CT 06095—This office only reviews applications for individuals requesting to be on a Statewide Medicaid Waiver Home and Community Based Program.

2021 Part D Standard Plan Cost Sharing for a Medicare Beneficiary

A standard Part D plan can charge up to \$445 for an annual deductible

After the deductible is met, if the plan has a deductible, the beneficiary pays 25% of their medications up to \$1032.50 and the plan pays 75%. After this point, the beneficiary pays 25% for generic medication and 25% for brand medications plus a small pharmacy-dispensing fee of up to \$3. When the total beneficiary out of pocket costs reaches \$6,550, the person reaches catastrophic coverage. During catastrophic coverage, the beneficiary pays the greater of 5% co-insurance or \$3.70 for generic medication and \$9.20 for brand medication for medications on the plan's formulary. The beneficiary pays this amount until the end of the calendar year.

APPLICATION FILING and ENROLLMENT PERIODS:

MEDICARE SAVINGS PROGRAMS - OPEN ENROLLMENT ALL YEAR LONG

Pays Medicare Part B premium, and due to eligibility for the low income subsidy the persons receives help with all or some of the Medicare Part D premium and lowers the co-pays for medications. It may also help with co-pays and deductibles for Medicare Part A and B. It is income based with no asset restrictions.

MEDIGAP PLANS – CT is a continuous enrollment state. Enrollment is anytime during the year.

There is guaranteed issue at all times and plans are community rated for premiums. Premiums are not based on age or health. Plans C, F and high deductible F will only be available to individuals eligible for Medicare as of 1/1/2020. Individuals collecting Medicare due to disability who became eligible for Medicare before 1/1/2020 are limited to enrolling in Plans A-C. They can enroll in any Medigap plan, including Plans C, F, and high deductible F when they begin to collect Medicare due to age at 65 years of age. Those newly enrolled in Medicare due

to disability after 1/1/2020 will be limited to Plans A and B. When they turn 65, they can enroll in any Medigap policy except Plans C, F, and high deductible F.

SNAP - Open enrollment all year long

Assistance with food for those who qualify

CT Energy Assistance Program – Applications are currently being accepted

Helps with energy costs for those who qualify. Those with utility heated household with shut-off notices can apply through May 3. www.ct.gov/staywarm

RENTER'S REBATE PROGRAM - Apply annually April 1 – October 1. For renters aged 65 or older, 50 years of age or older for a surviving eligible spouse or 18 year old or older with a permanent disability. 1 year residency with no asset test. Hotline for questions: 860-418-6377

HEALTHCARE MARKETPLACE (Access Health CT) – Open Enrollment Nov. 1, 2020– January 15, 2021. Special Enrollment Period: May 1, 2021 – August 15, 2021. Individuals can purchase health insurance or apply for Medicaid for adults 18-64 without Medicare called Husky D. Individuals must be caring for a minor child or children. They can be without or receiving Medicare for Husky A benefits.

MEDICARE A & B INITIAL ENROLLMENT- Is 7 months long. Begins three months before the month you turn 65, the month you turn 65 and three months after. The enrollment date will affect the start date of Medicare.

SPECIAL ENROLLMENT PERIOD for Medicare Part B- For those who are still working at age 65 and covered by a large employer group coverage through their own or spouse's **active** employment. A SEP for Medicare Part B begins the month after the employee coverage ends or employment ends (whichever comes first) and lasts for eight months. (Individuals on Medicare due to End Stage Renal Disease do not receive a SEP). The SEP for Medicare Part D is 63 days.

GENERAL ENROLLMENT PERIOD MEDICARE PART B - First 3 months of every year (January 1 to March 31) Part B coverage **won't begin until July 1st of that year**. There will be a penalty for late enrollment. Individuals on MSP obtain Medicare Part B on the date the State starts paying for the Part B premium.

MEDICARE PART D & MEDICARE ADVANTAGE OPEN ENROLLMENT PERIOD - October 15th through Dec 7th of every year. Coverage begins January 1 of the following year. Late enrollment penalty applies if you did not enroll during your initial enrollment period and don't qualify for a Special Enrollment Period. MSP recipients are not subject to late enrollment fees.

MEDICARE ADVANTAGE OPEN ENROLLMENT PERIOD - January 1 and ends March 31. This period is designed to allow you to do switch from one Medicare Advantage Plan or Medicare

Advantage plan with prescription coverage to another or to **cancel your Medicare Advantage Plan membership and return to original Medicare**. Individuals returning to traditional Medicare can also purchase a stand-alone Part D Plan and/or enroll in a Medigap policy.

DUALS OR LIS SPECIAL ENROLLMENT PERIOD – Individual enrolled in full Medicaid, any level of the Medicare Savings Program (such as QMB, SLMB or ALMB) or individuals enrolled in the Low Income Subsidy through the Social Security Administration, can change their Medicare selections one time each quarter from January through September. Those determined to be potentially at risk or at risk for misuse of frequently abused drugs may have restrictions to making changes.

SPECIAL ENROLLMENTS FOR MEDICARE PART D OR MEDICARE ADVANTAGE PLANS:

Individuals who lose, gain or change their Medicaid, MSP or LIS status or who are notified of a CMS or state-initiated enrollment receive a SEP of 3 months. Other individuals who move in or out of the plan's geographic region, those who move out of incarceration, or move in or out of an institution also receive a SEP. Contact CHOICES for other potential SEP options.

EQUITABLE RELIEF through JUNE 30, 2020: This was allowed to expire. Individuals who met the criteria prior to this expiration date can still apply for relief.