

Family Caregiver Guide Quick Eligibility Reference Chart

**Referenced from page 6*

Connecticut Home Care Program for Elders

Program	Income	Assets	You Pay
Medicaid Waiver	\$1,809 or less	\$1,600 (Individual) \$3,200 (Couple Both receiving services) \$21,508* (Couple with one receiving services) – A higher amount may be allowed if you request a spousal assessment	Nothing
State Funded 1	\$0	\$19,908 (Individual) \$29,862 (Couple Combined Assets)	Sliding Fee Scale (Based on Clients Applied Income)

**Referenced from page 7*

Medicare Costs for 2006	
Part A Deductibles	
Hospital Stays Days 1-60	\$952 each admission
Hospital Stays Days 61-90	\$238 per day
Hospital Stays Days 91-150	\$476 per day
Skilled Nursing Facility Days 21-100	\$119 per day
Part A Premium	
Individuals who contributed to Medicare and worked 40 quarters or more	No cost
Individuals with less than 40 quarters	\$216 per month
Individuals with less than 30 quarters	\$393 per month
Part B Premium	\$88.50 per month
Part B Deductible	\$124 per year

QMB		Income Limits	Asset Limits
eff 4/1/2006	Single	\$1024.00 <i>Monthly</i>	\$4,000
eff 4/1/2006	Couple	\$1514.00 <i>Monthly</i>	\$6,000

SLMB		Income Limits	Asset Limits
eff 4/1/2006	Single	\$1187.60 <i>Monthly</i>	\$4,000
eff 4/1/2006	Couple	\$1734.00 <i>Monthly</i>	\$6,000

ALMB		Income Limits
eff 4/1/2006	Single	\$1309.95 <i>Monthly</i>
eff 4/1/2006	Couple	\$1899.00 <i>Monthly</i>

ConnPACE		Income Limits
	Single	\$22,300 per year
	Couple	\$30,100 per year

Figures as of February 2006

Family Caregiver Guide
Quick Eligibility Reference Chart